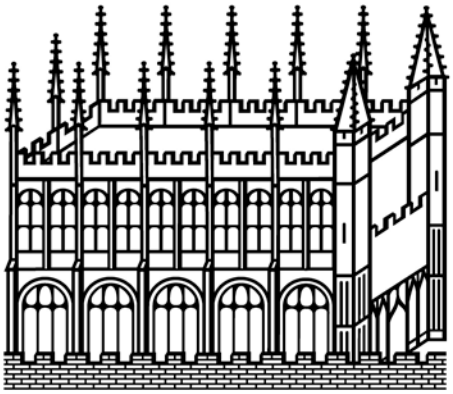

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Lectures

ON SOME OF THE

SURGICAL ASPECTS OF GOUT AND RHEUMATISM.

Delivered at the Royal College of Surgeons, June, 1880.

By Professor HUTCHINSON, F.R.C.S.,
Senior Surgeon to the London Hospital.

Lecture III.

Mr. President and Gentlemen,—In my last lecture I endeavoured to point out some of the errors, or what appear to me to be errors, which have crept into the generally received descriptions of gout and rheumatism. Thus it is generally said that gout and rheumatism are always met with as distinct diseases, that they do not mix. I have tried to prove that they do mix and that very frequently, that they mix just like spirits and water, and in just as various proportions, and I supported my assertion with both classical and pathological evidence. Then it is said that whilst gout is most common in men, crippling rheumatism is most common in women. That gout is most common in men is true, but the other part of the statement is an error; statistics, if only based upon a sufficiently wide basis, show conclusively that crippling rheumatism is as common in men as in women.

Then it is said that gout is hereditary, but that rheumatism is not so. This also is true of gout, but the statement regarding rheumatism is an error. I have met with strong evidence of the hereditary transmission of a liability to chronic rheumatism, especially of the severe forms of what may be called crippling rheumatism, the constitutional rheumatic gout of Adams. Thus, to take my own cases first: out of 90 cases, only in 34 was there no evidence of the hereditary transmission, in 44 there was a family history of rheumatism; and here let me say that I do not mean that in all these cases the parents or grand-parents had suffered from rheumatism, but that in every case other members of the family, near relatives, had suffered from the disease; finally, there was a history both of gout and rheumatism in twelve cases. Charcot, in his annotations appended to his translation of Dr. Garrod's book, said that out of 41 cases he found evidence of *direct* transmission in 11.

Before taking Dr. Garrod's own figures, I may be allowed to say that it is very easy to confuse oneself in collecting figures on such a point as this; not only is it most important that the investigator should have no special bias, but the results will be greatly influenced by the way in which the inquiry is carried out. Thus the difference in the results obtained by two observers may be explained by the fact that one had more patience or more tact in ferreting out the facts of the patient's family history than the other. Dr. Garrod lays stress upon his conclusion that gout is hereditary whilst rheumatism is not, but to my mind his cases prove something quite different. Thus he gives the particulars of 19 cases of crippling rheumatism: this, he says, is much more common in women than in men, yet in these 19 cases the sexes are nearly equal, 8 men and 11 women. Then, in 7 of these cases there was evidence of hereditary transmission, in 2 there was no such evidence, and in 8 nothing was known about the family. Assuming that no hereditary predisposition existed in any of these 8 cases, we have a ratio of 7 hereditary cases to 10 not, a higher proportion than is given by M. Charcot's cases or by my own.

Then Dr. Garrod gives a table of gout cases, in which of course the facts as to heredity were carefully sought for, yet in only 13 cases out 33 is a family history of gout established. So that according to the evidence afforded by Dr. Garrod's cases rheumatic gout is as hereditary as gout.

Dr. Pye-Smith gave in the Guy's Hospital Reports particulars respecting 29 cases of what he calls osteo-arthritis, severe cases of rheumatic gout. There were only 8 men to 21 women; we may be sure that there was some principle of selection at work to get such a disproportion as this. In 12 out of the 29 cases no evidence of hereditary transmission could be found, in 4 there was

a history of rheumatism in the family, in 3 one of gout, and 9 could give no information as to their family.

We see, then, that statistics of this sort will vary according to the opportunities of the investigators. Senile rheumatism is frequently not hereditary, it may have been acquired by accidental circumstances; if, then, a large number of aged subjects are admitted into the table the ratio of hereditary cases will be low, but when the disease appears early in life it will generally be found to be hereditary.

My object in thus wishing to prove that rheumatism is hereditary as well as gout is partly that I may break down what has been set up as one of the chief distinctions between the two diseases, and also because it proves the existence of a rheumatic diathesis or latest proclivity to the diseases.

I had the honour last year of giving in this theatre a course of lectures on the Influence of the Nervous System on the Production of Organic Disease of different Parts of the Body, and in those lectures I gave some reasons for my belief in the probable existence of a catarrhal diathesis. I should confine the term catarrh to affections of the nasal and bronchial passages, which are brought on by exposure to cold, and should not include all diseases which are attended by a muco-purulent discharge. Exposure to cold or damp, or both, brings on an inflammation of a certain definite character in some more or less distant part of the body; the disease occurs often in the same person, one attack seems to predispose to another. It is not a blood change, but is evidently exerted through the nervous system; it attacks people in robust health, and there is often a certain periodicity about the disease, periods of immunity intervening between the attacks. Now it appears to me that the symptoms of true rheumatism are closely associated with those of the catarrhal diathesis; the patient, so to speak catches cold in his joints. The causes are the same, and there is the same periods of immunity, short or long. I have no belief in the theory that rheumatism is due to an accumulation of impurities in the blood; facts do not support it. But we know that in certain persons, exposure of the skin to cold, sleeping in damp sheets, or on damp grass, will produce it; this is especially true of acute rheumatism in young subjects. In this case, as in the catarrh, the effects are evidently reflex, though we don't know how the nervous system is influenced or what part of it.

In confirmation of this view, there is the fact that other forms of reflex irritation will produce the arthritis, as is seen in gonorrhœal rheumatism, dysenteric rheumatism, and that due to sexual disturbance in females. Of these, gonorrhœal rheumatism is the best known, but it may readily be supposed that if gonorrhœal irritation of the urethra will cause arthritic inflammation, other forms of irritation, not gonorrhœal, may also cause it; and this is actually the case. On the Continent a form of rheumatism, dependent on intestinal irritation, has been described under the name of dysenteric arthritis.

We will take gonorrhœal rheumatism first, since it is the common, and also because it is specially interesting to us as surgeons. I have collected out of my book all the cases in which irritation of the urinary organs in the male was the cause of arthritis. There are 29 such cases. The first thing that strikes one is the fact that in only four of these cases was the eye free from disease; the urethral irritation not only caused deranged nutrition of the joints, but of the eye also. Next, we find that the disease does not occur at random, but that a pre-existing proclivity is necessary; in severe cases especially, it will almost invariably be found that the patient inherits the arthritic diathesis. My cases would have shown this more clearly had I paid more attention to this point at the earlier stages of my investigations; but with regard to 19 out of the 29 cases, the result of my inquiries was as follows: In five cases there was inheritance, both of gout and rheumatism; in two of rheumatic gout, in two of rheumatism, and in two of gout, whilst eight patients could give no particulars respecting their families.

I find that I differ greatly from some other members of the profession is my estimate of the severity of gonorrhœal rheumatism. Some appear to look upon it as a comparatively trivial disease, whilst I have met with cases of extreme severity. In the course of my visits to workhouse infirmaries, &c., I found that some of the worst cases of chronic rheumatism were said to date from an attack of gonorrhœa. I found many patients permanently crippled, with joints stiffened, and spine anchylosed, who had fallen into this state after repeated attacks of gonorrhœa; fresh joints having becoming involved after each attack. I am inclined to think that there is a special liability to anchylosis of the spine as a consequence of this form of rheumatism.

Then it should be noted that rheumatism may occur in some patients after very mild attacks of gonorrhœa, and even after what may be called idiopathic gonorrhœa. Patients who are the subjects of the arthritic diathesis are liable to a peculiar form of gonorrhœa, which occurs quite irrespective of sexual connection. I may instance the case of one patient who has had several attacks of this spontaneous gonorrhœa; he inherits gout, and being himself accustomed to live freely, he has added to his inheritance. He is a married man, and there has been no suspicion of any contagion, yet the discharge has been most profuse, and it would be impossible to distinguish the disease from ordinary clap; with each of these attacks his joints have been affected, and his eyes have suffered, so that it has been necessary to perform iridectomy repeatedly. Amongst women we not unfrequently meet with cases of rheumatism closely allied to the gonorrhœal form, but which are due, not to specific, but to simple irritation of the genito-urinary system; and if rheumatism may occur in women from such causes, why should it not occur in men?

Lastly, I may remark that when a large surface of mucous membrane is affected, as when the urethritis spreads to the bladder and to the pelvis of the kidneys, most severe attacks of rheumatism result. One of my patients died and another, a gouty subject, is quite crippled from attacks of this sort.

Although I am aware that the connection of rheumatism with gonorrhœa is generally said to be due to some change in the blood allied to pyæmia, I myself believe strongly in its reflex origin—that it is caused by the influence of the urethral irritation on the nervous system. So long ago as 1872, when I delivered the Hunterian Oration, I chose for my subject the neurotic origin of rheumatism, and stated my belief that gonorrhœal rheumatism was an example of the effects of reflex disturbance of the nervous system. I do not lay claim to any originality in this opinion, which has been advanced by many others as well as by myself, and I would especially call attention to a paper by Dr. Ord, published in the spring of this year, in which he has most ably expounded this view.

Of dysenteric arthritis I cannot say anything of my own personal knowledge, since it has never been noticed in this country. It was first decided by Zimmerman nearly a century ago; he believed it to be due to a metastasis. Since then it has been carefully observed by several Continental physicians. One of the best accounts is that given by M. Huette in a recent volume of the *Archives Générales*. It is apyretic and in all respects closely allied to gonorrhœal rheumatism. It has been especially noticed that it only occurs in persons predisposed to arthritic affections. We have seen, then, that all these causes are much more efficient in persons who are constitutionally predisposed, and the same is true of the less common exciting causes, as loss of blood, and other depressing influences.

Next we may remark that local exposure to the causes of the disease may cause local rheumatism; thus, it may occur in the hand when the hand is constantly exposed to cold, or in the lower extremities when they are exposed to cold and damp, as in farm labourers, and so on.

And, lastly, I must mention a cause of local rheuma-

tism with which surgeons are especially familiar. All here must have met frequently with cases in which rheumatism has been evoked by sprains and other injuries of joints, and must be well aware that rheumatic arthritis thus set up often runs a rapid and destructive course. Thus, in a case of sprain of the hip-joint we may take the greatest possible pains, by careful measurements, &c., to ascertain that there is no fracture of the femur or dislocation of the joint; yet, in spite of treatment, we find that the patient continues lame, and, within a comparatively short period, distinct shortening of the limb becomes evident. I have met with two cases of rheumatic arthritis of the hip-joint in which shortening to the extent of an inch appeared within six months. The importance of these cases is increased by the fact that they are sometimes made the ground of legal proceedings; the absorption of the head of the femur which the shortening indicates may be followed by spontaneous dislocation, and then the presence of the dislocation may be urged as evidence of an error in diagnosis.

I should, then, classify the forms of rheumatism as follows:—

1. General Acute Rheumatism—Rheumatic Fever.
2. General Chronic Rheumatism, or Crippling Rheumatism—the Constitutional Rheumatic Gout of Dr. Adams.
3. Single Joint Rheumatism—Chronic Rheumatic Arthritis, or Osteo-arthritis. This last term I object to as being pathological rather than clinical, and further because it only applies properly to the advanced stages of the disease; there may be no outgrowths of bone, and yet the disease is the same: this form is common enough in old people, but rare in the young.

I should like now to say something more about the influence of the nervous system on arthritic diseases generally. There is no doubt that a low condition of nervous power facilitates the occurrence of these diseases in a severe form. When we speak of persons being in a low tone of health we mean generally that they suffer from clammy hands, sluggish circulation, and general inertia; I mean to include something more than this. Perhaps the best example of disease of the joints occurring in connection with general loss of nerve power is seen in cases of loco-motor ataxy. In some of these cases we get rapid disorganization of the joints, attended by absorption of bone, sometimes by synovial effusion, occasionally by outgrowths of bone, and proceeding at last to spontaneous dislocation; one peculiarity about this form of arthritis is that it is comparatively painless. I have seen a patient in whom both humeri were dislocated and one of the tibiæ was dislocated behind the femur, yet he had suffered little or no pain. Here are some specimens which I found in the museum of the Middlesex Hospital, showing dislocations of the elbow and hip from a patient who was in that hospital some years ago under the care of the late Mr. Campbell De Morgan. The symptoms of loco-motor ataxy were not as well known then as they are now, but the particulars recorded in the clinical history leave little doubt that it was a case of that disease. It is especially mentioned that the patient suffered no pain. I met with a case in the City of London Hospital in which both humeri were dislocated, and there was severe general arthritis, but the ataxic symptoms were not very marked. This patient seemed to me to show the connecting link between chronic rheumatic arthritis and loco-motor ataxy, and I would suggest that this bond of connection lies in the direction of diminished nervous power. The most prominent feature of loco-motor ataxy seems to be rapidly developed senility: there is decay of the sexual function, more or less general anæsthesia, contracted pupils, and loss of power of muscles. It seems to be a sort of premature old age; the changes which occur gradually and naturally in old age occur in loco-motor ataxy as the result of a morbid process. I believe also that there is decay of all parts of the nervous system, though sometimes more marked in one direction than in another, and that the anæsthesia, for instance, is not due solely to changes in certain special strands of the spinal cord, but that the peripheral organs also undergo degenerative changes, that this causes reflex changes in the joints, and this again is aggravated, perhaps by the weakening of some inhibitory influence, by general loss of tone and degenerative changes in the nervous system.

Rheumatism is, then, a neurosis, a form of arthritis due to reflex irritation set up by the action of cold and damp on the cutaneous nerves. Does gout also belong to this class? Dr. Dyce Duckworth has published a paper in which he very ably discusses the theories put forward by Cullen and Laycock to the effect that gout is a neurosis, and he comes to the conclusion that although neurotic influences may have a share in the production of the disease, still it is in great part humeral, and therefore should not be placed in the neurotic class. That this conclusion is correct is, I think, evident from the fact that some people can at any time bring on symptoms of gout by drinking a few classes of a certain kind of wine and then can cure themselves by taking 15 grs. of sodæ bicarb.; the cause of the disease evidently lies in the ingesta. My own opinion is then that *true* gout is purely a humeral disease, and that the undoubted fact that neurotic symptoms do occur in some cases of gout is to be explained by an admixture of rheumatism; the mixed forms of disease being, of course, partly neurotic and partly humeral.

Having already referred to senile arthritis several times I need not say much more about it. I may remark, however, that statistics show that chronic rheumatic arthritis of the hip-joint is very much more common in men than in women. Thus in my own cases there were only 4 women amongst 39 patients, and Dr. Adams does not seem to have met with a single case of this disease in women.

Of these 39 cases 21 inherited a tendency to some form of arthritis; thus 2 had a family history of gout, 9 of rheumatism, and 10 both of gout and rheumatism; whilst in 16 no history of arthritic complaints could be got: this form of rheumatism is, then, less often hereditary than the other forms which I have referred to. And in connection with this fact I may state the following, viz., that in 34 out of the 39 cases the disease of the hip came on when the patient was over 40 years of age.

Original Communications.

SUNSTROKE AS I HAVE SEEN IT IN INDIA

By Surgeon-Major WILLIAM CURRAN,
Army Medical Department.

(*Continued from page 537. last vol.*

Such are some of the cases of this fatal malady that one meets with almost, it may be said, every hot season in India, and it will, I think, be found that, contrary to the dictum of Martin (50) they display a considerable similarity of pathological impression and character. The effects of great heat are, in short, more uniform than those of any other equally fatal disease of my acquaintance, and this, too, is the opinion of almost every writer who has seen cases in point, or studied their morbid peculiarities from the personal standpoint contemplated within. Thus Mr. Marcus Hill, (51) who wrote on the subject in 1855, and whose paper is one of the most practical of its kind that I have perused, "found the undeviating condition of cerebral engorgement, congestion, and the pouring out to a greater or lesser extent of serous fluid" in all the examples of it that came to his own notice; and we may observe that very similar structural changes have been recorded in such cases as occur from time to time in this country. (52) He endorses in the same paper the opinion of an officer who discovered "a subarachnoid fluid effusion of various intensity," in all the examinations he made, and a "hæmorrhagic exudation at the base of the brain, and within the spinal column, was the chief pathological condition

observed on post-mortem" by Mr. Butler (53) at Mean-Meer four years subsequently.

Dwelling on the various theories that have been advanced from time to time as to the cause of this disease, Mr. Hill implies that all the evil depends upon the overpowering heat, and he quotes, with apparent approval, the opinion of a writer who "surmised its essence to be in compression of the brain," the result of the hyperæmia that is produced in that organ "by the influence of great heat." Mr. Butler also found that "when the thermometer ranged beyond 98° in crowded barracks, cases of apoplexy almost invariably occur;" and there is no doubt that "there exists (to return again to our author) an extraordinary analogy between cases of heat-apoplexy and poisoning by carbonic acid gas." So also is there a great resemblance between the effects that are produced by the sun and by the so-called laughing-gas; (54) and it needs only a glance at the treatises of Taylor and Tidy to see that this resemblance or analogy is not peculiar to these substances. But no very reliable or exclusive pathological inference can be deduced from such coincidences, inasmuch as they are common to all conditions of diseased innervation (55) I merely quote them to enable me to dissent again from the view which would make the lungs "the prime organs in the causation of the fatal termination in this disease."

Other observers (56) have been equally emphatic in their testimony as to the lesions they found within the head after death from this disease, and the complications that sometimes follow on recovery from these attacks are more reconcileable with a cerebral, than with a pulmonary, origin or implication. Among these are included such grave complications as mania (57), blindness, meningitis (58), ramollissment, and dementia, and I have often thought that too little allowance is made in police and other courts at home, for those displays of irritability or excitement that are occasionally indulged in by old Indians and others who have been long subject to the sun influences here described. I have also thought that no little of the insanity that obtains in the East is owing in part, at least, to the exasperation that is caused by the heat, while the Malayan paroxysm, or outbreak of "running a muck," may be due to a similar cause enhanced by bang. But the military surgeon rarely sees the more chronic effects of these seizures, as his patients die, or are otherwise disposed of, as by invaliding, transfer to the Hills, &c., and I am therefore unable to endorse in any authentic way the long list of ailments which Martin and others enumerate as consequential on this malady.

I have, however, seen from time to time such minor manifestations as moroseness or irritability of temper, hesitancy or vagueness of speech or manner, drowsiness, somnolence, or actual incapacity for sustained exertion, fidgetiness, and such forgetfulness as amounted to a serious impairment of memory, in persons who have suffered from sunstroke in India, and a brief allusion to the following cases which have occurred, with others of like though less serious import, within the sphere of my own personal cognisance, may serve to explain or illustrate the situation. A recruit of 20, who had been only half a year in India, was suddenly seized with a fit on the parade ground of his corps, and brought thence insensible to hospital. When revived by the douching to which he had been subjected, ice was applied to the head, and his bowels were moved by calomel. He was discharged after a stay of 28 days under treatment, which included blisters to the shaven crown, iodide of potassium and grey powder, but the improvement, such as it was, did not last, and he was brought back in a worse state than before, the second evening after his dismissal. Having subsequently complained of vertigo and indistinctness of vision, the ophthalmoscope was employed, and the retinæ were found to be congested and immoveable. The pupils were dilated and fixed, the orbits were enlarged and puffy, and the injection of the conjunctivæ and intolerance of light previously noticed, persisted. He was found to be all but blind nineteen days afterwards, from, as I considered at the time, paralysis of the optic nerves and other orbital structures. Nor was this condition improved in any way by the frequent epistaxes he suffered from about this time. On the contrary, the globes became more prominent and tender than before; the scalp was also abnormally sensitive to touch or pressure, and all the usual alteratives having failed to afford any relief, mercurials to ptyalism were tried. But all to no purpose, the blindness persisted, and he had to be invalided to England, and discharged from the service.

Encephalitis.—A man, æt. about 30, came under my notice in the Hills for a persistent headache, which he ascribed to the effects of the sun on his head while he was bathing in the open air the previous October. (59) He subsequently fell down in a fit on parade, and when seen by me some months later on, he answered questions slowly but sensibly, but the utterance was hesitating, and the articulation thick, and I came to the conclusion that his memory had sustained irreparable damage. His habits were careless, if not actually dirty. He passed his water frequently, and his fæces occasionally under him at night, and his look was dull, heavy, and inexpressive. The pupils, though regular, were sluggish; the gait was feeble and unsteady; in short, he shuffled rather than walked, and he always complained of a heaviness, which sometimes, indeed, amounted to actual pain, in the vertex. The pulse, soft and very compressible, rarely exceeded 35, and the respiration was equally slow. He continued in this state for several weeks, all the signs of slowly advancing decay becoming meanwhile more marked, and this, too, in spite of all our efforts to the contrary. He cried like a child when pressed for an answer, or responded sullenly in monosyllables, and the use of a catheter, which was passed for the purpose of arresting his dribbling, appeared to cause him no pain. Yet did he eat well—nay, relish his food. The pulse kept steadily, as before, at 34.

On or about the 7th July, however, it was noticed that his habitual stupidity or drowsiness was increasing; his usually pale and passionless expression was becoming more flushed and bibulous, and he "cried" more frequently than before. He also complained more feelingly or forcibly than heretofore of an increased pain in his head. The pupils were slightly dilated, and he either moped aimlessly about the ward, or lay dozing on his cot. The general condition was clearly worse on the 12th of the same month, and he could only be induced with difficulty to mutter some unintelligible answer to a loud or oft-repeated question. He was unable or unwilling to protrude his tongue. The pulse, small and flickering, ran up to 100. He gnashed his teeth frequently, and appeared unable to masticate or swallow solid food. He disliked being interrogated as to his state, or otherwise interfered with, and the left side and arm having become paralysed on the 15th, relaxation of the sphincters soon followed, and he died of exhaustion two days afterwards.

On removing the calvaria ten hours after death, the superficial vessels and sinuses of the dura mater appeared to be loaded with tarry blood, and the brain itself felt softer through its coverings than it really was. It had, however, undergone little or no change in point of consistence, but its membranes were throughout deeply injected, and there were more than two ounces of fluid at its base. About two drachms of a similar fluid were found in the ventricles, and the vessels of the sulci and base were abnormally conspicuous. So also were the bloody points everywhere, but the mass itself only weighed, when divested of all its surroundings, 2 lb. 9½ oz. An absence of serious change was, indeed, its pervading characteristic; but this is a common feature of such examinations, and insanity of even the gravest type is, it is well known, not unfrequently associated with less of it than was present within. The lungs were generally congested, but otherwise healthy, as was also the heart, if I except some evidence of atheroma at its aortic outlet, and the organs presented no feature that calls for record here.

Homicidal Mania.—A young man, of a sullen appearance and sulky manner, who has not been able to attach anyone to himself as a comrade, suddenly developed sym-

ptoms of this character one hot morning during the summer of '78. On this date, and soon after returning from parade, he rushed, without any apparent motive or provocation, towards his rifle, and was found, after seizing it, to be rummaging in his pouch for a cartridge. He uttered, at the same time, fierce threats against the adjutant of his corps, whose life he threatened to take; and he was otherwise so violent and demonstrative as to necessitate his being placed under restraint, and sent for observation to the hospital. Here he required as many as six men to control him during a most violent paroxysm of maniacal rage and excitement, during which he again launched out into threats against his superior, and his convulsions were simply terrible. He also shouted almost continuously for "cheroots and porridge;" he had an almost insatiable thirst, but little or no appetite, and chloral and bromide of potassium appeared to be thrown away upon him at this time. He recovered, however, subsequently so far under the use of purgatives, quietude, and cold to the head, as to be able to converse freely with his attendants, and he was quite quiet and rational about six weeks after his first outbreak.

He has, it appears, once suffered from sunstroke, during which he was, he alleges, insensible for three days; but we have no other record of this than his own statement, and there is, undoubtedly, an epileptic element in his case. He also persists in ascribing his present illness to that attack, and adds that he has ever since been subject to headache, and fits of moroseness or irritability of temper. This may be so or not, as far as I can now ascertain, and I merely give this narrative as an illustration of the assumption—for it is, at least, nothing more—here indulged in. I never before saw a precisely similar case; neither is it, in point of suddenness or severity, incompatible with an attack of acute mania, pure and simple; but then the recovery was more rapid and complete in the one instance than it usually is in the other, and I and others who saw him at the time, fully believed that his illness was in this instance, mainly if not entirely, due to the sun. So believing, I retain it among my complications of sunstroke, and I have already propounded a very similar impression as to the character or cause of the irritability, or rather eccentricity, that so often characterises the conduct of persons who have resided many years in the tropics.

As to the relationship, or rather identity, that is said to exist between heat-apoplexy and congestive, remittent, or other form of tropical fever, as well as to the opinion that it is only an enhancement, or rather an aggravated expression of ordinary ardent fever, (60) not much need be said, and the view which would imply an identity of nature between the two on account of their frequent association or sequential relationship, seems to me to be as unphilosophical as that which would establish the kinship of diarrhœa and cholera on a similar basis. That one frequently follows the other, if indeed, the graver complication is not always preceded by the lesser one, cannot be denied; but this only proves a community of cause and constitution, and the question scarcely admits of a solution on clinical grounds. Neither will, I feel assured, pathological anatomy be able to settle it, while its discussion from any other point of view would be irrelevant here. Suffice it to say that sunstroke is, in my judgment, a disease *sui generis*, which has its own special life-history and symptoms, and which exhibits within and without the body an altitude and a persistency of heat, such as finds no parallel in any, even the worst forms of ardent or remittent fever. Whether the blood is affected, at the same time, to an equal or greater extent, I am unable to say; but I think it is, and I feel assured that were the temperatures of the three great corporal cavities carefully compared in the dead-house, they would be found to decrease in a descending, though it may be an infinitesimal, ratio from above downwards. Moreover, the heat that sometimes admits of a cure in the former, is almost invariably fatal in the latter; and I have seen or heard of recoveries in sunstroke when the thermometer registered 110°. Such a phenomenon is, I believe, unknown in either of the others; and feeling that in thus taking up such collateral issues at all, I am far exceeding the limits of an ordinary professional paper, I must now resume the thread of my discourse, and hasten, or rather rush at once, to a close.

(To be continued.)

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(50) See his "Influence of Tropical Climates," p. 399, whereat he says that "the post-mortem appearances in this disease vary remarkably; so much so, indeed, as to show that out of several casualties the causes of death are different, the inconstant nature of the morbid results depending on the constitution, condition of the blood, the duration and intensity of the solar exposure, the amount of fatigue, the habits of life, and the duration of the disease." [Longe mea discrepat istis et vox et ratio.]

(51) *Op cit.*, pp. 231 and 240.

(52) The following account of the appearances that were found, in a London Hospital, in the body of a man, æt. 60, who died from this disease in July, 1868, is taken from the *Lancet* of July 25 of that year, and the exosmotic conditions italicised below were, I think, necrotic:—"The body was much decomposed. The brain was intensely congested, and of a pinkish hue throughout; the puncta vasculosa were greatly increased in number, and *around the larger ones there was a distinct halo of discolouration, due to the soaking of the blood through the walls of the vessels;* the ventricles contained a quantity of deeply-tinged bloody fluid; the substance was of firm consistence, and the central parts were not broken down. The lungs were very much congested, especially the lower parts, where they had the appearance of pulmonary apoplexy, except that it was not in circumscribed patches, but uniformly diffused throughout the whole structure. The heart was uncontracted and empty; the structure was fatty and rotten; the valves blood-stained; the aorta was very atheromatous."

(53) "Indian Annals," as above, No. xii, of 1859, pp. 412-13.

(54) "On incising the scalp (in the body of a surgeon who died under the effects of nitrous oxide gas, and whose case is described in the *Lancet* of April 14th, 1877) a quantity of dark fluid blood was found between it and the periosteum, while on removing the calvaria the dura mater was found very adherent; the membranes were found distended with serous fluid, and the veins were intensely congested. The ventricles were also filled with the same fluid; the brain substance itself was firm and healthy. . . . . and the lungs were very dark-coloured and intensely congested." Very similar conditions were found in India in the bodies of persons who died there from the "inhalation of poisonous gases generated in a grain kiln."—*Indian Medical Gazette* for November, 1874, p. 295.

(55) The brain is "sometimes," according to Dickenson, ("Diseases of the Kidney," p. 32), "obviously congested in whole or in part," in death from diabetes. Sugar was found in the urine of two, at least, of the cases recorded in my (suppressed) table; and I found traces of albumen in some of the others myself.

(56) See especially the "Indian Annals," No. xii., p. 527.

(57) There is a curious entry in the "Autobiography of Miss Knight," vol. i., p. 61, to the effect that "during the great heats of July, 1781, many people went mad. Amongst others a bricklayer, in his madness, killed a priest. He subsequently at one stroke killed a very beautiful woman, broke the arm of another woman wounded another priest, and in fact altogether killed or wounded seven persons." See also Silk Buckingham's "Autobiography," as above, vol. ii., p. 16, in the same direction.

(58) It may be that this was the diabolical object or purpose with which the robber Pindaries, as Lutfullah testifies, exposed their prisoners for days together in the sun, with heavy weights on their heads. When they wanted a speedier issue they enclosed their victims' faces in a bag of heated ashes, *pour decourager les autres;* and Mrs. Ida Pfeffer testifies, if I misremember not, to the existence of a very similar punishment in her day in Madagascar. The Supplementary Despatches of F. M. Arthur Duke of Wellington give an instance (vol. iii., p. 18) in which an officer was tried by a court-martial for making "certain natives stand in the sun at Seedsheeghaur with stones on their heads;" and Anderson supplies (*op. cit.*, p. 136) an equally interesting account of some Minorite friars who were done to death in this way by order of the Kazi of Tanna, for "plainly avowing that Mahomed was the son of perdition." Further particulars in point may be found in Dr. John Fryer's "Account of India" (London, Trübner), pp. 296-7, and also in James Mill's well-known "History of India," vol. i., p. 351.

(59) Old Burton describes in his usual vein, and on the authority of Amatus Lusitanus, "a young maid of thirteen that would wash her hair in the heat of the day (in July), and so let it dry in the sun to make it yellow; but by that means, tarrying too long in the heat, she inflamed her head, and made herself mad." An old French poet represents one of his heroes as promenading in the sun to dry his wig:

"Hector se promene au soleil
Pour faire sécher sa perruque."

(60) Dr. A. Smith (*op. cit.*, p. 195) is the latest advocate of

this view that I am acquainted with, and he appeared to regard it as a discovery. But in this, as in other instances, the proverbial little learning has sustained its old repute for shallowness, and had this gentleman dipped a little deeper into the literature of the subject, he would have found that "Vixere fortes ante Agamemnona multi."

DESCRIPTION OF AN INDIA-RUBBER INHALER FOR ETHER ANÆSTHESIA.

By B. WILLS RICHARDSON, F.R.C.S.,
Senior Examiner in Surgery, Royal College of Surgeons, Ireland; Surgeon to the Adelaide Hospital, Dublin.

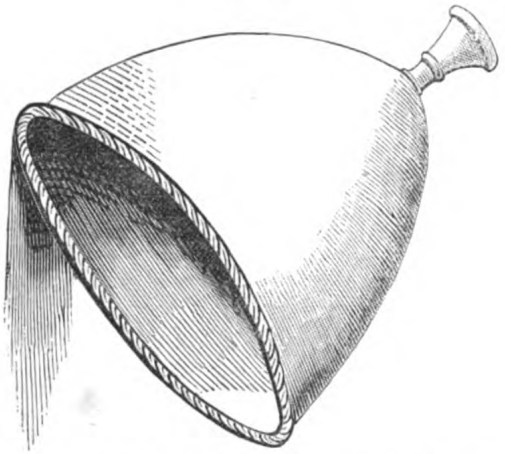
In the *Dublin Journal of Medical Science* for March, 1873, I published a description of a metallic ether inhaler of simple construction and portability. But subsequently finding it rather expensive for general use, I devised an inhaler of india-rubber, which works efficiently, economises ether, and may be purchased for a few shillings.

This inhaler the Messrs. Fannin (*a*) had constructed for me many months ago, and since then, I may say, it has been used with almost every operation case in the Adelaide Hospital.

When first made, the inhaler had no funnel. This I have recently added to avoid the necessity for raising the inhaler from the face to replenish the ether. By this addition anæsthesia may be either hastened or maintained with facility and ether still further economised.

The inhaler is conoid in shape and formed of vulcanised rubber (Fig. 1), and may be of different dimensions. The

FIG. 1.



measurements of the one I use are as follow: Diameter at mouth, 9 inches; vertical axial depth, exclusive of the funnel, 7 inches; depth of funnel, 2¼ inches; the diameter of its mouth being about 1 inch.

Near the top of the inside of the inhaler two crossed bands of rubber are cemented as seen at B, Fig. 2. These are to retain a piece of sponge in position as seen in the drawing. The sponge receives the ether through the funnel, the walls of which should be of some substance, but yet sufficiently thin to allow of its easy closure by finger pressure, should it be desirable to prevent air passing towards the sponge.

I myself generally close the funnel after each ether renewal, until near the conclusion of the inhalation, when I allow the air to enter.

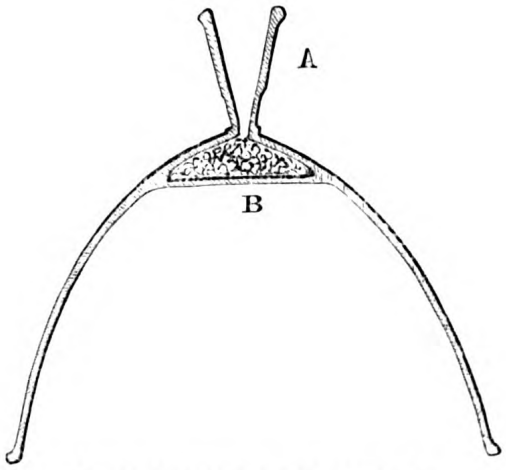
I need scarcely remark that air will enter the inhaler at its base; this I limit by taking up a fold of the rubber with the fingers.

For these antiseptic days a rubber inhaler possesses a great advantage in the facility with which it can be cleansed, which should be done after each inhalation.

In the paper in the *Dublin Journal* to which I have alluded I wrote as follows, in speaking upon the relative safety of chloroform and ether as anæsthetics:—

"I confess that I am myself in favour of a mixture of equal parts of chloroform and spirit of wine for producing anæsthesia, and therefore it is the comparative safety of this fluid I purpose testing against the ether."

FIG. 2.



SECTIONAL VIEW OF THE INHALER.

A. Funnel.
B. One of the bands, above which the sponge is represented.

Since those lines were written I have altogether relinquished the use of chloroform from the serious medico-legal position into which its fatality has plunged it.

To me it is a matter of surprise, considering the numerous deaths attributable to chloroform, that its use is not more limited.

"Although deaths," as I wrote also in the paper referred to, "it must be conceded have resulted from the inhalation of ether, I will, notwithstanding, reproduce here the following observations of Snow regarding the safety of ether, as an inducement for the trial of ether by those who are not disposed to do so in consequence of their having had good luck in the use of chloroform."

"I believe," he has recorded, "that ether is altogether incapable of causing the sudden death, by paralysis of the heart, which has caused the accidents which have happened during the administration of chloroform. I have not been able to kill an animal in that manner with ether, even when I have made it boil, and administered it quite pure."....."I hold it, therefore, to be almost impossible that a death from this agent can occur in the hands of a medical man who is applying it with ordinary intelligence and attention."

In conclusion I should state that the face and about the front half of the head should be covered by the inhaler, which, as I have already observed, may be folded to lessen the amount of air entering the cone.

(*a*) Gratton Dublin.

Clinical Records.

ST. PETER'S HOSPITAL, LONDON.

A Case of Recurrent Calculus in a Man who had been twice cut for Stone—Lithotrity—Good Result.

By W. F. TEEVAN, B.A., F.R.C.S.,
Surgeon to the West London Hospital, Surgeon to St. Peter's Hospital, late Lecturer on Anatomy at the Westminster Hospital.

THERE is no doubt a general belief in the profession that recurrence of stone is very common after lithotrity, but rare after lithotomy. My own experience does not bear out this view. It is perfectly true that we hear and see more of recur-

rence after lithotrity for the simple reason that more patients are left alive after lithotrity than after lithotomy, "*mortui non mordent.*" Not only is recurrence after lithotomy more common than is thought, but it takes place again and again in the same subject, as in the case I am about to relate.

On April 7, 1873, David W., a miller, æt. 49, was admitted under my care at St. Peter's Hospital suffering from cystitis and stone in the bladder. It appeared that fifteen years previously the patient had had two calculi extracted by Mr. Cadge, of Norwich, by the lateral operation. He made a good recovery, resumed work, and at a later date settled in London. For about nine years he remained perfectly well, when he began to suffer from a recurrence of his old symptoms. He went to one of the chief hospitals in London, and was admitted as an in-patient. After remaining in the institution for six weeks he found himself no better, and left of his own accord. He then went to Norwich to again consult Mr. Cadge, who examined him, found a stone, and removed it by the lateral operation, performing it on the same side as before. The patient returned to town quite well, resumed work, and remained in good health and free from any local annoyance for about six years. He then began to ail again, and to be troubled in his old quarter. For one year previously to coming under my care he had to micturate every ten minutes, and suffered much pain in the act. At times he experienced great pain across the loins, and his urine had, for months, contained much blood, mucus and pus. When admitted he was in a very cachectic condition. He had lost flesh, and his clothes hung on him. Day and night he was tormented by frequent calls to micturate. His urine was a mass of bloody muco-pus, smelling offensively. He suffered much from tenesmus, and his penis was usually semi-erect from pain and irritation. He was unable to ride in an omnibus on account of the suffering he experienced from the jolting. I examined him, and found a small stone about the size of a hazel-nut. On reviewing the history of the case it appeared that the patient, when robust and in good health, had had lithic acid calculi last; I felt that I had now to deal with a case of cystitis, and that the stone was altogether a secondary matter of local formation. I knew that there would be no trouble in crushing and removing the calculus, but I considered the cystitis would be difficult to cure. As the patient was so broken in health, I fed him up well for a fortnight, and gave him medicines to allay the local irritation. In three crushings I completely removed the stone, which was phosphatic, and the patient experienced much relief. The cystitis, however, did not disappear, and a long course of injections of nitrate of silver alone cured the complaint, so that he did not leave the hospital till July 12. On August 8, 1874, one year after he had left, he paid me a visit. He had grown stout again, and his complexion was florid. His urine was quite clear, acid, and its sp. gr. 1020. He simply came to report himself in accordance with my wish, and had nothing to complain of. He had been at work uninterruptedly since he left the hospital. It is very evident that the calculi were true recurrent ones, for many years of perfect health and complete immunity from all local annoyance intervened between the recurrences, proving that the stones were fresh formations.

It is worthy of remark that when the patient was in good health he had uric acid calculi, but when through night work he fell into bad health, cystitis set in, caused probably by tubercular follicular ulceration of the bladder. A phosphatic stone formed as the result of the cystitis; the urine becoming entangled in the mucus, and decomposing. By good feeding and injections the patient was cured of his cystitis. There was no history of syphilis in the case. It may be laid down as a rule, that no patient, unless a boy, need ever be subjected twice to lithotomy, for the operation can only become necessary through the patient's neglect or oversight on the part of the surgeon. Every stone must have a beginning, and if the earlier symptoms be attended to, the calculus can be easily and safely disposed of by lithotrity. Hence, it is well to inform every patient who has been cut that a recurrence of the complaint is possible but not probable, and indicate to him the symptoms of such recurrence. If, therefore, a patient applied for advice whenever any of his old symptoms re-appeared, a second lithotomy ought to be an impossibility, and we may assure him that the worst which could possibly happen to him would be that he would have to put up with a momentary introduction of the lithotrite to destroy a stone in its infancy. In this way lithotrity is an inestimable boon in store for those who have been cut, for it abolishes the fear of any necessity for a second cutting operation, and if the lithotrite had done nothing more it had deserved well of mankind. However, so long as the human race is constituted as it now is, there will always be patients who will neglect themselves, and there will always be surgeons who will overlook the presence of a stone. The idea of the possible extermination of calculus may be well relegated to Utopia. All we can hope for is, that the percentage of stone cases condemned to be cut will be materially diminished, and increasingly so every year.

LA PITIE HOSPITAL, PARIS.

Case of Tuberculosis—Pott's Curvature—Addison's Disease from Tuberculosis of Suprarenal Capsules.

Under the care of Professor PETER.

J. B., æt. 42, was admitted into La Pitié Hospital, under the care of Professor Peter, Sept. 25, 1879. He had had good health until a year ago. About that time he felt dull pains in the dorsal region, for which he consulted various physicians. They treated it as rheumatism, but no remedy gave any relief, and about two months ago a new phenomenon manifested itself which accounted for the failure of the treatment. His vertebral column became depressed, and the curvature which was found on his admission had increased very rapidly. About the same time the patient noticed that his skin was changing colour; it became brown, principally on the hands, where the change of colour was the more marked, because some spots remained absolutely white. Very soon the hair, eyebrows, and the beard became manifestly blackened, to the great astonishment of the patient, as they had previously been of a pale chestnut colour. The patient soon became very weak, lost his appetite, and suffered dull—sometimes acute—pain in the right flank and lumbar region. There was no vomiting, but frequent diarrhœa. For some weeks he had had a dry, hard cough without expectoration.

On admission his face was expressive of fatigue and dejection. He suffered much pain in the loins, and could scarcely remain sitting on his bed any time. The face, trunk, and limbs were of a remarkable dirty-brown colour, very similar to that of a somewhat pale mulatto. The colour was almost uniform over the whole skin, except in the following regions: on the scrotum, where there were two large white patches (vitiligo); on the hands and feet, where the digits at their extremity, both on the palmar and plantar surfaces, showed irregular white spots. Two white cicatrices, the traces of cautery applied six months previously, existed on the dorsal region. There were also some pigmented patches on the inner surface of the lips and cheeks. The spinal curvature occupied the tenth, eleventh, and twelth dorsal vertebræ. In the triangle of Petit on the left side was a soft, fluctuating tumour, the size of a small mandarin orange. This was diagnosed as a migratory cold abscess. The lungs showed signs of slight induration of both apices, especially on the right side under the clavicle. Urine normal. The patient remained thus for ten days. On the 8th of October he complained of severe pain in the right flank, and a flying blister was applied to the spot. Feebleness increased daily.

Oct. 15.—The pigmentation of the skin has increased, and the patient is now black. The cough has increased, and sharp fever has come on. In the right apex is a bronchial souffle, with some fine moist subcrepitant râles.

Oct. 25.—The patient died in a state of great weakness. The fever has continued for the last ten days, oscillating between 39° and 40°.

Autopsy.—Both supra-renal capsules considerably enlarged in size; still roughly maintaining their shape, they are knobbed, very hard, yellowish, and occupied, as is easily seen on section, by a number of tubercular masses, mostly caseous. In the right capsule some of the tubercular masses had become calcareous. Kidneys slightly enlarged, very congested. Some young tubercular granules scattered through the cortical layer of both kidneys. The pre-lumbar lymphatic ganglia much enlarged, red; some appear pigmented with blackish patches; some of the mediastinal ganglia similarly swollen and slightly pigmented. Two large cold abscesses situated at the level of the cold region of the spine. One seemed attached to the body of the twelfth vertebra, and caused considerable projection in the region of Petit; the other was on the right side of the dorsal column, extending from the eighth to the lower part

of the body of the twelfth vertebra, and on opening it the bodies of these four vertebræ were found denuded.

The whole of the bodies of the eleventh and twelfth are carious, and the articulation is destroyed. The caries is manifestly tubercular, whitish caseous masses being found in the thickness of both vertebræ. Spleen large, and infiltrated with some tubercular granules. Liver, small, fatty, with slight peri-hepatitis of the right lobe. No other trace of tubercle in the peritoneum. In the lungs, tubercular infiltration, of comparatively recent date. At the highest part of the right apex some yellowish caseous masses, not calcified, evidently old. Considerable congestion at both bases, and in the lowest part of the lungs some grey scattered granules. Old pleural adhesions, extending through the whole of the right lung, less numerous in the left. The mucous membranes not pigmented; with the exception of the black patches mentioned in the buccal cavity, their colour is normal.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, JULY 7, 1880.

THE ARMY MEDICAL REPORT.

THE Blue Book for 1878, which has just been published, contains much that is of very great value in connection with the medical history of the army; yet we cannot help thinking it a pity that in the statistics of diseases given, the individuality of regiments is, to a great extent, ignored; thus, one of the very points in which such documents would be of greatest use, for purposes of comparison, is left unfulfilled by them. The death-rate per 1,000 troops in the United Kingdom during the year 1878 was 6·53 per 1,000 strength, discharged as invalids 33·60; thus making a total loss by these two causes equal to 40·13 per 1,000 men. The death-rate of the male population of England and Wales from under 20 to 35 is 8·92; but this ratio includes all classes, invalids and others, whereas in the army, consisting of picked lives, the mortality represented as taking place in it is really that of a selected class, and chiefly by first attacks of illness, inasmuch that many who survive from such attacks pass into the category of invalids. Of course there are many men who break down in health after enlistment from causes altogether unconnected with the army. We find at page 26 an interesting table, showing the disabilities on account of which a proportion of recruits were rejected; and a corresponding table showing the causes of invaliding would furnish an important means for comparing these two points in their relation to public health. At Gibraltar the loss per 1,000 strength was, by death, 6·59; by invaliding, 50·62; total, 57·21. It is right to observe that these figures refer to the soldiers who were sent home as invalids; the ratio to strength of men so designated, actually discharged this year, appears to have been 24·67; but information does not appear as to what became of the balance, namely, 25·95. We presume that a portion of them rejoined depôts, but that more than a mere fraction of these became efficient soldiers we hesitate to believe. At Malta the rate of death of British troops was 12·26, of invaliding 48·70, total non-efficiency by disease, 60·96. At Cyprus the statistics worked out as for a year, show a ratio of death equal to 40·27 per 1,000 strength, of invaliding, 157·01, making a total of non-efficiency by disease equal to 191·28; surely an eloquent commentary upon those charming accounts of this new-found Elysium which it suited the purpose of some advocates to give. Turning from this to Canada, we find that the ratio of death in the latter command was 5·80, of invaliding 15·65, equal to a non-efficiency, 21·45; this against 40·13 in the United Kingdom, or an advantage as regards soldiership and efficiency equal to 18·68 per 1,000 in favour of Canada. Let us by all means go to Canada! In Bermuda 5·95 by death, 16·86 by invaliding, showing a remarkable measure of health such as this group of islands usually enjoys in the intervals between outbreaks of yellow fever. In the West Indies 13·40 by death, 6·26 by invaliding, or total of 19·66; a striking difference in the relative proportions of these causes of non-efficiency when compared with such as we have found in the other commands enumerated. There appears to have been only twelve non-commissioned officers and men on the West Coast of Africa, and it is satisfactory to learn that among them no death occurred. The statistics of the troops at St. Helena, and at the Cape of Good Hope, are, unfortunately, given together; thus it becomes impracticable to separate the effects upon health and life of these two climates, and of the conditions incidental to each place. According to a table given, the rate of mortality throughout this combined command was 19·72; of invaliding, 26·11; making a total loss equal to 45·83. In Mauritius the ratio of loss was by death 31·25; invaliding, 40·87; equal to a total of 72·12 per 1,000 effectives. In Ceylon the ratio of mortality was 15·76; invaliding, 28·57; total, 44·33. In Hong Kong the ratio of deaths was 13·03; of

invaliding, 146·57; giving a total non-effective equal to 159·60; a proportion that is something altogether beyond that shown by any other station. With regard to India, the statistics are given of each of the three Presidencies separately. According to them, the ratio of non-efficiency was as follows, namely:—

	Deaths	Invalided	Total.
Bengal . .	22·18	42·75	64·93
Madras . .	23·25	45·77	69·02
Bombay . .	21·65	58·49	80·14

According to these figures the circumstance is rendered sufficiently clear that mortality has, among our troops in India, been very much reduced as compared with previous periods; the rate of invaliding, however, has increased to a very large extent; and this, notwithstanding the improved sanitation of late years, including the more general plan of sending men to hill stations. These results are, no doubt, due to the system of short service, necessitating, as it does, a large yearly influx into India of young men; such of them as die succumb to the first serious illness to which they are subjected, while those who escape such illness with their lives are returned as invalids to England by those magnificent troop-ships that yearly carry out the "reliefs" between this country and India.

The Report contains various particulars on the subject of age as affecting mortality, and in these respects the statistics of 1878 are compared with the ratios of the period from 1868 to 1877. As regards temperate climates, there is no very great difference between the two sets of figures, but in some tropical stations they are very dissimilar. With regard to India the ratio of deaths according to age give, under 20 years, 6·15 as against 8·17 from 1868 to 1877; 20 to 25 years, 19·82 as against 14·89; 25 to 30, 20·93 as against 17·46; 30 to 35, 22·71 as against 25·34; 35 to 40, 23·88 as against 31·55; 40 and upwards, 63·46 as against 53·24.

DUBLIN SANITATION.

At length the Report of the Royal Sanitary Commission has seen the light, and the public has before it a solemn declaration of fact and of conclusion which is of priceless value as putting beyond dispute the causes of the monstrous unhealthiness of "the second city in the empire." Reading the chorus of concurrent evidence taken by the Commissioners side by side with the verdict arrived at by those gentlemen, and in the additional light of the Registrar-General's weekly death returns, no possibility of doubt remains that Dublin, though truly called "second" in size and in population amongst the cities of the empire, is proudly first in the pre-eminence of dirt, neglect, and uncivilisation, and unquestionably last in decency and in the executive capacity of its sanitary administrators. A more complete laying naked of festering corporate rottenness has never been the duty of a commission of inquiry, and, though every line of the Commissioners' summing up of the case bears evidence of a desire to say as little that is unpleasant as may be possible, an exposure more disgraceful to the sanitary management of any city has never occupied a place within the pages of a Parliamentary Blue Book. We cannot be expected to appreciate the feelings with which a Public Health Committee which has displayed such a supreme capacity for "how not to do it" will read (if they think it worth while to read) the "round unvarnished tale" of the abominations of the Dublin tenement houses, nor can we be supposed to judge of the sensations of officers of health who have been broken-in to an indifference on such subjects, when they are told of the atrocities of insanitation over which they have presided for many years; but we should fancy that even the stoical Public Health Committee and its nonchalant officers must feel an inward twinge of conscience and show an outward blush of shame when they recollect that for all these years their energies and their ingenuity were devoted to the effort to persuade the clamouring citizens that the city was as nice, clean, and wholesome as other cities, and that the excessive death-rate was all due to mistakes in registration, or the weather, or the "mud valley" of the Liffey, or the perversity of the poor, or some other cause which was a visitation of Providence altogether outside their control. In every page of this Report they are branded by the facts sworn to as having not only grossly neglected their sanitary duty, but deliberately and persistently uttered false excuses for the continuance of that neglect. The solid legion of sworn facts and the inevitable sequence of truthful deductions from those facts which the Report contains, sweeps away for ever the remaining shred of confidence in the public health administration of Dublin under the Corporation, and, at the same moment, takes from the citizens the only excuse they had for their lethargic indifference to the mortality in their midst. Henceforth, if it pleases them to live in the focus of a death-rate such as that of Calcutta or Cairo, they do so, at least, in full official knowledge of the facts, and they will deserve no sympathy when the City is decimated, as it has been by dirt epidemics.

It is, we regret to say, impossible for us to print even a tithe of the contents of the Report, or to dwell upon it at half the length which its importance deserves. The demand on our space obliges us to confine ourselves to an abstract of the conclusions at which the Commissioners arrive, and which state briefly their verdict as to the cause and result of Dublin mortality. They report:—

"That new sewers are required, but the entire system of sewers and drains should be more fully ventilated.

"That house-drains are proved to be very defective, and that the yards, courts, and back streets are for the most part defectively drained, and very dirty in consequence.

"That the privy accommodation is generally defective throughout the poorer quarters of the city, and that it is in the tenement-houses practically absent, and that as a consequence the inhabitants suffer both in health and in morals. The tenement-houses of Dublin, according to the medical evidence voluminously tendered at our inquiry and embodied in this our report, appear to be a primary source, and the cause of the excessively high death-rate.

"That they are not properly scavenged, ventilated, and regulated.

"That they are dilapidated, dirty, ill-ventilated, and much over-crowded, and that disease and craving for drink, and consequent drunkenness and extreme poverty, are thereby fostered; and until the condition of these houses has been improved the general health of the city will continue to be injuriously affected.

"That most of the courts and yards in connection with the tenement-houses are unformed and unpaved, and that as a consequence there is an accumulation of offensive dirt, general discomfort, loss of health, and loss of power to earn wages.

"That many of the streets are formed of defective materials.

"That public scavenging is inadequately performed. There is no municipal system of private scavenging, and as a consequence the streets are dirty, the courts and yards are at a l

times filthy, and in our opinion the cleanest and cheapest mode of removing excreta will be by water, through water-closets, drains, and sewers to a common outlet. Houses must be drained, streets must be sewered so as to remove waste water, and, if these drains and sewers are well and truly constructed, to transmit the entire volume of excreta of the houses and city.

"That both public and private manure depôts are at present in improper places in the city.

"That some of them are situated in courts and yards surrounded by dwelling-houses, and consequently injurious to the public health.

"That slaughter-houses, cowsheds, and dairies are in improper places within the municipal area, and that some of them possess no adequate appliances for drainage, cleanliness, and ventilation.

"That there is no adequate provision for baths and wash-houses specially planned and adapted for the benefit of the working-classes, and that the inhabitants of the tenement-houses, having no washing and drying accommodation, cannot properly cleanse themselves or their garments.

"That there is an abundant supply of soft water for all public, private, and domestic purposes brought into the city from the Vartry Works, but that it is not made so fully available for the use of the inhabitants of the tenements as is desirable.

"That a more efficient filtration of the water is required.

"That Section 108 in the Public Health Act is not worked and duly enforced in Dublin with a view to the prevention of nuisances arising from smoke contamination of the atmosphere.

"That, considering the extensive sanitary improvements necessary in Dublin, we are of opinion that the superintending medical officer of health of the city should devote his whole time to the duties of his office.

"That the river Liffey is polluted by the sewers of Dublin so as to be offensive.

"That, though appearing not directly injurious to the health of the inhabitants, it is, in our opinion, prejudicial to the interests of the city and port of Dublin.

"That, on the evidence placed before us, we cannot hold the Liffey accountable for the high rate of mortality which has prevailed and continues to prevail within the district which it traverses; and that while we regard these improvements of the houses and drainage of Dublin and of the tenement-houses, better scavenging and filth removal, and improved road formation, as matters urgently necessary for the improvement of the public health, we are also of opinion that the river Liffey and the port and harbour of Dublin ought to be free from the pollution."

When we consider the extreme pressure exercised by the Chief Secretary, the Irish Local Government Board, and the Dublin Corporation, to prevent the Commissioners either inquiring into the true causes of the death-rate or expressing their views thereupon, we must feel great satisfaction with the Report before us, and we are bound to return to the Commissioners the warmest thanks of the citizens for the labour they have performed, and the honesty of their declarations. We were naturally impatient to see the result of their inquiry, knowing that no step towards amendment could be initiated until the Report had been completed and digested, and we confess to have been seriously apprehensive that the pressure exercised by Mr. James Lowther, by the Vice-President of the Local Government Board, and by the Corporation, would have been too much for the independence of the Commissioners. We are gratified to have to admit that we did them an injustice, and we say, without hesitation, that the pronouncement to which they have given utterance is creditable to them, and of extreme value to the citizens. But for the perseverance of the Dublin Sanitary Association, to whom Dublin people owe more than they seem to feel, and the courage of the Commissioners, Dublin might remain for many a weary year the victim of every mood and tense of sanitary mal-administration. Let us hope that a continuance of the *status quo* maintained by the Lord Mayor and Corporation of Dublin is no longer possible.

GUY'S HOSPITAL.

THE condition of affairs at Guy's Hospital presents no favourable change, unless this can be said to have occurred in connection with the appointment of an impartial committee for the purpose of *investigating* the events and their causes to which the deplorable state of Guy's is to be attributed. This committee consists of the following gentlemen: Sir Thomas Acland, Sir Trevor Lawrence, Messrs. R. Harvey, Shaw Stewart, C. Barclay, and Samuel Hoare, and it has already commenced its deliberations. Since the committee is apparently endowed with no power to do more than sum up the facts already fully known to the world, and, possibly, comment on them, it is difficult to understand what good effect is likely to result from its sittings. There is not, that we are aware of, any doubt entertained in unprejudiced minds that the "innovations" complained of are fully deserving all the condemnation they have received from the professional staff of the hospital. No more is it to be denied that there is but one way open to restore the *prestige* of the Borough charity to anything approaching the heights from which it has been deposed. The *onus probandi*, if it can be said to rest anywhere when opinion is almost universal, lies certainly with the two officials who persist in maintaining an attitude of determined opposition to the wishes of all their *confrères* in the administration of the hospital. Under the circumstances, therefore, a committee of reference is that alone for which any *raison d'être* can be shown; but in the announcement made public concerning its appointment there is nothing to prove that it is anything more than a mere court of inquiry without judicial power of any sort or kind. It may well be asked with regard to it, *cui bono?*

Complaints, and rumours of complaints without end, emanate from the unfortunate hospital, so much so that there is no possibility of believing that there is any excuse for the continuance of a *régime* which, according to the newest utterances, is chargeable with a mortality unprecedented in the annals of Guy's. It is well to consider whether the time has not arrived for invoking the aid of external authority to effect the restoration of order, since the well-being of some six hundred patients is said to be jeopardised by the questionable nursing arrangements under which they are placed. Not a few who have carefully watched the progress of the quarrel, and the disastrous consequences ensuing from it, are disposed to think that earlier and decisive action should have been taken by the medical staff, action which would have at once and effectually settled the matter in dispute. By the resignation of these officers, attention would have been drawn to the subject from all sides, and the most searching inquiries would have been made, ere the public rested satisfied with the ultimate adjustments. It is idle to suppose that the threat stated to have been held out, that wholesale resignation would be followed by the appointment of an entire new staff subservient to the wishes of the treasurer and his nominee to the matron's

post would have been carried out. Some 60,000 to 70,000 patients annually apply for relief at Guy's Hospital, many of the cases being of the most critical nature, demanding for their successful treatment the skill and experience of tried and responsible physicians and surgeons. That the treasurer would have been allowed to gratify his inclinations by submitting this vast amount of suffering and disease to the potential elements possibly residing in untried, inexperienced practitioners, such as could alone be expected to usurp the places of the retiring staff, is a monstrous absurdity. There is, in the ranks of the medical profession, no person of eminence who would not reckon it as a deepest insult were he solicited to tender his services under such circumstances. Unquestionably there may be a sufficient minority who would exhibit little hesitation in availing themselves of any opportunity to enter on duty as honorary attendants at Guy's. Time was when this was open to doubt, but later events have proved the contrary. Nevertheless, the injustice that such a proceeding would be to the sick poor, who regard Guy's Hospital as the place where their ills will receive the most skilled treatment possible, would be too glaring, too apparent to the least reflecting of the general public, for universal indignation not to have straightway arisen against the author of the enormity. Doubtless it would be an unmitigated hardship also to the staff to be compelled to follow such an untoward course, but the assurance of popular sympathy, and the practical support of their professional brethren, ought to suffice to render the step an easy one. The interests of a great charity are not to be made the plaything of a single individual. When it becomes apparent that, by unfortuitous circumstances, the power to wreck the *prestige* of, and minimise the benefits conferred by, a world-known institution rests in one person's hands, and he shows a determination to use his power to the utmost, there arises a need for instant and extreme measures. Until this time it must be admitted these have not been resorted to, and even now there is the appearance of dallying with danger rather than resolutely stamping it out of existence. There are, fortunately, higher authorities than that even of the court of governors to direct the affairs of Guy's Hospital. Only in desperate need, however, ought they to be invoked. But the need can be said to have arisen, and the voice of public opinion may be trusted to speak with no uncertain sound when once it recognises the real import of the issues at stake. We have from the outset deprecated the necessity for publicity in the matter, but when it becomes a question of the safety and lives of considerably more than fifty thousand people, there is occasion for something more than a class consideration of the details of the case.

The undignified performances of the senior resident medical officers at Guy's Hospital in connection with the students' demonstration against the treasurer, has not served to establish confidence in the attitude of firmness to be expected from the staff as a whole. It would be unfair, however, to attach much importance to the acts and utterances of two senior students simply. A smile may be provoked by their readiness to acquiesce in the demand made to them to reassume the humble position out of which they for a moment emancipated themselves, but their conduct does not detract from the significance of the expostulations addressed by their fellow-students at Guy's. This must be taken as indicating a strong feeling on the part of those able to judge acutely of the evil influences at work in their midst, and as such it will have weight in the minds of those who weigh the question fairly.

We should prefer to see the subject settled, and at once, by the staff. That they will be ably and generally supported, is certain throughout the country.

THE EDUCATION OF THE BLIND.

Among the important social events of the past week that of the education of the blind has excited no inconsiderable share of public attention. By the efforts of the daughter and son-in-law of the late Mr. Gardner, the munificent donor of the £300,000 for the benefit of the blind, we have had the opportunity of comparing notes, of ascertaining for ourselves what is doing in France, not only to ameliorate the condition of this class of the afflicted, but also of converting a number of them into useful members of society. No less than three large gatherings of the blind have taken place during the week, one at the Mansion House, under the auspices of the Lord Mayor of London, of the pupils of the French "Institution Nationale des Jeunes Aveugles," brought to London mainly by the generosity of Mr. and Mrs. Richardson Gardner; another at the mansion of the Duke of Westminster, of the pupils of the Normal College, at Norwood; and a third at St. James's Hall, of the teachers and pupils of the French school, with their blind director, M. Lebel.

It appears that Mr. and Mrs. Richardson Gardner were unwilling that a decision in the matter of the Gardner bequest, now in litigation before the Court of Chancery, should be arrived at before the public were made acquainted with the results of the high musical teaching accorded to the blind in the National Institution of France. The musical display was adapted to excite considerable curiosity as to what the young blind can be taught to do, and, furthermore, what their probable prospects of after-success in life. It is sufficient to say that the several performances were of a remarkable character, and that the soloists especially, both in singing and playing, displayed a thorough knowledge of music, and a firmness and decision of touch that drew forth rounds of applause from those well able to form a correct judgment.

M. Piras, whilst briefly thanking the Lord Mayor for his hospitality and kindness, alluded to the difficulty involved in the administration of every kind of benevolence, but thought none could repay society at large more fully than that of instructing the blind in useful employments and making them self-reliant. But perhaps the most valued utterance in this point came from Professor Fawcett, whose speech deserves most careful attention. It was fully reported in the *Times* of Friday last, and was no doubt largely read. It is sufficient for us to know that the views of the right hon. gentleman in every way accord with those we have enunciated, and, on more than one occasion, placed

before our readers, the chief points of which may be summarised as follows:—That the legislature, in the interest of the blind, having passed several acts making it incumbent upon boards of guardians and school boards to see to the elementary education of this class of the afflicted poor up to the age of thirteen years, it is more than ever incumbent upon charitable agencies and institutions to devote their large funds to other cases more properly belonging to charities, in giving blind children and adults the highest and best kinds of education at command. That any further charitable funds devised for the blind should be solely devoted to the training of blind teachers, the founding of workshops in which the blind may be taught and employed in all the various handicrafts of the sighted. And, furthermore, that every encouragement should be given to the perfecting and improving the various means of instruction, both mental and technical, and in establishing uniformity of system in the literature of the blind, and in improving their social position generally. To secure these ends the several asylums and institutions founded for the blind should at once be brought into harmonious working and connection, so that all may in an equal degree derive advantage from, and assist in giving effect to, the several suggestions for advancing the interests of the blind. It may be gathered from what we have said that the Gardner bequest cannot be better bestowed than upon the attainment of such important objects rather than that of building another asylum; for, of all people in the world, the blind are unsuited for aggregation; they require companionship of home-life, the friendly arm upon which they may lean for guidance and support in life.

Notes on Current Topics.

Expurgation of the Dental Register.

We observe with satisfaction that the British Dental Association is taking decisive steps towards removing from the Dental Register the crowd of chemists' assistants who have obtained admission thereto by representing themselves as "*bona fide* in the practice of dentistry in conjunction with pharmacy." The Association has sent to a number of these persons a circular, which says—"Your registration in the Dentists' Register is, in the opinion of counsel, a clear violation of the provisions of the Dentists' Act. The Representative Board therefore suggest that you should, in writing, request the Registrar to remove your name from the Dentists' Register. Should you not see fit to follow this recommendation within fourteen days from the date of this letter the Board will feel bound to bring the case before the General Council, the possible result of which proceeding will be that your name will be erased from the Register, and that you and the witness to your declaration are liable to be proceeded against under the appended section of the Dentists' Act, which was prominently printed upon your declaration paper."

The point made by the Dental Association is that no one can be in the practice of pharmacy in the eye of the law except a person qualified under the Pharmacy Act, and it is distinctly the opinion of the counsel consulted that the work done by an assistant to a chemist is not, in law, the practice of pharmacy. If this be so—and we fully believe that it is so—not one of those unregistered chemists' assistants have declared with truth that they are *bonâ fide* in the practice of dentistry in conjunction with pharmacy; and, if this be satisfactorily shown to the General Medical Council, that body must strike them off the Register *in globo*. The Council will, of course, *more suo*, try to shirk its duty in this matter, but we hope that the Dental Association will not permit such evasion, and it is satisfactory to observe that the editor of the *Chemist and Druggist* advises his constituents as follows:—

"If the Medical Council should decide against our view we would submit with a protest, for the results involved would not be worth the expense of a legal contest with such a body."

Nasal Extensors.

The London correspondent of the *Canada Medical Record* says that though probably few persons know what a "nasal extensor" is, the manufacture of such articles has become a regular part of the business of fashionable dentists in America and on the continent of Europe. Persons who are dissatisfied with their noses will be glad to hear that a nasal "extensor" is a silver lining for each nostril, the two metal forms being connected together by a yoke at the base if necessary, and the interior covered with red enamel, and by the constant use of extensors a pug nose, or, to put it more delicately, a nose that is "tip-tilted like the petal of a flower," may be transformed to any shape that its owner and her adviser consider desirable. The New York correspondent of a Cincinnati newspaper describes these inventions, and solemnly asserts that the use of nasal extensors is very common amongst the ladies of that city, and particularly affected by women to whom Nature has denied the elegant Grecian contour. It has long been understood that a determined person who is dissatisfied with his or her nose, can alter the shape, though the operation is disagreeable; but in the cause of vanity men—and women—will suffer much. A deep transverse incision has to be made across the offending pug about three-quarters of an inch above its tip, cutting through the skin, cartilage, and septum with a single clean stroke of the knife, until the edge of the instrument is on a level with the face. This done, the half-severed tip must be depressed to the proper level, leaving a triangular gap between it and the firm upper portion sustained by the nasal bones. Small, but deeply-incised, flaps are next dissected out on either side of the gap, in such a manner as to fill the vacant space, and to meet each other at the top. A nasal extensor is fitted in, the nose is trained to the desired shape, and when the scars are healed the patient is happy. Of course, all who use extensors do not undergo this operation, but without it the training of an obstinate nose in the way it should go is a tedious business.

The Functions of the Eustachian Tube.

At a late meeting of the Academie de Médecine Dr. Gellé read a paper entitled "An Experimental Study of the Functions of the Eustachian Tube." The question to be

determined is, whether the tubes are constantly open like the nostrils, or are they closed by the approximation of their walls, like the urethral canal, for instance? A question connected with this is that of the part played by the tubal and staphyline muscles in the circulation of air to the tympanum. The tympanic cavities are not resonant. M. Fournié has concluded from this that they are open, and that the Eustachian tube is the opening. But the sonorous current passes better by an open way. It follows in passing from the ear the same road which it took to get there, the external auditory meatus. With espect to cranial sounds, they find in the membrane the organ of transmission *par excellence* of sounds from solids to the air and *vice versa*. It is by this way and not by others that the sound waves make their escape. The aurist takes advantage of this phenomenon of the discharge of cranial sounds by the meatus. The blowings, crackings, and clippings have each their semiological value. Politzer invented objective auscultation, which M. Gellé has simplified under the name of transauricular auscultation. It is the analysis of the changes undergone by a sound transmitted from the cranium through the ear. The auditory meatus is then the natural channel for the discharge of cranial sounds; it is indeed the only one; the tube has no such function. Indeed Politzer, Lucæ, Tröltsch, and after them all aurists, have agreed that obliteration of the meatus, morbid or experimental, causes retention and resonance.

If it is demonstrated that by changes in the meatus the hearing is injured, it is logical to conclude that no other channel for the exit of sound exists, and that the tube has been wrongly charged with this function. M. Gellé cited twelve experiments in support of his statements.

A New Ophthalmological Society.

A NUMBER of the London ophthalmic surgeons have, last week, erected themselves into a special society, which hopes to be representative of their department of surgery. The purpose is excellent, and the gentlemen who have established the society are fully qualified to represent the ophthalmological fraternity of the great metropolis; but upon the evidence before us as to the extent of the society, it strikes us that a mistake has been made in the name which the society has selected, for we do not see upon what authority it can claim to be "The Ophthalmological Society of the United Kingdom." The United Kingdom outside London is represented in the executive of the society by one practitioner from Edinburgh, one from Dublin, and one from Leeds, the remaining sixteen officers being London surgeons. The title of the society is, therefore, somewhat redolent of Tooley Street, and its constitution seems to have been intentionally exclusive, for we observe that a motion to attach to it nine extra-London ophthalmologists was rejected, the members present electing deliberately to confine its operations—in spirit at least—to the metropolitan postal district. No doubt there is room for a London ophthalmic society, and as such we hope the new organisation will succeed, but we think it is to be regretted that the suggestion to make the society cosmopolitan was refused, and—as it has been so refused—we object decidedly to this association of London practitioners assuming to represent the ophthalmology of Great Britain and Ireland. We hope it is not too late to give the society the desired comprehensive character, and thus to enable it to serve ophthalmic science in a truly representative capacity.

The Anti-Vivisectionists

Have had their great palaver last week. Their chief talkers were Sir Alexander Malet and Lord Haldon—whoever they may be—and Lord Shaftesbury, and the usual amount of ignorance and prejudice was displayed, with the usual determination of such folk not to hear or know anything which does not tally with their own ideas. From the groaning over the unyielding nature of doctors in general, and the unsympathetic character of the newspapers, we assume that the anti-vivisectionists are beginning to find that the endless talking of nonsense is wearisome when it produces no result. It was resolved, nevertheless, to move in the House of Commons for a return of the discoveries made by means of vivisection, to be made by those who now hold physiological licences. Though we fully believe that such a return would be valuable to science, we scarcely see how Parliament or the public could be expected to understand it, and we are perfectly certain that it would produce no persuasive effect whatever upon what the anti-vivisectionists please to call their minds. However, if they like to have such a return, biologists are quite ready to give it, and have, in fact, already given it to the public through the columns of the medico-scientific papers, which the anti-vivisectors might read, if they were minded to read anything.

The Action of Quinine, Digitaline, and Atropine.

DR. GUIDO CAVAZZANI has arrived at the following conclusions on this subject (*Annali di Med. Pub.* &c.). Quinine and atropine have an astringent action on the peripheral vascular extremities. They correct the vascular dilatation caused by digitalis. Atropine and digitaline are antagonistic, the first giving tone to the terminal vessels, and paralysing the heart, the second producing an opposite effect. These two remedies associated cause considerable slowing of the ventricular contractions of the heart and much less slowing of the auricular contractions. Quinine and digitaline combined reciprocally increase their force of action. Quinine and atropine neutralise each other as to their action on the heart. These three remedies given singly may cause a state of collapse, which in quinine is due to ischæmia of the heart, in digitaline to its tetanisation, and in atropine to its asthenia.

The Naval Medical Service.

ACCORDING to the *United Service Gazette*, one of Her Majesty's ships in a home port "is in so unsatisfactory a sanitary state that a very heavy sick list appears to be her normal condition. We hear, however, that her captain has hit upon an expedient for reducing the sick list to which we might be permitted to draw the attention of the Admi-

ralty, and also that of the Royal College of Surgeons and the medical schools of the country. Sending for the fleet surgeon, the captain informed that officer, 'I'll take means to reduce it [the sick list]; you and the senior surgeon shall take turns of duty till it is of a reasonable size.'"

The action here attributed to the officer in command is of so extraordinary a kind, so closely bordering upon unreasoning tyranny, that for the present we prefer to wait a bit before considering it at length, in the hope that further details may remove the impression that the report as now given is calculated to produce. We will merely add that although inconsiderate officers really are occasionally met with in the Royal Navy, as elsewhere, still the rule is that they treat the medical officers on board their ships with courtesy. If there be an exception in the instance we allude to, we are rather inclined to attribute it to the individual than to "the system"—but perhaps more on this head in our next.

Arsenical Wall Papers.

In a recent case which was tried at Guildhall, Messrs. Steinhoff sued the defendants, Messrs. Woollams, wall paper manufacturers, for sums due for colours supplied to the latter. Defendants refused payment, on the ground that the colours were verbally guaranteed by the plaintiff's agent as non-arsenical, whereas one of them did, in fact, contain a large quantity of arsenic. Defendants had used the pigment in the manufacture of wall papers, and as it has been a strict rule with them for years past to allow no arsenical colours to be used in their factory, they were thrown between the alternatives of endangering their reputation by the sale of goods detrimental to the public health, or of having the stock of arsenical paper they had unwittingly manufactured left on their hands. They now made a counter claim on the plaintiffs for £370, as compensation for the loss incurred.

The traveller to the plaintiff, denied most positively that he had guaranteed the "Imitation Azure Blue" to be free from arsenic.

The jury found for the defendants, the amount of damages to be settled by arbitration.

The Alleged Famine Fever in the West of Ireland.

We had before us last week reports of the fever at Swinford and its neighbourhood, which led us to believe that the epidemic was one of ordinary typhus, and not in any sense attributable to famine. We did not publish these reports because they did not conclusively prove that the disease was not famine fever, and because we did not like to encourage those who wished to use this outbreak of fever as a political cry for the purpose of getting money from Parliament. Dr. Grimshaw, the Registrar-General for Ireland, has since then definitely stated that the epidemic was not one of famine fever. The Local Government Board for Ireland has, however, at the instance of the Chief Secretary for Ireland, decided to investigate the matter for themselves, and have consequently sent Dr. Stewart Woodhouse, of Dublin, down to Swinford to investigate and report. We understand that Dr. Nixon—the recently appointed physician to the Lord-Lieutenant of Ireland—has also been asked to inquire into the matter, and to report to the Local Government Board, and that he leaves Dublin immediately for the West of Ireland.

The Treatment of Diphtheria.

Dr. Bloch (*La France Médicale*) has long employed, as his principal treatment in diphtheritic angina, dry cubeb pepper applied to the throat by means of a brush, and has obtained from it excellent results. He orders the application to be made every hour, with the administration of liquid food, wine, bark, &c. The false membranes are detached and not reproduced. The application causes retching—sometimes vomiting.

These contractions of the pharynx are probably one of the elements of success. The absorption of the cubebs which the patients swallow also acts; this remedy has long been administered internally in membranous angina, and with satisfactory results. Lastly, the topical substitutive action has an important part in the happy effect of this treatment. It is easily used, and parents can themselves apply it to their children's throats. In catarrhal and pultaceous angina the same treatment succeeds marvellously—much better than alum, chlorate of potash, borax, tannin, &c.

Sleeplessness.

The following is recommended as cure for sleeplessness: Wet half a towel, apply it to the back of the neck, pressing it upwards toward the base of the brain, and fasten the dry half of the towel over so as to prevent the too rapid exhalation. The effect is prompt and charming, cooling the brain and inducing calmer, sweeter sleep than any narcotic. Warm water may be used, though most persons prefer cold. To those who suffer from over-excitement of the brain, whether the result of brain work or pressing anxiety, this simple remedy has proved an especial boon.

Pensions in Irish Lunatic Asylums.

We are glad to perceive that the suggestions which appeared in our "Lunacy" column on June 1 promise to produce some fruit. A memorial to Lord O'Hagan has been set on foot, showing the disadvantageous position in which the medical and other officers of our Irish asylums are placed as regards pensions, and respectfully requesting him to deal with the matter in the Bill which he is about to introduce relative to the treatment of the insane poor. The memorial tabulates the grievances to which we drew attention in our article.—1. That the period of service must amount to forty years before a two-thirds pension is payable, while in England a two-thirds pensions is payable after fifteen years. 2. That the whole period of service is required to be spent in one asylum, whereby men of experience are prohibited from accepting promotion. 3. That by reason of being paid from local rates, medical officers who have spent many years learning their profession and their specialty are unable to claim the benefits of the "Special Service" clause of the Civil Service Act.

A Cure for Snake Bite.

Mr. Tremlett, Consul for Saigon, furnishes some further notes respecting *hwang-nao*, which is said to cure the bite of the most venomous serpents, and has been successfully employed in curing cancer, and principally leprosy, in the treatment of which it has never given other than satisfactory results. The native physicians, Mr. Tremlett tells us, distinguish thirty-six kinds of leprosy, the most common attacking the feet and hands ; it is considered to be hereditary, and is usually contracted by children at the age of puberty. After some generations, it has been noticed to confine itself to either the male or the female members of the family ; the disease is considered contagious, which only would account for the number of lepers in Tonking.

Indican in the Urine of Typhoid Patients.

A patient under the care of M. Hardy (*Le Praticien*) was attacked with fever and diarrhœa, which suggested typhoid ; however, the fever soon ceased, the temperature fell to normal, and it was supposed to have been only a synocha. There still remained, however, a certain amount of swelling of the spleen and of diarrhœa which tended to support the first diagnosis. About the fourteenth day there appeared some spots which were only discovered with difficulty. In order to find a new element of diagnosis, M. Hardy examined the urine of the patient for indican, the blue matter which sometimes exists there.

To discover this a few grammes of urine should be put into a test tube, three times its volume of hydrochloric acid added, and then slightly warmed. The mixture must now be cooled, and a few grammes of ether added. The cooling is necessary on account of the great volatility of the ether ; if it be put into warm liquid an explosion may occur. The mixture of urine and ether should now be agitated by closing the mouth of the tube with the thumb and inverting it a few times. The ether being lighter than water will separate and collect at the top, and if indican is present, as was the case in M. Hardy's patient, there will be found a perfectly characteristic blue ring. This presence of indican in the urine, which is very easy to discover, is not, however, a pathognomonic sign ; it may be present in the urine of those suffering from other affections or even in good health, but it is a useful sign when added to those furnished by other symptoms.

The Secretaryship of the Royal Irish Academy

Which is generally regarded as one of the highest scientific positions in Ireland for active scientific men, has been given to Dr. MacAlister, Professor of Anatomy and Chirurgery in the University of Dublin. He succeeds Dr. Ball, the Astronomer Royal for Ireland.

The New Councillors.

The Council election at the Royal College of Surgeons of England took place last Thursday, the result being that Messrs. Cadge, Bryant, Lister, and T. Smith were chosen to fill the four vacancies. The latter gentleman having secured the smallest number of votes, will hold office for four years only, the charter of the College providing that a substitute member of Council elected to replace one who retires other than by rotation shall continue to hold office only so long as the tenure of it would have remained with the member whose place he fills. Mr. Simon, the retiring member, would have resigned in due course in 1884. The following is the complete list, with the number of votes recorded for each :—Mr. Cadge 174, plumpers 14 ; Mr. Bryant 170, plumpers 15 ; Mr. Lister 169, plumper 1 ; Mr. T. Smith 136, plumpers 13 ; Mr. Hulke 107, plumpers 6 ; Mr. Adams 87, plumpers 6 ; Mr. Hill 51, plumpers 6 ; Mr. S. Jones 45, plumpers 4.

The Normal Condition of the Eustachian Tubes.

At a recent meeting of the *Société de Biologie*, of Paris, M. Gellé expressed the opinion, the opposite of that recently put forward by M. Fournier, that in the normal state the Eustachian tube is closed. He gives the following reasons based on his experiments : If the tube is open a vibrating tuning-fork placed in the mouth should be heard even when the ears are closed. Now that is not the case. It is, nevertheless, possible to hear by the tube when the ears are closed, but only in cases where by a swallowing movement the tubes are opened. Hartmann found that to overcome the closure of the tube, and permit the air to penetrate to the tympanum, a pressure equal to from twenty to forty millimetres of mercury was necessary. M. Gellé has found that from thirty to forty millimetres are required.

Water and Typhoid.

The *Leisure Hour* magazine, published by Messrs Cassell, Petter and Galpin, contains some useful hints to tourists with respect to drinking water. It mentions a case of typhoid terminating fatally at Dinan in Normandy last year. The victim was a tourist, who was seduced into drinking freely at a hotel water which seemed bright, clear, and delicious. It cannot be too urgently impressed on intending visitors to the country and seaside that there is frequent danger lurking in their path, and that it will need the exercise of constant wariness to enable them to escape the snares that will beset them. Impure water and ill-ventilated rooms are the especially prevalent evils, and too much guardedness cannot be employed against them.

Trephining of the Tibia for Neuralgic Osteitis.

At a recent meeting of the Société de Chirurgie of Paris, M. Delins read the case of a young man, æt. 21, who was admitted under his care suffering from pain in the extremity of the right tibia with swelling of the bone above the tuberosities. He had suffered for five years, especially at night, and his rest was disturbed. He had signs either of sclerosis, of encysted abscess, or perhaps simply of neuralgic osteitis. On April 28, the crown of a trephine was applied to the inner surface of the tibia. The bone was thickened, eburnated to a thickness of 28 millimetres. No cavity full of pus was found as expected, but only a very vascular spot. This was removed with a gouge, and then a cavity was found full perhaps of serous liquid, but containing no pus. Was

this a cavity or an extension of the medullary canal? From the first night the patient slept, and the cure has continued to the present time.

A New University College.

THERE seems every prospect that a new University College is about to be added to the already long list of centres of higher education in this country. The Liverpool people, stimulated probably by the example set in Manchester by the Owens College, have decided that they too need an *alma mater* for their descendants, and already very considerable support has been given to the scheme. £60,000 has been subscribed for the establishment of the college, several sums of £10,000 each having been contributed by single donors. It is gratifying that the excellent teaching schools founded in Leeds, Bristol, and Birmingham have been so successful; and there can be but little doubt that the new one at Liverpool will not be eclipsed in results by its older sisters, when once in working trim.

Hypodermic Injection of Chloroform in Sciatica.

DR. BLACHE directs, in *L'Union Méd.*, May 11th, 1880, that the first injection of pure chloroform be made at the highest point of the seat of pain, throwing in a syringeful, or about one gram and a fifth. Next day the injection should be made lower down, and the third day lower still. In certain cases even two or three injections may be made the same day, thus inserting three or four grams of chloroform. In obstinate cases Dr. Besnier advises the injection of an entire syringeful at the highest point, a second opposite the great trochanter, a third near the head of the fibula, and a fourth at the malleolus. If the pain has not disappeared at the end of three or four days, recourse should be had to other means of treatment.

General Medical Council.

THE annual summer meeting of the General Medical Council will commence on Wednesday next, the executive council being summoned for Tuesday to decide the order of business. From appearances, the meeting is not likely to be a prolonged one, unless the discussions on certain points should be unduly protracted. The stagnation in respect to legislation on the subject of medical education may be expected to influence the Council's proceedings in some respects, though it cannot have much effect in lengthening them. The probable shortness of the session will be hailed with satisfaction by more than the gentlemen who assemble at such an inconvenient period of the year.

A Park for Croydon.

THE Croydon Local Board of Health have shown a wise forethought in purchasing a piece of land measuring seven acres, in Park Lane, Croydon, to serve as an ornamental park for the inhabitants of the neighbourhood. An estimated cost of £14,000 is named as the amount required to completely convert the ground, money which will be amply repaid in the benefits of healthy recreation that will accrue from the possession of the new park.

Bacterium Fœtidum.

DR. GEORGE THIN communicated a paper to the Royal Society recently on "An Organism associated with Profuse Sweating from the Soles of the Feet," in which he demonstrated that the peculiarly offensive fœtid odour by which the secretions from the skin of certain people's feet is characterised, is due to the development in the liquid, after secretion, of a micrococcus which the author names *Bacterium fœtidum*. He asserts that perspiration is odourless when it soaks to the sock, but that once there it rapidly acquires the peculiar smell. The fluid is, he says, an admixture of sweat with serous exudation from the blood, occurring in persons whose feet sweat profusely, and who, from much standing or walking, acquire an erythematous or eczematous condition of the soles of the feet. Dr. Thin pursued an elaborate series of investigations into the history of the development of the organism, during which he convinced himself that by antiseptic means the micrococcus can be killed and the disagreeable odour at the same time destroyed.

The Relation between Cardiac and Renal Affections.

AT a recent meeting of the Société Médicale des Hôpitaux Dr. Debruc discussed this question *àpropos* of two cases he had recently observed. In the first patient, whose death was due to the impaction of a piece of meat in the pharynx, the heart was found enlarged, weighing 750 grammes. The hypertrophy was almost exclusively limited to the left ventricle. The kidneys at first appeared normal. Histological examination, however, showed fibrous degeneration of the heart and interstitial nephritis. In the second case the patient died of pneumonia, and the heart was slightly enlarged, but almost normal, but the kidneys showed marked evidence of extensive interstitial nephritis. In the first case the disease had evidently commenced in the heart, in the second in the kidneys, and these two cases seem to prove that if cardiac affections may be consecutive to renal disease the reverse may also obtain.

Acid Reaction in Animal Tissue.

MARIE EKUNINA describes, in the *Journal für Praktische Chemie*, an investigation conducted in Prof. Nencke's laboratory at Berne, on the causes of acid reaction of the animal tissues after death. This reaction is attributed to the decomposition of tissue juices, after death, by fungi. Volatile fatty acids first arise through commencing decomposition of albumen, but very soon the two lactic acids proceeding from glycogen are associated with these. The richer the tissue in carbo-hydrates, the longer does the acid reaction continue after death; this is especially the case with liver, muscles, and lungs. The shortest and weakest acid reaction is that in the pancreas. Sooner or later, in all tissues, the acid reaction passes over into an alkaline, while the decomposition of albumen increases, and there is much formation of ammonia.

Charcoal in Typhoid.

IN the *Lyons Médicale*, May 23rd, it is stated that Dr. Bouchard finds the administration of pure charcoal powder

in typhoid fever very favourable, that it causes the fœtid odour of the stools to disappear, prevents absorption of putrid matter, cleanses intestinal ulcers, and does not cause hæmorrhage or other accident. The dose given is a tablespoonful every three hours.

A Homœopathic Dodge.

THE *New York Medical Gazette* says that some six months ago its attention was called, by one of the inmates, to certain abuses which were being carried on in the Homœopathic Hospital at New York. It has of late been investigating the charges, with a view of collecting proof sufficiently overwhelming to justify the bringing the matter before the legislature, but the ubiquitous newspaper reporter has given the whole story to the public rather prematurely. Here it is :—

On Ward's Island is the Homœopathic Hospital. The building used for this hospital was originally built in the time of the Tweed Ring, and fabulous amounts of money have been squandered upon it. A tremendous political pressure was successfully brought to bear on the Commissioners to furnish the building for the homœopaths. This was the first public hospital ever secured by the homœopaths, and it is costing the taxpayers of the city 60,000 dols. a year. The homœopaths, so it is alleged, discovered that the convalescent patients at the other hospitals got passes to go to and from the city, and at once utilised this discovery. Instead of giving passes the applicant is told to go, and when returning to call at the Commissioner's office and get a new permit. Thus, it is said, the same patient often counted as two, three, four, or more patients admitted. Numbers of them were sent out in this manner a dozen times. By this means the admissions and discharges (as cured) were increased 300 per cent., and the percentage of deaths of course was correspondingly low. The mortality in the three leading hospitals the first year after the Homœopathic started was—Bellevue Hospital, 12½ per cent.; Charity Hospital, 8½ per cent.; Homœopathic Hospital, 6 per cent. On the publication of this result homœopathic organs grew jubilant. The same course was pursued the ensuing year, and the result (on paper) was about the same, while all the time the actual percentage, it is declared, was about 18. After nearly three years of this adroit management the Commissioners began to find it very troublesome to be issuing so many fresh permits to the same individuals, so an order was issued to let parties wanting passes have them. But the homœopaths were equal to the emergency, and the next device, it is alleged, was to discharge the sick and keep the healthy in the building. This piece of strategy, it is said, has been carried out during the past year, and when the annual report for 1879 is published, the mortality report of the Homœopathic Hospital will once more appear (on paper) astonishingly low.

Cæsarean Section Extraordinary.

THE *Wiener Med. Wochenschrift* gives the following anecdote, on what appears to be unquestionable authority. A poor woman at Prischtina, not far from the Servian frontier, was in the pains of labour for three days, but to no purpose. In her perplexity she seized her husband's razor, cut open her abdomen and uterus, and got a neighbour to sew her up again, after the removal of the child ! And now, after several months, mother and child are doing perfectly well.

DR. WM. B. CARPENTER will visit the United States during the summer.

SCHLAEFKE, in *Graefe's Archiv.*, records the fact that if calomel be applied to the eye, and iodide of potassium administered internally, severe inflammation of the conjunctiva is liable to arise.

ONE Haywood, an unqualified medical practitioner at Birmingham, has been charged with the wilful murder of a single woman, twenty-four years of age, who died, as alleged, from an attempt of the prisoner to procure abortion.

We believe we are right in supposing that this memorial will be signed by all the asylum officers in Ireland, and we think it cannot fail to carry much weight, both with the distinguished individual to whom it is addressed and also with the Government.

DR. KOLLER, in *Pharm. Ztg.*, reports that he has found glycerine applications equal, if not superior, to the sodium bicarbonate, about which so much has been written for severe burns. He applies the concentrated, syrupy, perfectly clear glycerine to the burn without pressure.

THE Committee of Management of the Metropolitan Convalescent Institution have had placed at their disposal the sum of £6,500, on condition that they at once add to their institution a seaside branch. This it is proposed to do at a cost of about £12,000, and the Committee appeal for funds with which to support the branch establishment.

A PERSON, named Lewis Smith, was summoned before Hyde County Court, Cheshire, by the Apothecaries' Society of London, for having practised as a medical man at Hyde, without possessing the necessary qualifications. A fine of £20 and costs were inflicted upon the said Lewis Smith, who, we should imagine, will try some other art in which such penalties are unknown.

ON Saturday the annual visitation and inspection of the Leavesden Imbecile Asylum was made by the managers of the Metropolitan Asylums District, who pronounced everything to be in a most satisfactory condition. At the present time the number of inmates consists of 890 male and 1,096 female patients—together 1,986, rather below the average.

IN the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Brighton 13, Bristol 14, Norwich 15, Plymouth 15, Salford 16, Bradford 17, Hull 17, Portsmouth 18, London 18, Sheffield 18, Birmingham 19, Wolverhampton 19, Leicester 19, Leeds 19, Glasgow 20, Edinburgh 21, Newcastle-upon-Tyne 21, Sunderland 21, Nottingham 23, Liverpool 24, Manchester 24, Oldham 27, Dublin 33.

THE death-rate in the large towns last week from the seven principal zymotic diseases ranged from 0·7 and 0·8 in Wolverhampton and Leicester, to 5·6 in Salford, 7·6 in Sunderland, and 8·0 in Dublin. Scarlet fever showed the

largest proportional fatality in Salford, Bradford, Sunderland, and Newcastle-upon-Tyne; measles in Oldham and Sunderland; and whooping-cough in Liverpool, Manchester, and Birmingham. Small-pox caused 14 more deaths in London, 19 in Dublin, and one in Manchester, but not one in any of the other large towns.

By telegraph from New York we learn that extremely hot weather has prevailed in the Eastern States for several days. Forty-six deaths from sunstroke occurred at New York on Monday and Tuesday. Although at present we are not experiencing such broiling heat in this country, the past few days' sun has been nevertheless sufficient to draw our close attention, and probably that of many of our readers, to the instructive series of articles on "Sunstroke in India" now appearing in our columns from the pen of Surgeon-Major Curran.

In the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 20, Bombay 30, Madras 36; Paris 27; Geneva 25; Brussels 27; Amsterdam 21, Rotterdam 22, The Hague 22; Copenhagen 21; Stockholm 25; Christiania 21; St. Petersburgh 53, Berlin 33, Hamburg 25, Dresden 25, Breslau 33, Munich 35; Vienna 31, Buda-Pesth 42; Naples 33, Turin 29, Venice 20; Alexandria 52; New York 32, Brooklyn 24, Philadelphia 21, and Baltimore 27 per 1,000 of the populations. Small-pox caused 51, and typhoid fever 27 deaths in Paris.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Faculty of Physicians and Surgeons of Glasgow.—It is understood that at their first meeting, on Monday, the 5th inst., an expression of opinion will be asked from the Fellows of the Faculty as to the propriety of inviting the British Medical Association to Glasgow. It is not supposed that the response will be entirely favourable, as the subject is not a popular one with the Faculty.

Visit of Trade Representatives to the Broomhill Home for Incurables.—By invitation of Miss Clugston, between one and two hundred representatives of trades in Glasgow, on Saturday, the 3rd inst., paid a visit of inspection to the Broomhill Home for Incurables at Kirkintilloch. An entertainment was provided for them in a tent on the grounds, and Miss Clugston explained her scheme for the extension of the Home, in which she is desirous of interesting the working classes of Glasgow and the country generally.

Lord Rectorship of Glasgow University.—It is stated that Mr. Ruskin has consented to be nominated for the Lord Rectorship of the University of Glasgow by the Conservative and Independent Clubs, and that, if elected, he will deliver the usual address. The Liberal nominee is Mr. John Bright, whose name was brought forward before that of any other candidate.

Accidental Poisoning at Dalry.—On Saturday, the 26th ult., a widow woman, residing in Dalry, was accidentally poisoned by swallowing a quantity of carbolic acid. It appears that the poor woman's daughter had died on the previous day from fever, and a bottle of carbolic acid had been procured for disinfecting purposes. This the deceased placed alongside some ginger-beer, and on going to take a drink of the latter she accidentally partook of the acid. Medical aid was called in, but owing to the swelling in the mouth and throat the stomach-pump could not be applied. The unfortunate woman died the following day.

Bequest to the Royal Infirmary, and the Western Infirmary, Glasgow.—By the will of the late Mr. Dixon, of Govanhill, who is reported to have died worth two millions sterling of money, the Glasgow Royal Infirmary and the Western Infirmary get each £5,000, which is, however, to be transferred to a hospital for the South-side, in the event of one being built there. A movement in this direction was agitated some years ago, and doubtless this windfall of £10,000 will cause a revival of the scheme. No more new hospitals are at present spoken of.

Outbreak of Enteric Fever at Possilpark.—Dr. Christie, medical officer of health for Hillhead, has just prepared a report showing that the recent outbreak of enteric fever in Possilpark, like that in the city, was due to contaminated milk.

A Medical Man's Jubilee.—A number of the friends of Dr. Lyon, who has been a medical practitioner at Peterculter for the long period of fifty years, have resolved to present him with a testimonial on Friday, the 23rd inst.

Death of Dr. Lawrence, Longside.—After fifty years' practice in the district of Longside, Dr. Lawrence has just died. He was greatly esteemed as a medical adviser, and much respected for his personal qualities. Eight years ago he was entertained to dinner by members of the Buchan Medical Society and other professional brethren, the company numbering about sixty.

Registrar-General's Returns. — According to the weekly return of births, deaths, and marriages in the eight principal towns of Scotland, the death-rate for the week ending with Saturday, the 26th June, was 20·5 per 1,000 of estimated population. This rate is 0·1 below that for the previous week. The lowest mortality was recorded in Greenock, viz., 13·1 per 1,000, and the highest in Perth, viz., 27·3, and in Paisley, 27·6 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 3·8 per 1,000, slightly lower than that for last week. The number of deaths from whooping-cough is considerably less, but an increase occurred in the number from diseases of the bowels. The death of a male, 25 years of age, occurred in the Royal Infirmary, Edinburgh, from hydrophobia. Acute diseases of the chest caused 79 deaths, being 9 less than the number recorded during the previous week.

Literature.

THOROWGOOD ON THE HYPOPHOSPHITES IN CONSUMPTION. (a)

Dr. Thorowgood is well known as a worker in the field of investigation of the therapeutics of lung diseases. Any remedial agent which appears likely to aid us in the treatment of any of the Protean forms of phthisis deserves careful study, and every endeavour should be made to arrive at a correct estimate of its true value. This is especially the case with regard to the hypophosphites, which were introduced with a great flourish of trumpets as specifics for phthisis.

(a) "On Consumption and its Treatment by the Hypophosphites." By John C. Thorowgood, M.D. Lond., F.R.C.P., &c., &c. Third Edition. London: Baillière, Tindall, and Cox. 1880.

Like the majority of specifics, however, they were unable to stand the fire of careful and exact experiment.

Dr. Thorowgood early began to investigate the action of these preparations, and gave his results to the profession some years since in the first edition of this work. Since that time many other careful observers have recorded their experience.

In the present edition the author gives us details of numerous cases in which he has given the hypophosphites, and from them deduces the conclusions at which he has arrived as to the forms and stages of the disease in which these agents will be found beneficial. These conclusions may be said in the main to agree with those arrived at by other observers; and would appear to show that the hypophosphites exert a decided curative action over the product of inflammatory processes in the lungs.

In the tubercular forms of the disease also, in the early stage, the combination of the hypophosphites with favourable conditions of climate, seems to increase the probabilities of recovery. It would seem by no means unlikely that this good effect is caused by the hypophosphites increasing the aptitude of the system for absorption of oxygen, as suggested by Dr. C. J. B. Williams.

With regard to the administration of the hypophosphites, Dr. Thorowgood prefers to give them in as simple a form as possible, a simple aqueous solution often appearing to produce as good effects as when the salt is combined with other remedies.

Dr. Thorowgood's little book should be studied by all who are interested (and who of us is not?) in the advancement of our knowledge of the therapeutics of consumption.

CHEMISTRY. (*a*)

The phrase "Introduction to the Study of Chemistry," used as a title to this work, is somewhat indefinite, because there are various opinions as to what style of information is best suited as an "introduction." In the present instance the author is evidently of opinion that, at all events, for learners who are advanced beyond schoolboy days, the leading principles and theories of the science cannot be introduced too early into their studies. The whole of this little book is therefore given up to theory—to the explanation of the atomic theory, atomicity, "bonds" and radicals, formulæ, and the mysteries of chemical nomenclature and equations. The manner in which the author has explained these difficulties is nearly always clear as well as accurate, and is, in some cases, distinguished for considerable neatness and novelty. We think the work is likely to be exceedingly useful to the medical student; and if carefully studied, and the information utilised in noting the results of practical experiments, it is likely to give him a ground-work considerably above the average. The book, however, would have been improved by more system in the use of the capital headings, and by the use of subject-heads at the top of the pages.

EXPERIMENTAL RESEARCHES IN PURE AND APPLIED AND PHYSICAL CHEMISTRY. (*b*)

If a writer has been a true worker in the subjects of which he discourses his book will be always read with interest. That Dr. Frankland has been an indefatigable worker in the science of chemistry no one will deny, and the thousand and odd pages before us place this fact strikingly before the reader.

The first part of the work deals with the system of notation which bears Dr. Frankland's name, and which is now familiar to most of our chemical readers. We do not believe this system will outlive the author's time; and outside the schools, where the author conducts the examinations, it has not received the support which a really useful system could demand. At the same time its author is strong in his opinion, and states in his introductory remarks, "that by means of this method students arrive at the same point in their curriculum in about two-thirds of the time necessary under the older system." If such were the case it would be a most powerful argument for its general adoption; but one of the weak points of the system is that it teaches as fact certain formulæ for which there is no data.

We think Dr. Frankland has arrived at his deservedly high position by important practical discoveries, of which we have abundant evidence in the volume before us. We would specially mention the discovery and isolation of the organic radicals, ethyl, amyl, also the synthesis of the organo-metallic bodies, a long series of most successful discoveries which have had a marked bearing on the progress of organic chemistry generally. These researches alone are quite sufficient to establish the author's fame — "Researches on the Lactic and Acrylic Series."

In the practical part of the work the author's various papers in connection with the analysis of, and purification of water, will be read with interest, not only because the author is the inventor of a process of analysis which gave rise to the Wanklin-Franklin war, but because its author has done most of the work for the Registrar-General, the Rivers Pollution Commission, and also for the Metropolitan Water Companies. Dr. Frankland's papers on the Source of Muscular Power, Climate, and many others, will be read with interest by the subscribers to this journal.

(*a*) "Introduction to the Study of Chemistry." By A. P. Luff, F.I.C., F.C.S., F.L.S., &c. London: J. and A. Churchill.

(*b*) "Experimental Researches in Pure and Applied and Physical Chemistry." By E. Frankland, Ph.D., F.R.S., &c. 1878. London: John Van Voorst.

Correspondence.

FRATERNIZATION WITH HOMŒOPATHS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Of course, if the College of Surgeons of Ireland chooses to pass any resolution not absolutely illegal it is free to do so, but surely it is hardly consistent with the dignity of a college to inflict a wanton insult on those of its members who are guided in practice by a therapeutic rule the majority of its members do not believe in. Does a belief in this rule warrant the College in stigmatising the system the minority of its members follow as quackery, and those members quacks? What ground has the College for speaking of homœopathy as a deception? Surely there are text-books and treatises on homœopathy in abundance where the system is explained in the clearest possible manner. The principles of homœopathy are perfectly well known to the profession and the public. They are: 1. The testing of drugs on the healthy human body in order to ascertain their physiological effects; 2. The selection of a medicine for curative purposes whose physiological effects on the healthy correspond with the morbid phenomena of the disease to be cured; 3. The prescription of one remedy at a time; 4. The administration of the remedy in a dose not strong enough to excite its physiological action, but sufficiently strong to cure the disease.

I put it to your fairness and sense of justice to say if a method of treatment such as this is, about which there is no concealment whatever, but, on the contrary, rather an excess of eagerness on the part of its practitioners to make it generally understood, can with propriety be designated a deception, and those duly-qualified members of our colleges and universities who practise it be appropriately called quacks.

If the College desires to prohibit those of it fellows and licentiates who are not convinced of the truth of the homœopathic therapeutic rule from consulting with those of its fellows and licentiates, and the fellows and licentiates of other colleges, who are so convinced, can it not say so without needlessly insulting those it objects to as consultants by telling them without a shadow of proof, in fact, in direct opposition to all proof, that the treatment they pursue is deception and quackery?

If the College has any proofs to offer that the homœopathic therapeutic rule is false and unscientific, we shall be glad to see those proofs, for we are not so wedded to a therapeutic system as to continue to uphold it after its falsity has been proved. But surely the College does not suppose that its mere unsupported allegation that homœopathy is a deception and a quackery will make it so.

It is not surely considered gentlemanly conduct to call persons of your own status (or, indeed, of any status) opprobrious epithets if you wish to cut them. Is a College exempt from compliance with the rules that all gentlemen consider themselves bound to obey?

Is the College not pronouncing judgment on a matter of

scientific opinion in denouncing a system of therapeutics they have not examined, and which the majority of their members do not practise, as a deception and a quackery? And is it not somewhat inconsistent on your part to inveigh against those who believe and practise according to the homœopathic therapeutic rule as persons with whom it is dishonouring to hold professional intercourse, whilst in the very same number you commend as an "instructive and valuable book" a work on Hay-fever written by a practitioner of the system you hold up to reprobation? Your obedient servant,

R. E. DUDGEON, M.D.

53 Montagu Square, London,
July 2, 1880.

CHLOROFORM [*v.* ETHER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly inform me in the next issue of the *Press* what is the opinion (as far as it has been ascertained) of the profession in general as to the relative safety of chloroform and ether as anæsthetics?

I am, Sir, yours, &c.,

ENQUIRER.

Limerick, 28th June, 1880.

[So far as we can judge there is no doubt in the mind of the profession that ether is very much safer than chloroform, if not absolutely devoid of danger. But it is, in some respects, less convenient, and therefore does not meet with favour on the part of busy surgeons.—ED. M. P. & C.]

CHEAP DISPENSARIES.—No. I.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Such sweeping censure, I might almost say indiscriminate abuse, has of late been levelled through the columns of some of your contemporaries at cheap self-supporting dispensaries—and strange to say without eliciting one word in their defence—that in the name of fairness and in the unfortunate default of any one better qualified than myself to undertake the task, I beg such indulgence of your space as may enable me, if not to meet all the hostile criticism which has been showered upon them, at least to show that there may be another side to the question, that there may by chance be some fallacy in the assumption that these dispensaries are without exception the fountains of evil which we have been assured they must be.

It would be impossible to notice all the grounds of the unfavourable opinions which have been so lavishly expressed; but the following seem to be the most important of them: It is contended that under this system the practitioner sells his educated talent regardless of its value, a practice incompatible with the slightest respect for his dignity or regard for his interests, and leading, should its operation extend, to an internecine competition, disastrous to the welfare of the profession, and which must ultimately deprive medical skill of any market value at all. These arguments, however, which treat of the matter as a mere trade or commercial question, would very imperfectly represent the views of a large number of people in whose opinion a profession is properly the jealous guardian of a cherished monopoly, the maintenance of which involves a closer bond of union than the ties which unite society at large; and as family obligations rank before public duty, and patriotism is esteemed more highly than cosmopolitanism, so even such laudable objects as general convenience and public benefit should never for a moment overshadow the sacred allegiance every member owes to his profession—a praiseworthy sentiment which, according to the pessimist views, dispensaries are likely to entirely annihilate.

Lastly, it is insisted that by no possibility can proper medicine, let alone advice, be furnished for such a sum as sixpence, or even a shilling, so as to leave even the smallest margin for profit, and it only remains to determine whether a practice which undertakes to do this is a charity or a fraud, the inference from which is sufficiently obvious.

To one or other of these groups most of the objections that have been put forward may be referred, and if they are as correct as they are decided, the system to which they apply stands condemned at once as a commercial blunder, a professional scandal, and a public fraud—a withering blast of censure which ought to severely test the vigour of the noxious weed it seeks to uproot.

But before acquiescing in this sweeping verdict it will be fair to examine briefly the accuracy of the premises and conclusions deduced from them on which this opinion has been founded.

To take first the professional aspect of the question, which is perhaps the direction in which personal feelings find most scope—admitting fully the importance of that mutual loyalty and reverence for the interests of the fraternity which should characterise its members, and to which I have alluded, it seems no less important to recognise the fact that the real interests of the profession must harmonise with those of the public, whose servants they are; and if it could be shown that the machinery in use had become obsolete and inadequate to meet the growing needs of changing circumstances, that it was tending to engender and foster abuses, the welfare of all concerned would be best promoted by judicious reform, not by unbending conservatism, whose exclusive adherence to the narrow interests of a class, would ultimately defeat its own object, and must end in signal failure and ignominious collapse.

That an occasion something like that here indicated has arisen at the present time I propose to show. A rigid maintenance of what has been commonly considered a proper fee for medical advice is utterly inadequate to meet the requirements of a large section of the community, and necessitates a monstrous system of medical relief maintained by misappropriated charity supplied by a credulous public who are furnishing support, not as they are taught to believe, solely to the urgent necessities of the deserving poor—half the money properly applied would suffice for that—but to an unlimited crowd of amateur paupers, to any person whatever, in short, who is shameless enough to accept an alms to which he has not a vestige of title, and which is nothing short of a scandal and a disgrace to promoters and recipients alike.

It is impossible that this evil can be met in any other way than by some system which brings medical relief within the reach of the working classes at a sum which they can afford, without branding them as paupers. And there can be little doubt that by properly managed dispensaries, either public or private, it is possible to effect this, sufficiently for the wants of the classes referred to, advantageously to the medical men who attend them, and without prejudice to the interests of the profession at large.

If effect were to be given to the views which have been strenuously advocated by a section of those with whom I join issue, and medical men were to agree never to charge a smaller sum than 5s. for advice, this charity scandal would assume far greater proportions than it has reached yet, a consummation which may be guessed at by looking at its extent now; when, according to evidence brought before a commission appointed by the British Medical Association some time since, no less than one million persons received gratuitous medical relief in one year in the metropolis alone. This may somewhat overstate the actual case, as some of the patients may have had more than one illness in the year, and have been counted more than once, but after making every allowance for this, the result is sufficiently startling. At one hospital (St. Bartholomew's) the reporter saw over 100 patients treated (?) by one doctor in less than an hour, the medicine being poured without fear or favour out of a large jug, and at some other hospitals the numbers being beyond even this high-pressure capacity of the proper officer, a considerable proportion were relegated to students, and not all of these were senior students either, and an instance was reported of a medical officer being dismissed for refusing to prescribe for new patients at the rate of 100 per hour.

This state of things fully deserves the description of the Chairman of the Charity Commission, who characterises it as a disgrace to the profession and a fraud upon the public, and that any one can be found to approve of and to wish to increase and extend it, is an illustration of the principle that there is no system so bad as to find no supporters, and its continuance is mainly due to the superstitious terror of that nightmare of innovation and reform which haunts many members of the medical profession, for whose weaknesses the public have so generous, though it may be, an unconscious consideration.

Your obedient servant,

A. B.

THE GENERAL MEDICAL COUNCIL.

To-day the Council commences its sitting, which seems likely to be uneventful. There does not appear to be much business of importance for transaction, and, as the lethargy of approaching dissolution has settled down upon the Council, we anticipate that there will hardly be much energy in that body to perform even what needs to be done. It is hardly to be expected that the members will care to enter with interest into questions of curriculum and examination, inasmuch as what it might now settle would probably be disturbed within twelve months, and as to disputed points in reference to licensing and registration, and the constitution of the Council itself, these are already in course of adjustment outside, and it is not probable that the result would be much affected by anything that the Council could say or do.

The minutes of the Executive Committee, which met, in anticipation of the assembly of the Council, on the 16th of June, are singularly void of interesting matter. The dispute as to whether alterations of address or additional qualifications shall be registered in the branch at which the original registration was effected, or at head-quarters, in Oxford Street, has been decided, practically, in favour of the Irish Branch which was contesting the question, Mr. Ouvry, the solicitor of the Council, having advised that the local registrars were entitled to perform this duty. The matter is of importance only because the local registrars have been enabled thus to assert the individuality of their offices, and *pro tanto* to defeat the tendency to centralisation of the registration business in London, which was sought to be effected by a clause in the Duke of Richmond's first Medical Bill.

Amongst the other business before the Executive Committee we find the following interesting item :—

"8. *Read.*—Letter from Mr. Chappell, who, in May, 1879, made a former application for registration, requesting to be allowed to be registered by virtue of a diploma purporting to confer the degree of M.D., 1849, of the University of Aberdeen, for which he paid £35, and to obtain which he states that he was, on the introduction of a certain Dr. Lang, examined by two Glasgow doctors of medicine deputed by the Aberdeen University, at the offices of Messrs. Lane and Lara, Medical Agents, in Adam Street Adelphi, London. The applicant produces evidence to show that he was apprenticed in 1830 by indentures, and states that he has been in practice ever since, but that severe illness has prevented him from passing any examination.

"*Resolved.*—'That a copy of Mr. Chappell's application, together with a copy of Dr. Lang's letter, and a facsimile of the diploma, be forwarded to the registrar of the University of Aberdeen, with a request that he will give the General Council such information as may enable the Council to decide on the case at its next meeting.'"

It will, no doubt, be interesting to peruse the explanation of the University of Aberdeen respecting this vicarious examination in a medical agency shop in London. For want of such explanation the matter certainly does not read well for the Scotch Universities.

The next business of the Executive Committee was to admit to recognition as a preliminary examination the matriculation test of the Michigan College of Medicine. This the Committee did upon the request of the President of the Medical Faculty of that College; and we do not doubt that they did rightly in so acting; but we avail ourselves of the occasion to point out that, if preliminary examinations about which the Council knows absolutely nothing are to be received into the list of examinations which qualify for a British diploma, there is really no reason why the same may not be done for American medical degrees of which the Council possesses the same amount of information. The Medical Reform Bills now before Parliament give the Medical Council absolute power to place the holder of any of these foreign degrees on an equality with the British licensee; and we are seriously apprehensive that, if these sections of the Bill become law, we shall have the *alumni* of the Eclectic College of Medicine and Surgery of Timbuctoo, or of some equally honoured institution, placed upon the Register, upon the faith of an *ex parte* statement from the officers of that College.

The dental business of the Council is, on this occasion, of extreme importance to those who practise this speciality. Our readers already know that by the Tomes-Lubbock Act a motley multitude of druggists' boys and self-dubbed dentists were admitted on their own declaration to the Dental Register as legally qualified dentists. The Association of Surgeons practising Dentistry now petitions for the "amendment or repeal" of the Act; and the British Dental Association petitions *contra*, but urges the expurgation from the Register of those names which have been improperly admitted thereto. At the same time the latter Association presents to the Council a list of persons who obtained registration as practitioners of dentistry "in conjunction with pharmacy," though—not being registered under the Pharmacy Act—they were really not at all—legally speaking—in the practice of pharmacy. The British Dental Association produces an eminent lawyer's opinion that these persons obtained dental registration by misrepresentation, and are, therefore, disqualified. It is now for the General Medical Council to take action on this representation; but the method by which the Executive Committee deals with it is ominous of a disposition to shirk responsibility, and keep at arm's length the complaining dental surgeons. The Executive Committee firstly calls for special facts with reference to each individual case, though it is obvious that no other fact is needed save the proof that the pharmaceutic dentist is not a pharmaceutist in law. Secondly, it allows a person who was detected in this misrepresentation to amend the entry after his name in the Register, and thus makes a precedent for allowing all others, under similar circumstances, to do the same.

We fear that the dental surgeons will yet have to seek solace from their lawyers and from the Court of Queen's Bench.

SUPERANNUATION FOR IRISH PRISON OFFICERS.

We learn that the General Prisons Board for Ireland has recognised the claim of the surgeon to the Carlow Gaol to a pension on the abolition of his office, the gaol being turned into a Bridewell. They have granted him £5 10s. a year on a previous salary of £40 and a comparatively short service.

Medico-Parliamentary.

HOUSE OF COMMONS.—Saturday, July 3rd.

ALLEGED POISONING AT WELBECK.

Mr. Mappin asked the Under Secretary of State for the

Home Department if his attention had been called to the alleged wholesale poisoning at Welbeck, Nottinghamshire, where several deaths had occurred, and it is said sixty persons have been ill; and if he would send a Government official to inquire into the whole affair, as the adjourned inquest had been held, and the deputy coroner expressed an opinion very much in opposition to the medical evidence produced.

Mr. PEEL observed that the Local Medical Officer of Health had been in communication with the Local Government Board on the subject. The inquest was now pending, and the medical officers were examining the intestines of some of the victims. If it was thought necessary to have an independent inquiry by the Local Government Board, no doubt that would be done.

Royal College of Physicians of London.—The following gentleman was admitted a Fellow of the College on July 2:—

Thomson, John Roberts, M.D. Edin., Bournemouth.

The following gentleman was admitted a Member on same date:—

Sarell, Richard, M.D. Edin., Pera, Constantinople.

Royal College of Surgeons of England.—The following candidates received the Diploma in Dental Surgery at a meeting of the Board of Examiners on the 24th of June:—

Richard Desmond Ashby, Richard Giles Bradshaw, Joseph Holland, William Robinson Humby, George W. Parkinson, M.R.C.S., Frederick Newland Pedley, Alfred Smith.

College of Physicians in Ireland.—Licences in Medicine and Midwifery were granted during the June examinations to the following candidates:—

MEDICINE.—Matthew Digan, George Digby, Isabella Margaret Foggo, Jane Russell Grant, Arthur Robert Harper, James Alfred Johnston, Henry Westenra Lentaigne, John Stephen McArdle, Sydney Pedler Morris, James O'Dwyer, Francis Alleyn Owgan, Henry J. C. Tweedy, Alice Vickery, John Warnock, Stewart Woodhouse.

MIDWIFERY.—Matthew Digan, George Digby, Isabella Margaret Foggo, Jane Russell Grant, Arthur Robert Harper, Hugh Harris, James Alfred Johnston, Henry Westenra Lentaigne, John Stephen McArdle, James O'Dwyer, Alice Vickery, John Warnock.

NOTICES TO CORRESPONDENTS.

THE INDEX.—The Index for the past half-year is unavoidably held over till next week, when it will be sent to readers with the regular number.

MR. J FLEMING.—If you consult a respectable practitioner in your town he will probably tell you there is little cause for anxiety if you ignore the instructions given you previously by the quack mentioned in your note.

THE SUPPLY OF PURE DRUGS AND VACCINE LYMPH.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Is it the intention of the Local Government Board ever to alter their requisitions and estimates for medicines in accordance with the present B.P., and if not, why not?—Will any dispensary medical officer who forwards pure vaccine lymph in tubes properly charged receive the sum of one shilling for each tube, or is this business entrusted to a special staff?

Answers to the above queries will oblige,

Yours faithfully,

June 25, 1880. A DISPENSARY HACK.

[1. Apparently the L.G.B. does not care a straw whether or not the paupers are poisoned or the ratepayers cheated. So far from taking any steps to put a stop to the scandalous frauds now perpetrated by drug contractors, we believe that the Board has tabooed in Parliament the propositions for reform suggested by the Irish Medical Association. 2. Only a selected staff of lymph-collectors is employed, but doubtless any competent vaccinator could get his name put on the list on showing cause.—ED.]

MR. C. C.—1. In September, 1879 2. About three years previously.

FEES FOR VACCINATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Will you be good enough to inform me, if a child is brought from a neighbouring dispensary district to my residence, can I legally charge the Board of Guardians the ordinary rate of two shillings for such vaccination? Of course I send the certificate duly filled up to the medical officer of the district in which it was registered.

I am, your obedient servant,

J. S.

[Certainly you must vaccinate any person, rich or poor, residing in or out of your district, and may charge the fee to the Guardians, but the operation must be done within your district.—ED.]

THE HARVEIAN ORATION.—Referring to this in our last issue we stated the orator to be Dr. W. Ogle (Censor of the College, and Consulting Physician to St. George's Hospital) instead of Dr. John W. Ogle. We also mentioned that Harvey demonstrated a capillary connection between arteries and veins in certain places. We are requested by Dr. Ogle to state that Harvey showed a connection between the vessels, but not a capiliary one.

NITRATE OF SILVER.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—What is the maximum quantity of nitrate of silver that may be given continuously without risk of skin discolouration, irrespective of whether administered in $\frac{1}{8}$ gr. or larger doses?

Yours, &c.,

F. C. F.

[Half-grain to grain doses of nitrate of silver may usually be given thrice daily for three or four weeks without incurring much risk of discolouration. If it does good in disease it is seldom needful to give it beyond a week or two. Most cases of discolouration arise from its protracted use in epileptics. In this class of persons we believe its effects are much over-rated.—ED.]

FOURPENCE PER HEAD.—Our friend Mr. Oliphant Betts, who was kind enough to bring an action for libel against us for expressing doubts upon his ability to give "medicine and advice at fourpence per head," has got into trouble with the Holborn Board of Guardians. An explanation having been requested concerning an inquest on the body of one Lucy Peddon, Mr. Betts vouchsafed to send a letter in reply, which the Guardians characterised as "monstrous, impudent, and disrespectful," unanimously deciding that it should be at once sent to the Local Government Board.

MR. H. CRIPPS LAWRENCE.—In an early number.

A FELLOW will see the result in another column.

RESIGNATION PRIOR TO APPLICATION FOR OTHER APPOINTMENTS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Is a dispensary medical officer bound to resign the district which he represents before he enters as a candidate for another? What is the course to be pursued in such cases?

Yours, &c.,

KERRIESSIS.

[He is not bound to resign until he is about to leave the district, and he may seek office elsewhere as often as he pleases.—ED.]

VACANCIES.

Ardee Union, Collon Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, July 15.

Ballymahon Union, Ballymore Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, July 19.

Hertford General Infirmary.—House Surgeon and Secretary. Salary, £100, with board. Applications to the Chairman before July 24.

Kent and Canterbury Hospital.—Assistant House Surgeon and Dispenser. Salary, £50, with board and residence. Applications to the Secretary, at Canterbury, before July 23.

Kilmacthomas Union, Kilmacthomas Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Sanitary Officer. Election, July 13.

North Staffordshire Infirmary.—House Physician. Salary commencing at £100, with board, &c Applications to the Secretary, Hartshill, Staffs, before July 27

Paris—Hertford British Hospital.—Resident Clinical Assistant. Salary, 100 francs per month, with board. Applications, with testimonials, to be addressed to the Physician at the Hospital, Neuilly, Paris, before July 20.

APPOINTMENTS.

BRANNEGAN, H. C., L.R.C.P.Ed., Assistant House Surgeon to the Liverpool Infirmary for Children.

BYASS, W. C., M.R.C.S.E., Medical Officer to the Dorchester District of the Wallingford Union.

CAITHNESS, J., M.D., C.M., Medical Officer and Medical Officer of Health for the Llanrhaiadr District of the Ruthin Union.

DICKINSON, T. V., L.R.C.P.L., M.R.C.S.E., House Physician to St. George's Hospital.

FISHBSON, F. J., M.B., C.M., Medical Officer to the Dalston District of the Carlisle Union.

FOX, F., M.R.C.S.E., L.R.C.P.E., Dental Surgeon to the Royal Hospital for Incurables, Putney.

JONES, W. D., L.R.C.P.Ed., M.R.C.S.E., Medical Officer of Health for the Llanfair District of the Ruthin Union.

MAIN, J. S., M.B., C.M., Assistant Medical Officer to the Workhouse of the Chorlton Union.

Births.

TEMPLE.—June 18, at Southsea, the wife of Surgeon-Major W. Temple, V.C., of a daughter.

Marriages.

HILLARY—FLOOD.—June 30, at the Pro-Cathedral, Dublin, Michael Hillary, L.R.C.S.I., to Myra, second daughter of Martin Flood, Esq., co. Galway.

Deaths.

BLATHWAYT.—June 30, at Lillington, Leamington, Wm. Blathwayt, M.D., F.R.C.S., aged 69.

COBCORAN.—Laurence W. Corcoran, M.B. Univ. Dub., Surgeon on board her Majesty's ship *Atalanta*, aged 26.

ELLIOTT.—June 30, at Bury Grange, Gosport, John Elliott, M.R.C.S.E., Deputy Inspector-General of Hospitals and Fleets, late of Corbo Clogher, co. Tyrone.

WALSH.—June 23, at Galway, Michael Walsh, M.D., aged 34.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 14, 1880.

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Lectures

ON SOME OF THE

SURGICAL ASPECTS OF GOUT AND RHEUMATISM.

Delivered at the Royal College of Surgeons, June, 1880.

By Professor HUTCHINSON, F.R.C.S.,
Senior Surgeon to the London Hospital.

LECTURE IV.

MR. PRESIDENT AND GENTLEMEN,—In the last lecture we considered, as fully as the limited time at our disposal would permit, the various causes of gout and rheumatism; we have now to study the modes in which these diseases, having been once contracted, tend to become fixed—a part of the patient's "constitution"—and finally may be perpetuated in the race and form a diathesis. This tendency of the disease to persist and to pass on to graver forms is due in many cases to constitutional predisposition, but not always so; it may be due to local influences. The fact that a part which has once passed into a pathological state tends to persist in that course is well known to pathologists, and is generally spoken of as the *law of persistence*. Thus, suppose that a patient, with perhaps some slight constitutional tendency, gets rheumatic inflammation of a joint, then the continued use of that joint will keep up, and generally aggravate, the constitutional tendency. This joint may act as a sort of derivative to the rest of the body—the disease always attacks that part first, and the rest of the body escapes, or only a few other joints are affected; and when a single joint is thus affected the evidence of disease is generally highly developed. But in the majority of cases the tendency of the disease is to increase in severity and to spread to other joints.

Then since any influence which causes diminished tone in the system predisposes to an attack of rheumatism, one attack by thus lowering the tone will predispose to the persistence of the disease; and when once chronic disease is established it perpetuates itself and can only be thrown off by perfect rest and very careful treatment.

I have already said something about the influence of inheritance on these diseases, but should like to refer to this subject again, since I have based part of my theory concerning the nature of the arthritic diathesis on this.

If a patient inherits the arthritic diathesis, what is it that he takes? He takes all the proclivities which his father and mother possessed; they may relate to the nervous system, or to the digestive system, or to both. And the fact that he has inherited these proclivities may not show itself at once—the child may have to wait until the time of life at which certain organs begin to fail: the renal organs, for instance, may have always been somewhat weak, yet they fulfil their duties sufficiently well until slight degenerative changes commence, then inefficiency at once becomes evident and gout appears. In rheumatism, on the other hand, the inheritance is a peculiar state of the nervous system.

The fact that some of the family do not inherit at all, whilst others have a marked morbid inheritance is a stumbling block to many. We must remember that every child has two parents, and some children inherit from one parent, some from the other—this is known as the *law of prepotency*—so that if the morbid tendency is derived only from one parent, a portion of the offspring may be exempt. In some cases all the children in one generation may be exempt and yet the disease may re-appear in the next, an occurrence which is not uncommon in the case of gout, and which is known as the *law of atavism*. The patient Tretton, from whom that very characteristic knee-joint was taken, had three brothers and one sister all crippled with rheumatic gout, whilst another sister suffered from chronic rheumatism in a less severe form; in each of them the disease began early in life, and one would imagine that it must have been hereditary: yet I could get no evidence of any arthritic tendency in any other members of the family. This did not, however, negative the idea of heredity—it was probably a case of atavism, but their knowledge of their family did not go far enough back to supply the facts necessary to prove this.

I have already mentioned the hybrid diathesis, in which a patient has a tendency to suffer, not from pure rheumatism or pure gout, but from a mixture of the two; but I should like to explain this a little more fully, since it is a most important point in these lectures to prove the admixture. I hold, then, that Sir Benjamin Brodie and others were perfectly correct in their belief that these diseases might be combined in the same subject, and to such cases the term rheumatic gout is most properly applied. The patient may either inherit one disease and acquire the other, or they may both be derived from the parents. It is in this last case that we get the most marked hybridity. Suppose a man of rheumatic diathesis acquires gout by free living, he will suffer from attacks in which at on time rheumatism, and at another gout, predominates. But in the case of the patient who inherits the mixture you can't say of his symptoms which are rheumatic and which are gouty. He suffers, in fact, from peculiar maladies which can't be definitely referred either to one disease or the other, and the pathological anatomy is also peculiar. This explains the difficulty which has been met with in classifying cases of rheumatic gout.

About ten years ago, a florid, healthy-looking girl, æt. 18, came to me at the Moorfields Hospital suffering from a peculiar form of iritis leading to occlusion of the pupil; it had come on insidiously, and was apparently not severe, yet it obstinately resisted treatment; she had previously lost the sight of her other eye in the same way. Another peculiarity was that the ends of all her fingers were swollen and dusky. She suffered from pains in the joints on exposure to cold, but had never suffered from gout, and had no chalk stones anywhere. I performed iridectomy several times, and then had to remove the lens on account of opacity; after that the eye became quiet, but the girl became phthisical, and died about a year ago. For some years before her death all her joints grated, but she suffered little pain in them. Her father was gouty, and so were other members of his family, but this girl herself had no gout, nor did she suffer from any symptom which could be said to be clearly of a gouty nature.

Her case is not singular; I have met with several other examples of this peculiar form of iritis, and in all there was a family history of gout.

Does, then, pure gout undergo any change during hereditary descent, or are peculiarities of this sort due to the influence of the other parent? I should not like to say that it may not be modified by hereditary transmission, although it is said that in some well-known families gout has appeared in the same forms generation after generation. It is an interesting question, and one which I must leave for future investigators to decide. I have constantly noticed that the children of gouty parents are liable to certain special ailments long before they come to show their gouty inheritance; thus, they are very liable to sick headache, to neuralgia, to joint inflammation of a peculiar character, not affecting the great toe, but other joints, frequently the hip-joint. The child complains of great pain, there is a good deal of heat and swelling, and from the acuteness of the symptoms you would be inclined to give a grave prognosis; but after a little rest, &c., the symptoms all subside, and the child runs about again as before. These patients have also a remarkable tendency to hæmorrhages, to epistaxis, hæmorrhage into the vitreous, &c. I have now a patient, a stout, healthy-looking young man of 23, who has entirely lost the sight of one eye from hæmorrhages into the vitreous; he suffers also from headaches, epistaxis, and dyspepsia: he inherits gout. Retinitis hæmorrhagica, the form in which there are very numerous, flame-shaped hæmorrhages, is almost peculiar to gouty subjects.

Is there such a thing as gout without tophi? This is another interesting question which I have no time now to discuss. But if I may be allowed simply to state my own opinion I should say that I think there is; that there is such a thing as inflammation of a gouty nature, but not attended by deposit of urate of soda.

I need scarcely stop to point out that not only do gout and rheumatism intermix and modify one another, but either of them may intermix with and be modified by other diatheses; thus we meet with combinations of the gouty and catarrhal diatheses, and the gouty and lymphatic, general feebleness of circulation, tendency to chilblains, &c.

We have hitherto considered these arthritic diseases chiefly with reference to the way in which they affect the joints; we must now notice very briefly their effects on other organs of the body. And, first, we will take the iris, a structure which is most admirably situated for the observation of disease.

Arthritic iritis is very common in England, and has been very thoroughly discussed in English works. It is decidedly more common than the syphilitic form. There are several varieties; it is most commonly asymmetrical; appears first in early life and recurs periodically like gout, the attacks being most common in the spring. One gentleman came to me three years consecutively in the spring, suffering from iritis; he was a stout florid man, a large eater, and a beer-drinker, but not an immoderate one. He had rheumatic fever twice in early life, and from forty to sixty had frequent attacks of acute iritis. The attacks lasted two or three weeks, and then the inflammation disappeared; blisters and iodide of potassium were the only remedies which appeared to do any good. He suffered also from lumbago and sciatica, and when he came to me had had chronic rheumatic arthritis of the knee for years; still he was able to get about with but little inconvenience, and continued apparently in vigorous health until his death from cerebral hæmorrhage.

Less commonly arthritic iritis is symmetrical, and it is not unfrequently found in connection with general disorganisation of the joints.

I mentioned in my last lecture that gonorrhœa is a common cause of inflammation of the eye, and that the children of gouty parents are specially liable to this affection.

I have preferred to speak of arthritic, and not of gouty or rheumatic iritis, because according to my experience iritis is not common in those who are the subjects of pure rheumatism or of true gout, but is rather a sign of the hybrid diathesis. Out of 88 cases of iritis, 17 had gouty parents, and in 21 the patient had himself had some symptom of gout. In 16 it occurred in connection with gonorrhœal rheumatism, in 12 the patient was the subject of rheumatism, in 11 of crippling rheumatism (rheumatic gout), in 8 cases the patient had suffered from some slight form of arthritis, and in 3 cases only could no history of arthritis be obtained.

I have said that I do not consider iritis to be a common complication of pure rheumatism; when it does occur in this connection the inflammation is generally very slight; nor are ophthalmic disorders of any kind common in rheumatic subjects, though cases of conjunctivitis and sclerotitis, both slight, are occasionally met with. The diseases which occur in connection with true gout are retinitis hæmorrhagica, a few cases of recurrent iritis, and of opacities in the cornea. Sclerotitis punctata is met with in the children of the gouty, but is probably due to mixed inheritance, and the great bulk of the eye cases which are generally called rheumatic or gouty, occur in connection with this mixed diathesis, to which the term rheumatic gout may most correctly and properly be applied.

Then with regard to diseases of the skin. It is generally believed that eczema is a gouty affection, and that psoriasis is rheumatic. Dr. Garrod gives his assent to the truth of this opinion. This was one of the commonly received statements about which I felt doubts from the beginning, and which induced me to study the whole subject of arthritic diseases systematically. But even now my statistics do not enable me to answer the question decidedly; eczema especially is so common a disease that it is scarcely possible to connect it with any one cause or set of causes. I believe that eczema does occur in gouty subjects, but such cases are not sufficiently

common to justify the adoption of any routine treatment based on this idea. Each case must be treated on its own merits; if the eczema is found to be aggravated by indulgence in beer, &c., or by errors in diet, then it is probably gouty, and may be treated accordingly; but in the majority of cases some other cause will have to be sought for.

With regard to the connection of psoriasis with rheumatism, I believe the evidence to be still slighter; certainly I have not often been able to find any such connection. And I may add that I could not find that either eczema or psoriasis were exceptionally common amongst the patients under treatment at the Bath and Buxton Hospitals. Sciatica and lumbago are decidedly arthritic maladies. I must confess, however, that personally I find great difficulty in diagnosing sciatica accurately. At all events, I am decidedly of opinion that many of the cases which others diagnose as sciatica have nothing to do with the sciatic nerve. This is especially true of the very chronic cases in which the disease is almost invariably situated in the hip-joint—morbus coxæ senilis—though the pain is referred down the limb. Transitory attacks of pain are more often due to inflammation of the sheath of the sciatic. Lumbago, again, is properly an arthritic affection of the fascia attached to the large back muscles; but many of the patients who are said to be suffering from lumbago are really suffering from disease of the joints of the spine. As we see by the preparations before us, disease of these joints is common enough, probably as common as similar affections of the digits, &c., though it is comparatively rarely diagnosed during life. Both of these affections are more common in connection with the mixed disease (rheumatic gout) than with pure rheumatism or gout.

I have left myself but a very short time in which to speak of prevention and treatment; nor do I propose to say much on these heads. I have aimed rather at defining and classifying arthritic diseases according to their causes, since if we can find out the causes, the proper treatment follows as a matter of course. If rheumatism is due to reflex irritation of the nervous system by exposure of the skin to cold, then we must be careful to protect the skin and prevent this exposure. When, however, we have to deal with the mixed diseases the problem becomes a difficult one, and each case must be treated according to the indications afforded: thus, if the gouty symptoms predominate, the patient must be kept low; if the rheumatic, a more generous diet may be allowed, &c.

It may be said that I have deserted my proper field of investigation, and have been trespassing on medical domain; this may be so, but I do not consider it necessary to apologise. Surgery and medicine cannot now be divided by an abrupt line; the physician may indeed get on without much knowledge of surgery, but no surgeon with any sense of his own responsibility or of his duty to his patient, can feel satisfied without a tolerably thorough knowledge of medicine.

To recapitulate briefly—I hold that gout and rheumatism are two distinct diseases; each may be inherited, each acquired, each transmitted by inheritance, and may be modified in transmission. But I hold also that these diseases may be mixed, that they are in no way antagonistic, and that whilst many of the cases which have been *called* rheumatic gout are really cases of chronic rheumatism, many are really examples of this mixed form of disease. Rheumatic fever is the type of rheumatism, but the distinction between this and general destruction of joints is only one of degree, and the connection of one with the other can be traced through a series of intervening links. I may have appeared to have dethroned gout from the prominent position usually given to it, but I believe that whilst cases of true rheumatism are tolerably common, cases of true gout are not common; most of the cases which are called gout would be more correctly described as rheumatic gout. Sir Benjamin Brodie and others have advanced these opinions before me. I have brought forward very little that is really novel, and I have on that account the more confidence in the results to which my own independent investigations and reasoning have brought me. Lastly, if some of these conclusions have placed me in apparent opposition to some who have devoted themselves exclusively to the study of this subject, I would remark that it is a great advantage to be able to gather one's materials from a wide field, and that it is possible for a specialist to stand too close to his subject, and thus to fail to take in correctly all its relations.

Original Communications.

SUGGESTIONS RESPECTING A MEDICAL AND SURGICAL BED-DRESS.

By H. CRIPPS LAWRENCE, L.R.C.P. Lond., &c.,
Physician to the North West London Dispensary.

The requirements of medical and surgical practice often necessitate the change of body-clothes under circumstances which render it all important that the patient should be moved or disturbed as little as possible. It may be necessary to avoid fatigue, alteration of posture, or some allied condition; and in such cases the form of bed-dress suggested may prove of service. The idea has been carried out by Mr. Goode, of 50 Praed Street, Paddington, and he has in stock samples for inspection.

The original principle suggested by me was to substitute buttons along the front and back and down the seams of the sleeves, in lieu of the usual plan of placing buttons at the top in front, and at the wrist-bands only. By the above method, the dress or any part of it can be readily opened for purposes of inspection, auscultation, the application of poultices, remedies, &c., without disturbing or raising the patient. If need be, the dress can be practically divided into two halves for removal or re-application with the least possible difficulty. Various modifications of the ordinary long-cloth material can be employed; such as long-cloth lined with flannel, or flannel substituted for the long-cloth; or any part can be lined with macintosh to meet the requirements of medical or surgical practice. Mr. Goode is prepared to apply such alterations as any individual practitioner may wish to the original principle.

Should bed-sores threaten, the buttons can be altered and placed at the sides instead of at the front and back; or if preferred, removed altogether, and tapes or elastic substituted.

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. STAMER O'GRADY, F.R.C.S.I., M.B.

(*Continued from page 540, last vol.*)

Amputation of Breast (Two Cases). (a).

A. Married, but without family, æt. 40, a delicate woman, and the subject of chronic bronchitis. Catamenia regular; tumour of small size at upper end; outer part of the right breast a year growing, and slightly adherent to both skin and pectoral muscle. Removal was effected by elliptical incision; the affected portions of skin, and some fibres of the great pectoral being freely taken away. After bleeding was staunched the wound surface was dabbed into a 40-grain solution of chloride of zinc, and dressed into due provision for drainage from both angles. Subsequent to the operation some distress was caused by cough, but the progress of the wound, though slow, was favourable. On the 9th day patient was able to get up and begin to go about. In four weeks all was healthily healed.

B. Subsequent Sudden Death.—Patient, æt. 60, also married, without family, and a subject of chronic bronchitis, naturally a feeble, delicate woman, whose present condition was depressed below par in consequence of a recent attack of diarrhœa. The tumour was in the left breast as big as an orange; axillary glands moderately implicated. The patient was very urgent for immediate operation, and, with difficulty, was got to acquiesce in a few days' preliminary treatment, during which the general state improved considerably. After the removal of the tumour and arrest of any bleeding points, the outer angle of the wound was prolonged, and one large, together with several smaller glands, were readily taken away. Altogether there was not one ounce of blood lost; three vessels were secured with carbolised catgut. The subsequent dressings were as in the preceding case. After operation patient rested nicely, slept well, passed urine freely, and seemed in every way to be doing promisingly. When seen at midnight she appeared to be in right good form. Two hours later a severe "shivering fit" suddenly occurred; the woman at once became cold and collapsed, from which state she could not be roused, and died twenty-nine hours after the operation. There had been no hæmorrhage whatever. No autopsy permitted.

Obscure Tumour of Groin—Recurrent Malignant Disease near Axilla.—A woman, said to be 50 years of age, but really several years older, whose right breast had been removed 3 years previously, came under observation with a recurrence of the malignant trouble, and a tumour in the right groin; this latter was as big as an orange. According to the patient's account, it appeared three weeks previously, growing downwards, and steadily enlarging, till it was "put back" by a surgeon a week before admission. The reduction was described as complete, and readily effected by the taxis. Three days later on the tumour again appeared. It, in shape, size, and position, gave one, in a general way, the idea of a large femoral hernia, mainly containing omentum, rather soft in places, and receiving, in a doubtful way, a vague impulse on coughing: an ill-defined prolongation could be dubiously traced to the femoral canal. In certain positions, just a suspicion of fluctuation could be detected. There was no tympany. Taxis, or the application of continuous pressure by shot-bags, obtained a manifest reduction in size. There was history of obstinate constipation and vomiting. Such were present on admission, but were speedily subdued, and the bowels acted freely. The pulse-rate was 70; no local tenderness or pain; urine normal in gravity and composition. The other tumour, as big as a large-sized walnut, was placed on the edge of the anterior fold of the right axilla; a small portion of skin was intimately adherent, and sunk into it, there were also some adhesions to the pectoral. No deeper gland contamination could be ascertained. Removal was easily effected by two elliptical cuts; behind under cover of the growth two small glands found embedded, were excised. The wound surface, after being dabbed with the usual solution of chloride of zinc, was brought together with a few parts of carbolised catgut suture, due provision being made for drainage. On the second day after the operation an unusual discharge of slightly reddish fluid was observed, but, otherwise, the woman seemed in every way to be doing excellently. Two days later, this fluid having increased in quantity, and being redder in colour, the surface adhesions were torn through, and some clots turned out; there had been no deep repair. The wound was now dressed from the bottom, and daily improved in appearance. At midnight of the eighth day, there was a severe rigor, and the next morning the woman looked badly. The subsequent midnight the rigor recurred, but was not so severe. At 2 o'clock on the afternoon of the tenth day, there was a sudden and severe dash of bleeding; this was promptly arrested by plugging the wound with stypticised pledgets. These were removed after a couple of hours, in consequence of very slight leakage, which then ceased, and the source of the bleeding could not be made off by the most thorough search. The whole cavity was carefully and firmly packed from the bottom, but ten hours after the preceding bleeding, now again at midnight another profuse spurt took place, and death occurred immediately.

A hastily made and partial autopsy, which alone could be secured, showed the groin tumour to be a very thick-walled purulent cyst (*a*) communicating with the pelvis beneath Poupart's ligament externally by a narrow neck; a sinuous prolongation traversed the iliacus muscle; and the psoas extending to the shoulder of the sacrum, but beyond a very small superficial, purely surface erosion, no bone trouble could be made off.

(*To be continued.*)

(*a*) Scirrhus in both.

Department of Lunacy.

THE SOUTH YORKSHIRE ASYLUM.

The statement made by Dr. Mitchell in his annual report on the South Yorkshire Asylum, that insanity is emphatically a preventible disease, and that it overtakes its victims only amongst those who viciously or ignorantly disregard the most simple laws of healthy and sober living, can only receive a very qualified assent. It is often a disease, which no precautions could have prevented, at least, no precautions which it was in the power of the individual to take, the seeds of it having been sown in bygone generations, and its shoots nurtured by successive prognitors. Then how can a man prevent the concussion of his brain in a railway accident which results in his mental disorganisation; or the typhoid fever which leaves him a helpless imbecile, and which was incurred by drinking the only water to which he had access? In a wide sense—so wide as to have no meaning—it is correct to say that insanity only attacks those who have disregarded the laws of which a number are as yet undiscovered and unsurmised. Obedience to what Dr. Mitchell calls the simple laws of healthy and sober living will certainly not suffice, else why should the Quakers suffer from insanity even in larger proportion than other men? There seems reason to believe that an excess of sober living may be itself a cause of insanity, and that the brain that is never stimulated becomes soddened into uselessness and fatuity. The fact is that simple theories as to the etiology of mental diseases will not hold water. The question is an eminently complex one.

(*a*) Illustrative of the possible simulation of hernial protrusion by certain purulent cysts, another example happened, by coincidence, to be also under observation at the hospital about the same time, in the person of an under-middle-aged married woman, in whom an easily reducible tumour, receiving impulse on coughing, had gradually formed; it came down beneath Poupart's ligament, external to the vessels. The patient long wore a truss. Subsequently a similar protrusion formed on the left side. Eventually the diagnosis of double psoas abscess was proved by the autopsy.

THE BRISTOL CITY AND COUNTY ASYLUM.

THIS asylum which contains upwards of 200 patients is under the superintendence of Dr. George Thompson, who mentions in his annual report which has just reached us, that nearly one-half of the patients admitted have been sent from workhouses, where they had been detained for some time before being forwarded to the asylum to the jeopardising of their prospects of recovery by depriving them of skilled treatment at the very time when it would be most efficacious.

IMPORTANT LUNACY CASE.

ON Friday last a case of illegal reception of lunatics. in which the Treasury prosecuted, came before Mr. Flowers, at the Bow Street Police Court.

Mr. Poland, in opening the case on behalf of the Treasury, said this was a case of great importance. The defendant, Mrs. Rutley, of 12 Northlands, Wandsworth, was in the habit of receiving as patients a number of ladies, who resided there for the purpose of being treated as lunatics. Information was given to the Commissioners in Lunacy, and in consequence, it was thought right to obtain an order from the Lord Chancellor authorising a medical gentleman to visit the defendant's house. Accordingly, Dr. Blandford was directed to pay the establishment a visit. He did so on the 20th April, and found nine ladies living in the house. He had interviews with them, and amongst this number there were two who in his opinion were of unsound mind. With regard to the other patients it was not necessary to enter into the details of their cases, but some of the patients made complaints. Finding the facts were to be disputed, another physician of high standing was directed to see the patients, and he entirely concurred in the opinion given by Dr. Blandford.

Dr. G. Fielding Blandford said he visited the houses 10 and 12 Northlands, Wandsworth. He saw Mrs. Rutley, and explained to her he had come from the Commissioners in Lunacy to see the inmates of her house. She gave him all the information he asked for about them, and he afterwards saw them one at a time. He paid a second visit, accompanied by Dr. Risdon Bennett. In his opinion, two of these ladies were certainly of unsound mind. He formed the opinion on his first visit, and it was confirmed on his second.

Dr. Risdon Bennett. President of the Royal College of Physicians, deposed that he went to the defendant's house in company with the last witness, and believed the first patient mentioned to be in a chronic state of lunacy. The second patient was an absolute imbecile, and the third was a person of weak mind, and if in lodgings and alone she would be quite incapable of taking care of herself.

Formal evidence was given to show that the defendant had not taken out a licence, and on an intimation from Mr. Flowers that it was a case he could not withhold from a jury, defendant's counsel elected to reserve his defence.

The defendant was committed for trial on the first summons, and the hearing of the second summons was adjourned.

ANNUAL MEETING OF THE GENERAL MEDICAL COUNCIL.

WEDNESDAY, JULY 7.—THIRTIETH SESSION.

Dr. ACLAND, M.D., F.R.S., President, in the Chair.

AFTER the formal introduction of Dr. THOS. BANKS, as representative of the Queen's University in Ireland, by Dr. HAUGHTON, F.R.S.,

The PRESIDENT delivered an address, of which the following is a *résumé*.

THE PRESIDENT'S ADDRESS.

The pressure of educational questions which await your decision has made it necessary to summon the Council to this its 30th Session. Several important documents having reference both to the general and to the professional education of the medical student, demand the attention of the Council. It is unnecessary for me to speak of them at length, so that I will only relate briefly what they are, and in what form they will come before you. The President here detailed the resolutions arrived at in 1877 with regard to general education, the answers thereto of the licensing bodies, and the work of the Council thereon. He then said :—Upon these documents, which have already been unofficially circulated for the convenience of the Council, several notices of motion have been framed. More than one of these notices directly open up the question on which so much discussion has been raised of late years, of what are the subjects which should be included in preliminary examinations, and, therefore, what should be taught in the schools—as, for instance, physics, geology, zoology, and other subjects. And the further and really more important question is asked—how they are taught, and what is the standard of examination? The Executive Committee reports concerning seventy-two examining boards which the Council recognises as giving certificates of proficiency in general education, that they satisfy "the requirements of the Council with great uniformity." They conform, that is to say, with respect to the subjects of examination, but how far they are uniform in respect to the answers which may be expected, the Committee have, at present, no means of judging. It will be observed that members of the Council are of opinion that notwithstanding the great progress which is known to have been made in the means of educating students, and partly in consequence of it, the extent and quality of the general education given to them needs re-consideration. It will be proposed, therefore, by Dr. Storrar, that the whole subject be referred to a Committee. Meanwhile, it may be well to observe at once, in favour of this course, that since the time when Council first laid down the general arrangements which it would recommend in respect both of general education and examination, not only has the subject of general education, as conducted in the higher schools, been reported upon by three Royal Commissions—viz., by Lord Clarendon's, in 1864, Lord Taunton's, in 1868, and the Duke of Devonshire's, in 1874—but that, without doubt, great improvements have taken place in secondary schools, and in the school books which are used in them. But still questions of great difficulty remained unanswered ; for instance, it is still a matter of debate in the old Universities whether Greek shall be a compulsory subject for the Bachelor of Arts degree, and whether those who have degrees in natural science shall have had the same general education as other graduates. And it must be admitted that scientific men are by no means agreed on these points. When this Council has reconsidered its own requirements the schools will, without doubt, know how to meet them. Meanwhile, motions will be brought before you, both by Professor Haughton and Dr. Leet, to the effect that Greek be made compulsory on all medical students, so that the amount and character of linguistic studies and examinations, as well as the extent of scientific subjects, proposed for students prior to their professional studies, is again raised. The subject of professional studies and examinations will again be specifically brought before the Council. Memorials were laid before you last year suggesting that certain special modes of study should be made compulsory in respect of ophthalmology and gynæcology. You directed that the memorials should be forwarded to all the licensing bodies for their observations. The report from the several bodies will be laid before you, with a report thereon from a committee specially appointed by the Council, consisting of Dr. Humphry, Dr. Andrew Wood, Dr. Aquilla Smith, Mr. Simon, and Mr. Teale. A further communication of a similar kind on the subject of mental diseases, forwarded on August 4, 1879, from the Medico-Psychological Association, will be laid before you. The question will thus be re-opened whether it is possible with advantage to the solid acquirements of the student to add more details to those already required in the four years of professional study—or whether more years are, as in some other countries, to be demanded. It remains only as my privilege to add that which the Council will be pleased to hear, that no discussions on Parliamentary Bills need this year distract them from their appointed and congenial work of superintending the studies and examinations that bear on the profession of medicine, and of conferring with the great institutions of the nation that undertake the duty of conducting them. Last year there were three Bills before Parliament dealing with these and other subjects. The Government had thought it well to refer these Bills to a Committee of the House of Commons for report, as a means of affording to those who desire to support any particular views on them to express

their opinions. The Committee were unable to report either last year or this year before the dissolution of Parliament. No Bills of this kind are at present in either House, and the Committee is accordingly not re-appointed. On the 27th of May the Vice-President of the Privy Council, in reply to a question put to him, stated that during the coming recess the whole question would be considered by the Government. Meanwhile the Council are steadily pursuing the work which Parliament assigned to them, and on which they have been so long engaged. This increases every year in interest and importance. It increases in interest with the rapid advance of purely scientific biological knowledge, and its relations to the prevention and the treatment of disease. It increases in importance because this very progress—this mass of daily advancing knowledge—makes us all feel the accumulated force of the pregnant words of our old Greek master, Πεῖρα σφαλερὴ κρίσις χαλεπή. They only who take a superficial view of the present condition of the science and of the practice of medicine think it a light task to say what portions of each are necessary for our younger students—how they should be taught, and how tested. Probably there is no medical institution that is not ready to say that in these days it has learnt much—perhaps not one will aver it has not something yet to learn. We, too, whether sent for common deliberation by a university or corporation, or by the Crown, feel each year the benefit and necessity of that interchange of thought for the common work of our profession and of the nation, of which a responsible body like this Council is the centre.

The following Committees were then appointed :—

Business : Drs. Andrew Wood, Aquilla Smith, Leet, Haldane, and Pyle.

Finance : Drs. Quain, Pitman, A. Smith, and Scott Orr.

MENTAL MEDICINE.

A petition was read from the Medico-Psychological Association, asking that the Council would recommend mental diseases to be included as a subject of examination for all degrees and licences to practise medicine in the United Kingdom.

Dr. QUAIN thought the Council ought not to assent to the proposition, but moved that it be entered on the minutes, in which he was supported by Professor Turner, and the Rev. Dr. Haughton expressed an opinion that this petition and those presented in respect to ophthalmology and midwifery rested on entirely different bases.

Sir WILLIAM GULL did not think the Council should advise the course suggested in the petition. *Material* diseases first demanded study, and ought not to be cramped in favour of specialties during the regular curriculum. The treatment of mental affections forms part of the subject of practical medicine, and it would be absurd to teach it on any other supposition. There is no criterion of a good intellect, and the subject under discussion was, he contended, taught generally, as far as it is known ; students do go to asylums, but all cannot be expected to spend a large portion of their time there observing the phases of insanity.

Dr. AQUILLA SMITH and Mr. MACNAMARA were followed by Rev. Dr. Haughton, who explained that ophthalmology and midwifery were subjects in which the licensing bodies required candidates to be read, but the case with mental medicine was different. Let the psychologists themselves make application to the examining boards, and when a majority of the seventeen corporations assent to their demand, then let the test be a general one. The motion as it stood was an implied censure.

Dr. PITMAN pointed out that the memorial of the obstetricians was forwarded for report to the licensing bodies, an action not pursued in the present instance.

Dr. ANDREW WOOD insisted that the Council could not call on the licensing bodies to examine in so great a subject. The four years' course of study would not admit the subject being adequately pursued, and the proper time to study mental disease is after qualification. He thought the best answer to return would be that the Council did not deem it expedient to suggest that the subject be included in the scope of examination by all licensing bodies, and moved an amendment to that effect.

Dr. BANKS (who had been previously introduced as the representative of the Queen's University in Ireland, in succession to Sir Dominic Corrigan, deceased) said the Queen's University was not prepared to recognise mental diseases as a subject of particular examination unless the curriculum was extended.

Mr. TEALE considered the Council ought to determine how great knowledge of the subject can be demanded from men who might possibly not follow it out, and how best the acquirements of specialists could be utilised.

Prof. ROLLESTON imagined the facilities for early treatment of mental cases were such as to obviate any necessity for general practitioners to make it a special branch of study. It was otherwise with obstetrics.

Mr. SIMON said the objection was to making the subject *special*. At the College of Physicians candidates are liable to be questioned on mental diseases, and he hoped some knowledge concerning them was common to general practitioners.

Dr. HUMPHRY and Mr. TURNER having spoken in terms reflecting the general impression, the amendment to the motion was eventually carried, as a substantive motion, to the effect that the communication be acknowledged, but that action be not taken on it.

RETURNS FROM THE ARMY MEDICAL DEPARTMENT.

Dr. HUMPHRY moved that the returns of degrees, licences, and diplomas of candidates for commissions in the medical department of the army be entered on the minutes, and that the best thanks of the Council be expressed for them. He commented on the improved state of preparation of candidates as shown by the number of rejections now and formerly.

Rev. Dr. HAUGHTON took exception to the rosy picture drawn by Dr. Humphry. The period preceding the new army warrant was a low tide one with the Army Medical Department, and the examination standard was lowered.

Sir JAS. PAGET felt certain the army medical examinations have steadily progressed.

Mr. SIMON and Dr. HALDANE having spoken to it, the motion was carried.

A negative reply was returned to Dr. STORRAR'S inquiry whether like returns had been made from the Navy and Indian Service Departments.

With some slight alterations a table showing the results of professional examinations for degrees, diplomas, and licences granted in 1879 was agreed to be entered on the minutes.

Tabular returns from examining bodies, showing how far their regulations and practice in regard to the seventy-two examinations at present recognised by the General Medical Council are such as to satisfy the Council's requirements in regard to preliminary education, were, on the motion of Dr. Humphry, seconded by Dr. Andrew Wood, directed to be entered on the minutes. A similar course was adopted with regard to a report from the Executive Committee, to the effect that, "in accordance with the desire of the Branch Council for England, expressed in its resolution of January 29th, 1880, they have obtained detailed information respecting the nature and scope of each of the prelinary examinations recognised by the Council. This information, analysed and tabulated, is presented to the Council. The Committee call attention to the fact that one of the results of the information obtained is to show that the regulations of the several examining bodies are generally in accordance with the recommendations of the Council."

Several communications from the Branch Councils on the subject of preliminary education of medical students, embodying the opinion of most of the licensing bodies, were resolved to be entered in the minutes of the Council, on the motion of Dr. A. Wood, seconded by Prof. Humphry.

A communication from the Royal College of Surgeons of Ireland, dealing with the preliminary education and examination of medical students, having been read, and its incorporation in the minutes moved by Dr. Wood, Mr.

Simon, in seconding the motion, asked for an explanation of the passage in which the Secretary to the College writes, "I am directed by the Council to express their regret that the General Medical Council does not take similar strict action with regard to such other medical authorities as are not acting in accordance with the recommendations of the General Medical Council."

Mr. MACNAMARA said the R.C.S.I. knew that when the letter was written to it, demanding that they should require all candidates for licence to pass a prel iminary general examination, other bodies were guilty of the irregularity charged to them, and they felt it hard to be specially taxed with wrong doing.

Rev. Dr. HAUGHTON having spoken to the motion, it was carried.

PRELIMINARY EDUCATION.

Dr. STORRAR moved :—"To bring under the consideration of the General Council the Reports of the Branch Councils on the answers from the medical licensing bodies, in regard to the preliminary education of medical students, and to move—That the recommendations of the General Council for preliminary education and examination be referred to a Committee, to consider and report as soon as possible whether any, and, if any, what changes may with advantage be made in them." Since the General Council last met, said Dr. Storrar, great changes had occurred. A fresh Government had other questions to engage its attention than that of medical reform, and we hear nothing of legislation, immediate or remote. The efforts of the General Medical Council to consolidate examinations should, however, be continued, and its persuasion used to influence public opinion towards moving the various bodies. These efforts continued would eventually force Government into action. He would, however, at present, confine himself to a statement of the position in which the question of preliminary education stood. He was one of the oldest members of the Council which, in 1859, on his motion, appointed a committee on medical education. That time was the golden period of the question, when a strong feeling was prevalent that defective preliminary training was to blame for the inefficient state of the medical profession. It was apprehended (1) that there were some subjects essential to be known before entering on a medical curriculum, and (2) that a definite *mental* discipline was likewise a necessity towards fitting men to practise medicine. Considerations of the kind led to a desire for a common general education of the candidates for professional qualifications.

Dr. Storrar then went into a lengthy review of the resolutions adopted from time to time, and of the origin of the Arts examinations, instituted by the licensing bodies. He sketched the history of the subject for the past twenty years, and especially drew attention to the omission by the Council of its requirements, that the preliminary examination should be conducted by a board of examiners qualified in arts, dating deterioration from laxity in this particular. Frequent attempts, he showed, had been made to preserve the integrity of the Arts examination by Arts examiners, but ineffectually. He accused the Royal College of Surgeons of England of impropriety in retaining the College of Preceptors to conduct its Art examinations, while, at the same time, withholding the actual determination of standard and efficiency to itself. This could but tend to a reduced standard. Durham alone of the Universities insists on a special examination in Arts from its medical students, but the state of this examination revealed on inspection was shameful. Of 951 students registered in 1879 only 240 passed a preliminary test he, Dr. Storrar, deemed sufficient. In Scotland and Ireland the results were still more deplorable. The number corresponding in Scotland was only 27. Moreover, a large number of the young men examined are tested by bodies interested in their success, and the absolute rivalry existing among different corporations intensified the evil.

Dr. Storrar severely criticised the "remanet" system of examination, denominating it as a pestilential encouragement to cram. It was impossible, he urged, for anyone in England to contemplate the Scotch system and not deem it radically wrong. The Queen's University of Ireland even permitted students in 1869 to enter on medical study without a previous Arts examination. Contrasting the present state of medical education with what the Council contemplated in 1859, he admitted some good had resulted, but much more remained to be done. If legislation affords no help to correct the competition of licensing boards, an attempt should be made by representing the evil to them. Dr. Storrar concluded by expressing a wish to see a scientific examination introduced between the preliminary and first professional tests.

Sir WM. GULL seconded the motion, but did not agree with the mover on one point. There ought to be a certainty that men entering the profession *have* minds to be trained; and he would insist on an *intellectual* test over and above a mere preliminary examination. By raising the status of the profession a better class would be secured to enter it. A proper scheme would provide more time for actual medical study, and Sir William considered the Universities would do wisely to take more especially the general training of students, and leave technical instruction to hospitals.

Mr. MACNAMARA believed time would be saved by immediate discussion of the whole matter by the Council; it must some time be decided so once for all. A Commission could not deal satisfactorily with it. He thought the Colonial bodies which had forwarded no returns should be struck off the list of qualifying bodies, and similarly with all examining boards of which the Council had not accurate information as to standards, &c. He corrected Dr. Storrar's statement concerning the Royal College of Surgeons of Ireland, which, he said, never during its existence had given a licence without demanding a proof of preliminary education.

Dr. STORRAR explained that a preliminary examination meant one passed before commencing medical studies, and not, as Mr. Macnamara implied, one passed some time before qualifying in medicine or surgery.

Rev. Dr. HAUGHTON thought no sufficient reason for appointing a committee existed. Dr. Fergus had embodied the principle of the motion in a resolution to be taken later, and he thought it undesirable the Council should shelve its responsibility on to a committee. The University of Dublin recognised only one (its own) preliminary examination, and on the list printed there were no less than seventy-two recognised by the Council. He read a letter recently addressed to him by an intending medical student, requesting information as to the preliminary examination, and offering to *purchase a testamur* of having passed it. He inferred this would not have been written without cause, and that somewhere the practice of purchasing a pass was not unknown.

Mr. TEALE and the President having spoken,

Dr. BANKS moved the adjournment of the debate, which, being seconded by Mr. Macnamara, was carried *nem. con.*

Certain minor motions referring to unimportant points being submitted and carried, the Council adjourned.

SECOND DAY.

The report of the Committee on Ophthalmology and Midwifery having been read, and its adoption moved by Dr. HUMPHRY,

The REV. DR. HAUGHTON objected to placing the two subjects on a level of importance, and moved an amendment to the effect that midwifery be separated from ophthalmology, and that the latter be treated in accordance with the resolution.

Dr. WOOD suggested the motion should remain over till after the conclusion of the debate on preliminary education.

This was accepted.

PRELIMINARY EDUCATION.

Dr. BANKS said he should be disloyal to the body he represented did he not repel Dr. Storrar's charge against it. The Queen's University in Ireland had always responded to the Council's recommendations, and had in nothing lowered the standard of preliminary examination. Every subject named by the Council was included in the matriculation test of Queen's University, and even more than was required, Greek being a compulsory subject. The unsatisfactory report of the visitors who commented on the University's examinations, called forth a protest from the examining board, the members of which declared no proper investigation had been made, and challenged the General Medical Council to send its own commission of inquiry. Dr. Banks felt convinced that Queen's University deserved high credit for its exalted examination standard, but it had much to contend against in the deficiencies of the schools. The regulations as to intermediate education would, however, he hoped, remedy the defect in the future. Dr. Storrar seemed to forget that in 1879 most favourable reports were made as to the medical examinations conducted by the University, and Prof. Humphry thought so highly of the anatomical examinations that those held at Cambridge had been modelled on them. Though the general examination was incorporated with the technical, it suffered no diminution in severity thereby. Dr. Banks would like every medical graduate to be a graduate in Arts also. As visitor of the Queen's University, and as examiner in medicine at it also, he had been favourably impressed with what he had seen there.

Dr. PETTIGREW complained that Dr. Storrar had reflected unfairly on those Scotch corporations in which he said that examinations properly conducted would reduce the number of students resorting to them.

Dr. BANKS added that at the Queen's University the examinations were so severe, the men often would not face the test they must pass to graduate in medicine.

Dr. SCOTT ORR said Dr. Storrar had unfairly quoted a number of disjointed passages as to Glasgow University, which, when so presented, were calculated to give improper views of the system there in vogue. Extramural schools were, he contended, wholesome rivals to Universities, and in proof that strictness was observed in respect to preliminary training, he would mention that elementary mechanics had been lately made a compulsory subject at Glasgow. The medical faculty of the University considered that a thorough and efficient inspection of examinations is necessary.

Dr. PYLE averred that Durham University had loyally adopted all the recommendations of the Council. When it advised a special examination for medical students the suggestion was carried out, and there was no doubt that future recommendations would be as carefully attended to. Unlike London University, Durham was an educational as well as an examining centre, and the necessity of residence on the part of the candidate for its degrees reduced the number who proceeded to them. The Arts standard of Durham was as high as that of Oxford or Cambridge, and the examinations were in part conducted by Arts examiners from the more ancient universities.

Dr. STORRAR inquired if residence was required from *medical* students?

Dr. PYLE explained that special examinations were held for candidates for medical degrees, who were required, instead of actually graduating in arts, to show a knowledge of the subjects required for it, half as much as the candidate in Arts alone must exhibit.

Prof. ROLLESTON thought Glasgow should be thanked for pointing out the temptation to corporations to sail near the wind. University examinations of extramural schools must react injuriously on the latter; and an impartial examining board in general education could alone act as a check to a possible improper use of authority. The conjoint scheme, obstructed by the action of the Scotch corporations, would have obviated the serious dangers that exist from this cause now.

Prof. TURNER regretted the discussion had fallen on so many side issues. Dr. Storrar's speech had been condemnatory, historical, and apologetic, but the historical *résumé* would not be likely to influence the vote of the Council. That degeneration from an age of gold to one of lead had occurred seemingly proved the inutility of the Council's proceedings, and the next stage may be that of pinchbeck. The condemnation of Dr. Storrar reminded him of the Commination Service. The English and Irish bodies had uttered their defence, and he, speaking for Scotland, could say Dr. Storrar was inaccurately informed as to the system of preliminary medical education in that country. He felt that for a member of the General Medical Council to imply improper action on the part of a Scotch examining board was reprehensible. In Edinburgh the preliminary examinations were held before those in science and medicine, but in the faculty of arts no preliminary examination was enforced. Such a test would, however, be introduced next winter. The preliminary examination of medical students was conducted by examiners in Arts, in precise conformity with a former resolution of Dr. Storrar's, seconded by Dr. Rolleston. This was true also of Glasgow and Aberdeen. At Edinburgh the papers were set by gentlemen specially appointed for the purpose, and who have no connection with the medical faculty. They are subsequently submitted to the faculty of arts, but the medical examiners have no connection with them, the only professional officer of the University associated at any time with the testing of candidates at the preliminary examination being the dean of the faculty, who presides, after the examination, during the recording of the results. The rejections are considerably over 33 per cent. The "remanet" question had been unduly denounced by Dr. Storrar. He (Dr. Turner) thought it would be exceedingly unfair to candidates possessing testamurs from Oxford, Cambridge, or London, to require that they should undergo examination afresh in all the subjects they had already passed. This was avoided by permitting them to take up only such additional matter as proved an essential part of the Edinburgh examination, and which had not been part of that they had already passed. For instance, Greek and logic not being essential to a London University candidate, these subjects must be taken up by a matriculated student of London who seeks an Edinburgh M.D. Dr. Turner thought the medical student himself is too little considered in these discussions on his training. It would unduly hamper a student to refuse any preliminary certificate except that issued by the special licensing body he applied to. Such a proceeding might seriously hinder his progress. Four courses were possible with respect to the subject of debate. It might be reported on next year or next Saturday, or considered by the whole Council in committee, or discussed by the Council in open session. He thought the Council might settle the matter without any committee's report. The time had come for this to be done. The standard of preliminary education might be raised, and experience proved that the preparation of students would keep pace with it. It should not be raised too high, however, because of the number of licensing bodies who would be affected by it. Dr. Turner concluded his speech by remarking on the success achieved by the Edinburgh local examination scheme, which drew to it 800 to 900 candidates yearly, and which possessed centres even in England.

Mr. SIMON considered the discussion on the motion ought to follow that on the previous reports, several of which from branch councils were in hand. It would be ridiculous to repeat discussion on the same points again and again. The best attention of the Council should be given to establishing a system of preliminary education after reviewing all former resolutions, but he feared little weight would attach to any recommendations of the Council now, in consequence of its present uncertain position, and while it was so situate it would receive little attention. Pending a decision on the points raised against the Council before the Parliamentary Select

Committee it would be a waste of time for it to make resolutions. Three corporations had already refused to pay heed to the Council's demands, and its influence was growing less. He was prepared to vote that the examinations complained of be no longer received as sufficient to satisfy the Council's requirements, and he counselled an urgent application to Government to terminate the unsatisfactory position of the Council.

Dr. A. Wood deplored Mr. Simon's speech, which sought to make the Council abdicate its functions. Agitation for reform of the Council, Dr. Wood said, had produced the obstruction to progress they had witnessed in the past. He agreed, however, that it would be futile to refer the question under debate to a committee, but in opposition to Mr. Simon he contended that the Council had done immense benefit by securing some uniformity of examination, and that a preliminary test should precede registration as a medical student. Licensing bodies, moreover, with a few exceptions, had been ready to adopt the Council's recommendations, and Mr. Simon's strictures and suggestions it were impertinent to follow. If they waited a Governmental settlement of their position they might wait the advent of the Greek Kalends. The Council should accept the present as a breathing time, and afford an example of action to the licensing bodies. Dilatoriness now would hinder future progress. This particular matter of preliminary education the Council ought to settle, and at once. He denied the Council's right to take away any examining body's privileges and defended the action taken by the body he represented, whose examinations were not in any way lenient. Dr. Storrar's abuse of remanets was unfair. A young man who passes in a few subjects creditably ought not to be forced to undergo examination in them again. The system was introduced in the interests of students, and often capital papers were written at a second test. He had ascertained that many candidates who exhibited deficiencies in grammar and spelling held University certificates of preliminary education. The College of Surgeons of Edinburgh would resist any attempt of the Council to limit its privileges, and an appeal to the Privy Council should be forced. They should pause before raising the standard in any way to starve the supply of practitioners.

Mr. Teale moved, as an amendment to Dr. Storrar's motion, "That a committee be appointed to draw up a series of propositions to be submitted to the Council, which shall embody the various motions on the programme in reference to preliminary examinations, and such other questions on the same subject as it shall seem desirable to such committee to submit to the vote of the Council: this Report to be brought up at the opening of the meeting on Friday, in order that a distinct vote may be passed upon them during the present session; and that the committee consist of the following members:—Mr. Teale, Chairman; Dr. Humphry, Dr. Storrar, Dr. Andrew Wood, Mr. Turner, Dr. Leet, Rev. Dr. Haughton, Dr. Fergus.'

Dr. Wood seconded the amendment.

Dr. Haughton thought a committee could not deal efficiently with so big a question. He agreed that the preliminary examination was overloaded.

Dr. Rolleston advocated the appointment of a small committee to report next session.

Dr. Storrar defended the amendment.

Dr. Fergus said he had quoted the General Medical Council's figures before a Royal Commission to show the examinations were deficient. He thought it necessary to adopt a plan of filtering candidates, by which men unqualified to succeed in medical work should be rejected, and only those *mentally* fit be passed.

Dr. A. Smith would vote against the motion, and thought time would be lost by accepting the amendment.

Dr. Storrar explained that the report quoted by Dr. Banks in reference to Queen's University speaks of the first professional examination, and has nothing to say of the preliminary. Many difficulties he admitted beset secondary education in Ireland, but these were about to be removed. Dr. Pyle had misunderstood his remarks about Durham University. The creation of a special examination for medical students was censured by the Council's visitors. As to Edinburgh, he was surprised it was still content to accept any certificate approved by the Council in lieu of its own. He disagreed from Dr. Wood that agitation for reform obstructed improvements.

The amendment being put to the vote, was agreed to, and then carried as a substantive motion.

Alterations in the standing orders were then deferred for discussion, and applications for registration from Mr. John Dwyer and Dr. W. W. Ireland were sanctioned.

The case of G. F. Trotter, who was convicted of manslaughter, and sentenced to six months' imprisonment with hard labour, on January 29th last, was heard, and the evidence being read, strangers were requested to withdraw, while standing orders were, on the motion of Dr. Andrew Wood, suspended till the business before the Council should be completed.

Resolved:—"That the Council do not see fit to erase the name of George Frederick Trotter from the Medical Register."

The Council then adjourned.

Third Day.

The minutes of the preceding day having been read and confirmed,

Dr. Humphry moved the adoption of the Report of the Committee on Ophthalmology and Midwifery.

Rev. Dr. Haughton moved a resolution to the effect that the Council recommend a minimum knowledge of midwifery be exacted from candidates for any licence. He objected to the acceptance of the report, because he thought harm would arise from deferring definite action with regard to midwifery. The subject, he declared, was too important to be shelved, but he did not care how the subject of ophthalmology was treated. He would attach little importance to attendance on lectures, but attention to practical midwifery he would emphatically insist on. The subject had been impressed on him by reason of the inadequate qualification of ships' surgeons in this respect, and the frequency of cases in which midwifery experience is necessary to right treatment. He would fix the minimum of labours to be attended at thirty, and a six months' course of lectures. Dublin University had long adopted this rule, and it had worked well; a smaller number of cases would probably not afford sufficient experience. Ophthalmology he regarded as an accomplishment infinitely inferior to midwifery. Dublin instituted degrees in obstetric medicine eight or nine years ago, and pending legislation, Dr. Haughton demanded that the Council should act so as to place midwifery on its right footing.

Mr. Macnamara, seconding the motion, said the R.C.S.I. was as keenly alive as Dublin University to the importance of midwifery. No student was allowed to come up for a surgical qualification until he presented adequate proof of experience in midwifery. As President of the Irish Medical Association he ascertained that 95 per cent. of cases of charges of malpraxis were consequent on inexperience in midwifery. In the last year or so the College of Surgeons had increased the number of cases to be attended from six to thirty. He would suggest arrangements by which every student should see the full number of labours by more than one attending the cases. He did not want the Council to advise the *number* of lectures or cases to be attended, but simply to endorse the principle of the motion.

Dr. A. Wood thought there was a general agreement in the terms of the motion. The question is whether the Council is prepared to name the number of lectures and cases to be attended. This, he thought, was not its function. At most teaching centres courses of lectures are delivered, but it would be ridiculous to require—in Scotland, at any rate—thirty cases to be attended. He deprecated joint attendance at labour cases by young students, but acknowledged the importance of the matter fully.

Dr. A. Smith had always considered midwifery more essential to a young practitioner than any other specialty. The number of lectures was not important, but practical ex-

perience most highly so. The Council should do all it could to ensure adequate instruction in the subject. The Colleges of Surgeons and Physicians in Ireland, and of Surgeons in England are the only bodies which grant a special licence in midwifery after a special examination. The Local Government Board of Ireland demand a proof of special qualification in the subject from candidates for posts under it in the medical service of the country. At the maternity connected with Sir Patrick Dun's Hospital in Dublin students go to labour cases with experienced midwives, but never two students together.

Mr. QUAIN denied that the Council undervalued the subject of midwifery. In several places it distinctly urged the importance of the subject as part of medical education. He believed thirty or forty lectures enough to give the outlines of midwifery.

Mr. SIMON pointed out that the Report does not call on the Council to adopt hard and fast lines as to the amount of teaching to be given. The committee saw no reason for treating midwifery as an exceptional subject. Moreover, ophthalmology is not put on an equality with midwifery, although mentioned in the same report. They are treated in a different manner.

Dr. BANKS, though supporting Dr. Haughton's motion in principle, could not support his demand for thirty cases.

Dr. HAUGHTON would be content if the Council would accept the motion he introduced without specifying the number of lectures or of cases to be attended. He would insist only on a course of practical midwifery. His opinion on this point was endorsed by the College of Physicians of London, who desire to increase the practical instruction rather than the courses of lectures. The Apothecaries' Society of London, too, express disapproval of the meagre practical instruction in this subject. Dr. Haughton denied that he wanted the Council to pursue any exceptional course —it was the same as that followed for anatomy and surgery.

Prof. HUMPHRY endorsed Mr. Simon's remarks. The Committee made no reference to the relative value of midwifery and ophthalmology. The question before the Council was whether midwifery was to be put out of the level of other subjects. Dr. Haughton's desire is fulfilled by every examining body which requires instruction in practical midwifery. The Council makes no special rule as to the subjects of anatomy and surgery, and ought not to with regard to midwifery.

Dr. Haughton's amendment being put and lost, the original motion was carried.

PRELIMINARY EDUCATION.

The Committee appointed yesterday presented their Report, recommending the order in which the motions as to preliminary education should be discussed.

Dr. LEET introduced the first resolution :—"That on and after the first day of January next (1881) Greek be included among the compulsory subjects of the preliminary examination for medical students." The Court of the Apothecaries' Hall in Ireland are not, he said, prepared to lower the standard of their examination, as they must do if they submitted to assimilate these examinations to those of many other bodies. He quoted authorities in support of his view of the importance of the study of Greek as a subject of preliminary education. The Council, he said, had failed to redeem a promise contained in a resolution that Greek should be made a compulsory subject of examination in 1869. The Apothecaries' Society had no desire to continue their examinations, burdensome as they are, but there was nothing to replace them.

Mr. MACNAMARA seconded the motion.

Dr. AQUILLA SMITH pointed out that Greek is an optional subject, by the Council's standing order. He believed the test of a candidate's knowledge on this subject is very often a farce, and that little good accrues from insisting on it.

Dr. STORRAR said his chief reason for giving up the battle of Greek was a conclusion forced on him that the demand for modern education is so great that it is useless to insist on classical instruction. Such modern education includes Latin, English, mathematics, and physics. The demand for this kind of training is so great that the University of London substituted French or German as an alternative subject for Greek, and without undervaluing Greek as a mental training, German may be said to have an important bearing in the same direction. Seeing the limitation of the time of study, he would not like to see Greek made compulsory.

Mr. SIMON said no one could assert Greek was a necessity to a medical man. He would be the last to under-estimate its importance, but it would be eminently unfair to insist on it being made a compulsory subject. It was true a medical man ought to be a highly-cultured gentleman ; but pressing the doctrine too far would be to unduly reduce the supply of men to enter the medical profession. The minimum of preparation with which a man can learn medicine in four years is the standard to which the Council should address its attention.

Prof. ROLLESTON.—The question is measured by money ; the omission of Greek in schools arose through a feeling that it *paid* less well than the modern side with the view of equipping scholars for their life work. He strongly defended the study of Greek as tending to the higher culture of students, but he could see reasons against insisting on Greek as a compulsory subject. In Germany at the present time there is, he said, a reaction against the unlimited study of the language. He could not vote for the motion, to his regret.

Dr. FERGUS urged that many sciences bearing on medicine are as intellectual exercises as valuable as Greek, which subject he would have left optional.

Dr. HAUGHTON defended the study of Greek on the ground that its abolition, as a compulsory subject of study, would degrade medicine to a lower rank than that held by law and church. Though the amount of Greek necessary to pass most preliminary examinations, this might be altered if the Council sanctioned the subject. In a somewhat lengthy speech he defended the study of Greek, and concluded by saying he should vote for the motion.

Dr. BANKS supported the motion. The downward progress of the profession, he felt, would be hastened by omitting Greek from the curriculum. If the motion be not carried, he feared the profession would be lowered and degraded.

Dr. PETTIGREW said he considered other subjects, especially scientific ones, were capable of expanding the limits of the human mind as effectually as the study of Greek. He did not want to exclude Greek, but to keep it optional.

Prof. TURNER, while feeling the loss of Greek would be a severe blow to professional status, felt also that the signs of the times demanded acquiescence in the demand so general that Greek be not made a compulsory subject of any examination. The fact that classical studies had hitherto been almost solely rewarded by University and other prizes led to the better class of students at schools and colleges even yet preferring to follow out a classical rather than a modern course. Some time ago a special syndicate at Cambridge reported to the University that it would be well not to retain Greek as a compulsory subject for pass examination. Preliminary education must be carefully dealt with. By raising its standard unduly the number of entries into the profession will fall below a necessary number, as it once did following the Council's action. By extending the area of subjects to be taught the precision of knowledge will be reduced. Regretfully, therefore, he felt compelled to vote against the motion.

Dr. A. WOOD said he hrd been an examiner in Greek for some years, and his experience led him to the conclusion that but few men voluntarily take up the language. The knowledge of Greek roots given in schools generally is sufficient to give students an insight into technical terms.

Sir WM. GULL urged it would be dishonest to require a man who would enter on a country practice to be a Greek scholar. Unless taught well it is useless, and is a sham, and for it to be taught well is impossible to an ordinary medical man. The Council's duty is to make honest reputable practitioners, and this it will not do by demanding unusual accomplishments.

Sir JAMES PAGET thought it very unfair to assume a man cannot know medicine without a knowledge of Greek, especially since the knowledge he can get as a medical student must be meagre and fragmentary. If he could have a valuable and accurate knowledge it would be an inestimable boon, but a "smattering" utterly useless. The matter with science, mechanics, and chemistry, *e.g.*, is very different. The knowledge he has of these must *increase* as he progresses in life, but this is not the case with Greek, which must be constantly studied *alone* even to be kept up. He could not support the motion.

The PRESIDENT said the question at issue was highly important as involving the interests of the profession. He had consulted three eminent classical scholars, who unanimously agreed that teaching a smattering of Greek could not avail to improve the medical profession.

On a division the motion was lost.

Dr. HAUGHTON next introduced a motion to the following effect :—

"The General Medical Council being of opinion that the existing Preliminary Examination in Arts is unsatisfactory and insufficient, propose to replace it by the following examinations :—

(1) "An examination, previous to registration, in the following subjects only :—(*a*) English ; (*b*) Arithmetic ; (*c*) Latin ; (*d*) Elements of Geometry ; (*e*) Elements of Algebra.

(2) "An examination to be passed not later than at the end of the first year of professional study, in the following subjects :—(*a*) Greek ; (*b*) Elements of Mechanics.

(3) "An examination to be passed not later than at the end of the second year of professional study, in the following subjects :—(*a*) French or German ; (*b*) Elements of Hydrostatics and Optics."

He said he was led to take this course because of feeling that the preliminary examination is overloaded. He would diminish its extent in the hope of making students more accurately prepare for it. He feared his proposal to retain Latin would meet the fate accorded to Dr. Leet's motion in favour of Greek. His desire was to make the preliminary examination *thorough*, and he would be willing to omit Latin also, to increase the extent of the English and mathematical subjects. A sound and perfect knowledge of his own language, and of elementary mathematics, he thought enough to enable a young man to be a competent medical student.

Dr. LEET having seconded the motion,

Prof. ROLLESTON objected to the multiplicity of the examination proposed by Dr. Haughton. There was no excuse for keeping a student under the harrow so long. The subjects can all be included under the preliminary examination, and the encouragement the change would give to the "remanet" system indefensible. He concluded by moving an amendment to negative the motion.

Mr. TEALE and Dr. PETTIGREW having spoken,

Dr. Rolleston's amendment was carried.

Professor TURNER moved :—

"That the Preliminary Examination should be raised to the following minimum standard :—

(*a*) English to include Literature, History, Grammar, Composition.

(*b*) One ancient language, either Latin or Greek.

(*c*) One modern language, either French or German.

(*d*) Arithmetic, including Vulgar and Decimal Fractions.

(*e*) Elements of Mathematics, comprising Algebra, including Simple Equations, Geometry, first three books of Euclid or the subjects thereof.

(*f*) Elements of Mechanical Philosophy, comprising Statics, Dynamics, Hydrostatics, and Optics, it being understood that the examination in this branch

(*g*) May be passed either as Preliminary, or as part of the first Professional Examination."

Dr TURNER explained that he was asking the Council to take up a new position in seeking its sanction to make French or German a compulsory subject. He thought the course a necessary one, as also the addition of one book of Euclid. The Elements of Mechanical Philosophy he felt to be an actual necessity to the student of physiology, and he urged the acceptance of his motion in this respect. But since all schools do not teach this subject, to enable it to be included fairly in a preliminary examination, it would be advisable to grant leave to the student to pass in natural philosophy subsequent to registration as a medical student. Dr. Turner moved the adjournment of the debate.

FOURTH DAY.

The minutes of the preceding day's business were passed.

PRELIMINARY EDUCATION.

Prof. TURNER said that since yesterday he had considered the Council had better consider his motion in committee.

Mr. SIMON seconded the proposal.

Dr. A. WOOD requested that Prof. Humphry afford an explanation concerning the Report of the Committee on Mechanical Philosophy.

Prof. HUMPHRY said that the subjects could not be included in the first professional examination, which is already provided for. The subjects therefore, can only be passed at the preliminary examination. Moreover, they are not included as subjects by many of the chief examining bodies. Hydraulics is not accepted by any of the boards, and hence, to enforce the regulation would be to throw the whole educational system in confusion. The Executive Committee accordingly referred the matter for the further consideration of the Council. It could not be expected that examining bodies would alter the whole scheme of their tests at the request of the Council, and the latter should pause ere it farther strained their compliance.

Mr. SIMON was of opinion that the course of the Executive Committee was improper.

The PRESIDENT reminded Mr. Simon the Council was in committee, and comment on the action of the Executive Committee was out of place.

Mr. SIMON continued his remarks, to the effect that the speech of Prof. Humphry would have been appropriate last year on first discussion of the subject ; he was happy that the debate on Mr. Turner's motion would settle the question. He thought the Executive Committee should be censured.

Prof. TURNER proposed to take the items of his motion in their order. The recommendation admitting the sufficiency of an Arts degree in lieu of a preliminary examination would obviate the difficulty of requiring a modern language as a subject to be passed. He proposed to introduce two new compulsory subjects, viz., a modern language and mechanics. He would extend the time at which the rule came into force beyond Jan 1, 1881. He moved the first item.

Dr. ROLLESTON repeated that the subject ought to be referred to a special committee to consider all the points carefully between that and next session. He had been informed that only three medical schools in London possessed courses in natural philosophy, and for them to pass Dr. Turner's motion would be to affect nearly all the schools in the country.

Dr. TURNER objected that the course pursued by Dr. Rolleston was out of order. A desultory discussion on the wording of Dr. Turner's motion was followed by an amendment from Dr. Wood, seconded by Dr. Haughton, "That the existing regulations remain in force," regarding, that is, the English subjects of preliminary examination.

Dr. ROLLESTON defended the introduction of literature on the ground of culture, and as being calculated to elevate the status of the profession.

Sir WM. GULL thought to insist on such a subject unwise. The Council did not desire to limit any man's attainments, but they had to fix a *minimum*, and this must not be too high.

Mr. TEALE defended the amendment.

Dr. HALDANE thought an elementary knowledge of literature, history, and geography should be compulsory on every candidate for the medical profession. Only by insisting on such knowledge would the professional status be maintained.

Sir JAS. PAGET considered the Council might reasonably demand more now than formerly at a preliminary examination. As schools improved the preparation of candidates progressed *pari passu*, and the Council should make first and earnest use of educational improvement. Students will not read what is not required.

Mr. SIMON agreed with Sir Jas. Paget. He thought the existing examinations should be made stricter as far as they go. The Council could not insist on a knowledge of subjects not essential to the study of medicine. The English language is so, but literature is not.

Mr. TURNER was much disappointed that an amendment should have been moved to leave things as they were. Since, six years ago, the resolution came into force, great changes had occurred in education in the three countries. He could not conceive a good school where English history is not studied. The amendment implied a wish to lag behind the times. He felt the credit of the Council was at stake.

Sir WM. GULL thought a strict adherence to the Council's requirement's would effectually settle the question—make the present examination *thorough*.

Dr. ANDREW WOOD concurred in Sir Wm. Gull's opinion.

Prof. ROLLESTON quoted from the *Cambridge University Reporter* to the effect that the German Association of Doctors pronounced against permitting men to enter the medical profession with the little preliminary training they usually possess.

He quoted also Dubois Reymond and other authorities to the same effect. He hoped the Council would not sink the English profession to a position of inferiority.

Sir JAMES PAGET said the Royal College of Surgeons now examined in English grammar, composition, geography, and history. The Council can help the schools by passing recommendations, and the schools would help it.

Dr. PITMAN hoped the present regulations would be amended. How, he asked, could the Council be assured of a higher standard of present tests being attained. This would only follow the addition of new subjects. Dr. Pitman showed, by quoting from the minutes, that a feeling had often arisen in the Council in favour of improving the preliminary examinations. He should vote for the motion and against the amendment.

Dr. AQUILLA SMITH was followed by Mr. MACNAMARA, who cautioned Mr. Turner against the difficulties which would arise with the subject of history if it were included in his scheme.

Dr. BANKS having spoken, Prof. Turner's motion was read, modified to include literature, geography, and history, but Dr. Wood objected to the alteration.

Dr. ANDREW WOOD'S amendment was then put to the vote, and was carried, the numbers being—for, twelve; against, eight; neutral, four.

Dr. HAUGHTON moved an amendment to add to the second recommendation—candidates shall be required to pass in modern geography or English history.

Dr. ROLLESTON considered the same objections applied to the subject named by Dr. Haughton as to literature, and he would move, as an amendment, that an option be allowed between geography, history, and literature.

The PRESIDENT pointed out that the vote of the Council in committee had already limited the question of the English preliminary examination.

Dr. STORRAR urged that Dr. Andrew Wood's amendment was not yet passed as a resolution, and any amendment on it was in order.

The amendment of Dr. Wood being put as an original motion, was carried.

Dr. HAUGHTON'S amendment then became a substantive resolution, and Dr. Rolleston moved his amendment to add literature to geography and history.

Mr. SIMON dissented from the proposal. He desired to see the preliminary examination based on an appreciation of the importance of natural science to a medical student, and he felt it wrong to compel literature, geography, and history, valuable as they are, as essential subjects.

Prof. TURNER said he occupied an entirely different position from Mr. Simon. As the time of the student is occupied with scientific studies, he is prevented from literary studies, which, if not pursued early, are never pursued at all. Some literary culture they should have, and he would second Dr. Rolleston's amendment.

Dr. A WOOD would assure the Council only a certain limited amount of knowledge could be extracted from a student, and that they were proceeding to insist on too much and too many subjects. The attention of a medical student should be confined to the subjects which will aid his medical career, and the burdens laid on them should be thoroughly borne. The examinations ought to be efficient and strict. He would vote against the motion.

Prof. HUMPHRY complained that too many subjects are taught and insisted on already. The best education is that which instructs in a few subjects well. He would even revert to old systems, feeling that it is far better to restrict examinations and so improve education and knowledge. The optional system he did not think worked well.

Mr. MACNAMARA entreated Dr. Rolleston to withdraw his amendment. By so doing so he might ensure the passing of Dr. Haughton's motion.

Dr. ROLLESTON insisted that literature would materially assist to make a medical student a good practitioner by giving him social advantages and ability to maintain his own in cultivated circles.

Sir WM. GULL could not see that geography was any intellectual test of a man's fitness to be a doctor. He wanted only such subjects included in a preliminary examination as would serve to test his intellectual quality.

Sir JAS. PAGET thought the *best* test of intellectual capacity is by determining how a boy had learnt any subject at all.

Dr. QUAIN spoke in favour of the motion.

Dr. Rolleston's amendment being put to the vote was lost, and Dr. Haughton's motion was then carried.

Dr. TURNER moved his second point, that an examination in one ancient language form part of the scheme.

Sir JAS. PAGET seconded the motion.

Rev. Dr. HAUGHTON said he should move an amendment that, "In the opinion of this Council the English language is the only language which ought to be included in an English preliminary examination."

The committee of Council then resolved, and the report of the finance committee was proceeded with.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, JULY 14, 1880.

THE GENERAL MEDICAL COUNCIL AND PRELIMINARY EDUCATION.

THE greater part of the thirtieth session of the General Medical Council will have been occupied with discussions on a subject over which it can expect to exert only a minimum influence, while there are pressing for notice and decision questions of inconceivable importance. The preliminary education of the medical student is undeniably a serious matter in connection with the decision of a fitness for the practice of medicine; but the utterly false notion which influences the vote of the Council is, that the position of the medical profession is to be immediately improved by insisting on a higher standard of general education. It is true that the average intelligence of the practitioner must be largely dependent on his early

training and the capacity to derive advantage from it; and equally true that the best men to entrust with the cure of disease are those best qualified to shine in any intellectual sphere; but it is strangely fallacious to hope or to expect that the better class of students, round whom the General Medical Council yearns to clasp its encircling arms, is to be drawn within the magic circle of its own creating, by the aid of abortive efforts to build higher and higher the gateway which guards the entrance to a medical curriculum. The better class of students, fortunately for themselves, are such as Sir William Gull's "intellectual test" would readily discriminate; and they are as little likely as Sir William Gull himself to be deluded by the semblance of a reality which the Council seems bent on spending its existence over creating. Howsoever high the standard of preliminary examination may be raised, the status of the medical profession will remain what it is, unless concurrently some means be devised to ennoble the practice of medicine itself. Reforms are urgently demanded *in* the profession, and not around it; when these have been effected, and a medical man can enter on the duties of his position with the feeling that he is a recognised unit of an honourable aggregate, and that he is at least as respectable as his neighbour, who is a parson or a barrister, then—and not till then—will the title of Doctor be something more than a qualification to prescribe physic. This improvement in the public estimation of physicians and surgeons, however, is not to be obtained by dictating to schoolboys how much they must comprehend of the fine distinctions which separate classical English from Cockney prose; or by defining the maximum amount of ignorance to be tolerated in a candidate for medical distinctions. All these might well be left to settle themselves, as they naturally would if they were not thus constantly coddled and nursed by the twenty-four gentlemen who meet at a cost of some two hundred pounds per day to regulate the affairs of the medical profession.

There are crying evils without end to be redressed *in* the profession—evils which each day are plunging their ill-fated victims deeper and deeper in the waters of public contempt. Let the General Medical Council waken from the doze of contentment it has for twenty years complacently indulged; let it consent to be alive, if only for one startling session, and open its eyes to the enormities that continue beneath the protecting ægis of its passive approbation. There is no difficulty in recounting the worst of these—*e.g.*, special hospitals and the abuses they foster and conceal. A Council on Medical Education even can bring consideration of such hotbeds of malpractice as many of the institutions termed special hospitals are within the scope of its powers, for are they not frequently enough plausibly put forward as centres of instruction?—and where, more than at many of them, does a student learn more surely or more swiftly to be guilty of the meanness, the disgraceful baseness, that have been again and again demonstrated in connection with them? When the outside public can learn to place implicit confidence in a medical man *because* he is a medical man, and when the term becomes a synonym for gentleman and man of integrity, then—and not till then—will the medical profession rank on a par with its sisters. And it is idle nonsense to talk of elevating it to this proud position by raising the standard of this or that *examination*. The sons of gentlemen will never in any numbers elect to practise medicine until they can feel a certainty that they will not thereby be degraded. In some few instances the love of science is too strong to permit even this feeling to withhold the seeker after truth from pursuing a path congenial to his nature. To this do we owe it that there are great men and good men who are doctors; while their numbers are strengthened by the addition of others who become ennobled by the calling they have adopted — whose souls have responded to the greatness of the things with which they have been called to deal. The two classes form the *élite* of the medical profession; the aim of the reformer is ostensibly to swell the numbers included within them, but the method hitherto pursued for its attainment has lacked the essential *element* of success—viz., a right direction.

Prof. Haughton and Dr. Leet should feel no discouragement at the refusal of the Council to adopt their demand that every medical man shall learn the elements of Greek; nor need Professor Turner feel chagrined that his proposal to insist on literary culture as a *sine quâ non* for a student of medicine has failed. Great minds crave to make the whole world great, and the mind of the General Council is true to its aspirations in the line it is following. The misfortune is that the line is a wrong one, and can never lead to practical good. It endeavours to reform where reformation can effect no beneficial result—it confines itself to the outer limits while within the barrier it is continuously repairing, corruption is progressing with fatal, because unchecked, speed. The Council may say it has no jurisdiction beyond the mere examination question, but this is disproved by its undisputed sway over all pertaining to the ethical proceedings of those included in its Register. By means of examinations it can influence only those who *are to be* medical men; by its judicial control over the Register it can purge the profession *in esse*. Mr. Simon, however, and the late Sir Dominic Corrigan, rightly appreciated the position of the Council; they saw clearly the weakness of its constitution, and they urged correctly the wisdom of its becoming either an absolute power or a disbanded corps. That it is impotent in itself, and has secured none of the authoritative power it must possess ere it can achieve great measures of reform, is continually being made clear. Dr. Andrew Wood can with impunity openly defy it to insist on anything; and unhesitatingly expresses the determination of at least one great corporation to submit to nothing more of its dictation than may be acceptable to that corporation's inclinations. A body with scarcely the shadow of authority can hope to work to small purpose indeed; its *prestige*, at no time great, will be nohow augmented by the latest exhibition of its weakness. The miserable pretence of improving the profession of medicine by raising the standard of preliminary education is a lamentable evidence of the short-sightedness which has distinguished its whole career.

THE DUBLIN DEATH-RATE.

The Report of the Royal Sanitary Commission, to

which we referred last week, has not yet been issued to the general public, although a few copies have been circulated, and its contents are known. Meanwhile its appearance in abstract in our columns and elsewhere has given a stimulus to the sanitarians of Dublin, and there seems to be some hope that the citizens will now bestir themselves to seek for a practicable remedy to the existing disgraceful condition of affairs. We learn that the Council of the Royal College of Surgeons in Ireland has, on the motion of Dr. J. K. Barton, resolved, "That it is desirable that an expression of opinion should emanate from this Council regarding the causes which have produced, and are still producing, the unhealthy state of the city, and the abnormally high death-rate in Dublin. For this purpose, that a committee be named to confer with the College of Physicians, and to make a report to this Council, as soon as possible, with a view to further action in this matter."

We earnestly trust that the co-operation of the Colleges with the Dublin Sanitary Association may have the effect of, at length, providing a practicable remedy for the appalling insalubrity of Dublin. During the past week the death-rate of the city and suburbs, taken together, was 33·5 per 1,000—nearly double that of London (18·0), or Glasgow (19·8), and one-third more than that of Edinburgh (22·4). The ratio of mortality was only exceeded by two continental and foreign cities out of twenty-six whose death-rates are recorded. The mortality in Dublin was proportionately much greater than that of such unhealthy cities as Calcutta, Madras, Copenhagen, Naples, and New York.

There were 63 deaths from zymotic diseases registered, being 8 more than in the preceding week, and 27 over the average for the same week *of the last ten years:* they comprise 14 from small-pox, 8 from measles, 19 from scarlatina, 1 from quinsy, 5 from whooping-cough, 5 from fever (2 typhus and 3 typhoid fever), 2 from diarrhœa, &c. The registered deaths (14) from small-pox are 5 less than in the preceding week, but are equal to the number in the week ending the 19th ult.

In discussing this painful subject, we call attention to the following recommendation of the Royal Sanitary Commission, published by us last week :—

"That, considering the extensive sanitary improvements necessary in Dublin, we are of opinion that the superintending medical officer of health of the city should devote his whole time to the duties of his office."

It will be recollected that when the job of pensioning a superintendent medical officer of health who never did any duty, and appointing in his stead a superintendent medical officer who was too busy on other affairs to discharge his functions with any efficiency, we offered just the same suggestion as the Commissioners have now made; and we warned the citizens that the pensioning and the appointment were both rank jobs, and that the practical effect of those jobs was to leave the city of Dublin without a superintending health officer.

It would seem that our prediction has been fully realised, for we observe that Mr. James Boyle has assumed the functions of the superintendent medical officer, and has, in that capacity, issued a report on the small-pox epidemic, and has given the world the benefit of his valuable advice thereon. The only passage worthy of notice in this report is the following:—

"I cannot avoid observing that all accepted theories as to climatic influences, &c., have been confuted by existing facts. It may be that the vaccine matter has lost its efficacy, or that the operation of vaccination may be less perfectly executed than heretofore."

We should feel greatly interested to learn the authority upon which Mr. James Boyle undertakes to inform the world that "vaccine matter has lost its efficacy, or that the operation for vaccination may be less perfectly executed than heretofore;" and we would add that that gentleman would give additional weight to this remarkable dogma if he would explain to us the special qualification—medical or scientific—which he possesses to enable him to express an opinion on any such subject. No doubt his observation that "climatic influences" are to blame for the mortality is perfectly true, but we altogether differ from him in his assumption that "&c." is not responsible for the spread of disease within the city. This comprehensive abbreviation "&c." we interpret to mean the filthy and neglected state of the tenement houses and the streets which is tolerated by the Corporation, and which, no doubt, bashfulness prevents Mr. Boyle from more exactly particularising, and we, therefore, beg to refer that gentleman to the conditions included within the expansive scope of "&c." for a full and complete elucidation of the causes of disease within the city. Finally, we have formed the determination to endeavour, before our next issue, to ascertain whether there exist any superintendent or consulting medical officers of health for the city of Dublin, and whether the gentleman who has undertaken the small-pox reporting for the Corporation has really absorbed these two offices.

We observe from the local papers that the Corporation has adopted recently a new code of sanitary bye-laws, which, so far as the newspaper reports inform us, appear to be altogether inadequate for their purpose. In the debate upon the proposition to adopt this code, the Lord Mayor said that he had been through some of the tenement houses of Dublin within the last few days, and he confessed he had been appalled at their condition. The scenes of filth he witnessed had been beyond description, and had made him determined, as far as he could, to do something by way of remedy. He did not believe that any bye-laws or prosecutions could be of much effect until the houses were destroyed altogether; but it really made one wonder how human beings existed at all in such hideous filth.

We should hardly suspect his Lordship of joking upon such a subject, but really there is a grim funniness about the Lord Major's horror over his newest discovery which suggests that he must have been speaking ironically. Be it known that the Lord Major is, and has been for many years, the Chairman of the Public Health Committee; that the Dublin sanitarians have, during his whole tenure of office, never ceased from (metaphorically speaking) thrusting the filth of the Dublin tenement houses down the throats of his Lordship and of the Public Health Committee; that the Lord Major was the man who endeavoured to prevent the Royal Sanitary Commission from

inquiring into the state of these tenement houses, and that his Lordship, his Committee, and his officers have been for years, one and all, fixed in their determination not to see the state of affairs which now exercises his indignation and horror.

We congratulate his Lordship on his first inspection of the less fragrant parts of the city under his rule, and we congratulate the citizens upon the extraordinary conversion which his olfactory investigations therein have effected.

Notes on Current Topics.

The Rations of our Soldiers.

We are glad to hear that the Right Honourable the Secretary of State for War has sanctioned an additional allowance of four ounces to the three-quarters of a pound of flesh *with bone* that for a long time past has constituted the daily meat ration of the British lion, as represented by the infantry of the line, and we congratulate Private Thomas Atkins accordingly. Perhaps some few of our readers are not aware that it was only in 1793 that our soldiers were allowed more than one meal per day, or that men sick in hospital were granted anything more suited to their individual cases than the salt pork and the rum upon which they, like their comrades in barracks, were forced to subsist. Army doctors had indeed protested against this state of things for many years, but without result; but at last their voice was listened to, and a second meal per day granted to the soldier, namely, breakfast, of oatmeal gruel. So things went on till 1809. In that year, on the recommendation of "the doctors," tea and coffee as substitutes for oatmeal gruel were, "on sanitary grounds," to use the phraseology of the present day, issued to troops in Walcheren; but that expedition over and collapsed, the luxury of tea or coffee was soon withdrawn, nor was it till 1817 that both took their places as part of the rations for soldiers and for sailors. Many more years had again to elapse before any further improvement was made in the manner of rationing soldiers. In 1845, the "evening meal" of tea and bread was sanctioned for troops in the United Kingdom, in this respect adopting for home service the custom that had for "any length of time" been followed in India under the *régime* of the dear departed John Companee Bahadur Jee! Now, in 1880, another leaf is being taken out of the book of Indian experience; the fact has thus been acknowledged that if men are to fight well, and bear up against fatigues, they must be fed well. Nor is this the only point regarding the hygiene of troops, as in other abstruse matters, that light comes to us from the East.

The London Ophthalmological Society.

With reference to our complaint that this Society has appropriated the prestige to which it would be entitled if it were a Society of the United Kingdom, a correspondent writes to one of our contemporaries as follows:—"I was glad to see Mr. Solomon's letter on the Ophthalmological Society in your columns last week. I have reason to believe that it is bearing fruit. It ought to be added, however that his motion was lost by *one* vote, his opponents being chiefly young men. Ten voted for the resolution, and eleven against. I believe only four country members were present at the meeting."

It would seem from this statement that the restriction of this "United Kingdom" Society to the London postal district was the deliberate act of a clique, and we take leave to inform these gentlemen that, in assuming to speak for the ophthalmology of Great Britain and Ireland, they are taking upon themselves pretensions to which they have no right whatever.

Action against a Coroner.

At Tullamore, last week, an important libel action, which was listed for hearing in Dublin, was settled. One of the relieving officers of the Tullamore Union sued the senior coroner of the King's County for £1,000 for libel. The circumstances were of rather an extraordinary nature. An inquest was held on a resident in plaintiff's district who was in receipt of out-door relief, and the defendant was alleged, when forwarding the depositions to the Chief Secretary, to have falsely and maliciously inserted a statement to the effect that the parish priest had said of a portion of the plaintiff's evidence, "This is nothing short of perjury." It was denied these words were ever used. Defendant pleaded privilege, but on a demurrer this plea was overruled. Amongst the witnesses summoned were Mr. James Lowther, the President of the Local Government Board, and other officials. The settlement arrived at is the payment by the coroner of £65, to include plaintiff's costs.

A Menstruum for Salicylic Acid.

In the *Louisville Medical News*, May 1, Dr. Springer states that salicylic acid is readily soluble in effervescing Vichy or Seltzer water, the former, from containing an excess of alkaline carbonates, being preferable. The acid is put into a tumbler first and mixed thoroughly with a small quantity of water to prevent its floating, and the glass then filled with the effervescing water and the liquid drunk off. When perfectly dissolved it is said to have a very pleasant, exhilarating, pungent, and sweetish taste.

Apparent Death as a Result of Asphyxia.

Medical journals occasionally inform us of wonderful resuscitations brought about by the persistent use of artificial respiration; but two, lately reported to the Academy of Sciences, Paris, by Dr. Fort, Professor of Anatomy in the Ecole Pratique, are especially noteworthy, and teach us to persevere in any efforts we may make to bring back signs of life. In the case of a child three years old, who had already been placed in his shroud, Dr. Fort commenced the use of artificial respiration three and a half hours after apparent death. After four and a half hours of steady work the child was brought back to life. The other case was that of a drowned man, who had been under water for twelve minutes before the body was recovered. Artificial respiration was commenced an hour afterwards, and after being kept up for hours the man was restored to life. The report of the meeting of the Academy does not give the details of the child's case before the ap-

pearance of the apparent death, nor what prompted the doctor to commence the artificial respiration.

Milk and Consumption.

A VERY terrible danger has been exposed by Dr. Heath, President of the American Farmers' Club, who asserts that tuberculosis is a prevalent disease among animals slaughtered for food, and that cow's milk may be a ready vehicle for the communication of the disease. Fifty per cent. of the cows kept in large towns are declared to be thus affected, and that the little notice taken of the fact is consequent on the animals being slaughtered at a stage of disease in which it is not excessively developed. The truth of these statements will, of course, need confirmation, but in a considerable measure this has been already adduced by experiments in which small animals fed on milk have exhibited undoubted evidence of tubercle. These observations open up grave questions of impending dangers, since it would seem conclusively proved that young children may acquire constitutional taint from the food which is regarded as their staple diet. There seems but one certain preventive at present, and that is to thoroughly boil all milk used for feeding purposes, and this precaution, at the present time of year especially, ought always to be observed.

The General Council and its "Recommendations."

AN amusing incident took place on Friday during the sitting of the General Medical Council. Dr. Leet, in advocating the adoption of his proposal to make Greek a compulsory subject of preliminary education, reminded the Council of its previous action in regard to this question, and among other things drew its attention to a "recommendation" by which it was decided in 1867, that after the year 1869, Greek *should* be made a compulsory subject. It then became apparent that, according to the existing requirements of the Council there was a rule which provided for that which Dr. Leet sought to have introduced, but no member of the Council seemed either to be aware of this fact, or of the yet more significant one, that for a period of ten years this important recommendation had been a dead letter. In the multiplicity of its decisions, all bearing more or less on points of minor detail, it is perhaps not surprising that the oversight occurred. an omission more or less of the suggestion being a matter of inconsiderable moment.

Poisoning at Welbeck.

ON the occasion of a public sale at Welbeck, a number of people purchased meat from a refreshment stall arranged for the convenience of those visiting the place from a distance. Of these people a large number became subsequently sick, and four have actually died. The symptoms complained of were vomiting, colic, and diarrhœa. The first conclusion arrived at was that the ham sold at the refreshment stall had been diseased, it having been found that the majority of persons attacked had purchased food at it. The medical evidence, however, at the coroner's inquiry on the fatal cases, challenged this opinion, one witness giving it as his conviction that the attack was one of English cholera, this being supported by the discovery that some of the sufferers had not partaken of the supposed diseased meat. All those persons, however, who had eaten of it were subsequently ill. The circumstance yet wears the air of mystery, but a searching investigation is about to be made by Dr. Ballard, who has received directions to proceed to the place and report upon the occurrence. The verdict of the jury was to the effect that death ensued from choleraic diarrhœa, caused in their opinion by partaking of impure or bad food.

The Representative of Queen's University.

THE representative of Queen's University, Ireland, on the General Medical Council, in succession to the late Sir Dominic Corrigan, took his seat in the general assembly on Wednesday last for the first time. Dr. John Thomas Banks, the new councillor, is an M.D. of Dublin, Fellow and ex-President of the King and Queen's College of Physicians in Ireland, and a Member of the Senate of Queen's University. He was formerly King's Professor of the Practice of Medicine, and Clinical Professor of Sir Patrick Dun's Hospital. The Rev. Dr. Haughton introduced the new member, who subsequently joined in the debate on preliminary education.

Government and the Medical Council.

MR. JOHN SIMON, C.B., has given notice of a motion to call the urgent attention of the present Government to the unsatisfactory state in which the Medical Acts Amendment Bill was left by the late Parliament. Mr. Simon was certainly not encouraged when he attempted to direct the Council on Friday into the path it ought to tread just now. His proposal that it should wait for a settlement of its position ere it proceeded to frame new regulations for the licensing bodies to sneer at, was scouted as an unpatriotic suggestion to the Council to abdicate its functions. The punctilious manner in which these same functions are cherished by the gentlemen in Council is something amusing in connection with the heedlessness with which their attempts to legislate are received. Mr. Simon's plan has, at any rate, the merit of dignity and consistency.

The Study of Ophthalmology.

OUR readers will recollect that an influentially-signed memorial of ophthalmic surgeons was presented some months since to the General Medical Council, praying that ophthalmology might be added to the curriculum, and specially accentuated in the examinations necessary for a qualification. The memorial, which we printed at the time, dwelt upon the importance of the speciality and its semi-neglect in the educational system, and the Medical Council decided to send it to all the licensing bodies for their verdict upon it. The replies of these bodies are now published in the minutes of the Council, and we regret to observe that they are uniformly hostile to the proposal —not, indeed, upon the ground that ophthalmology does not deserve attention, but because they do not wish to increase the curriculum, or to intensify the examination. We cannot but sympathise with this view, though we

regret its application to the present case, and we look forward to a proper recognition of ophthalmology when the conjoint schemes have been made law, and are in course of construction. Meanwhile a little *emeute* has taken place in Dublin amongst hospital teachers in consequence of the anxiety of Trinity College to give importance to the speciality. The University of Dublin requires a special course of lectures on the subject from its candidates, and it has recently ordered that "certificates in ophthalmic surgery will not be accepted from any hospital that does not maintain permanently fourteen beds for ophthalmic cases only."

Now there are two facts in the light of which this resolution must be read:—1. That there is, we believe, but one hospital in Dublin which contains fourteen permanently-occupied beds for ophthalmic cases. 2. That the ex-Registrar of the Medical School of the University, who is a Fellow, and the adviser of the Board in all such matters, is a governor of that particular hospital, and its most active administrator. In view of these two facts the hospital surgeons of Dublin have been called to conference and, no doubt, to protest against the "fourteen bed" requirement.

Vaccination in Danger.

We are gratified to observe that the note of alarm which we sounded this day week in reference to Mr. Dodson's Bill for facilitating the dissemination of small-pox has been echoed in most influential quarters, and that there seems every prospect of an uprising in the profession which will defeat the foolish efforts of the President of the English Local Government Board to conciliate the little knot of vaccino-maniac M.P.'s who have seats at his side of the House. The Parliamentary Bills Committee of the British Medical Association has issued a petition against the Bill for universal signature. The English Poor-Law Medical Officers' Association, at the annual meeting, resolved, "That this Association feels that the success of such Bill would lead to the most disastrous results to the community at large, who, under the present system, where the operation is properly carried out, are fully protected from the ravages of small-pox." The London College of Physicians has resolved, "That the College, having considered the Vaccination Acts Amendment Bill now before Parliament, are of opinion that such a measure would, if it became law, be certain to encourage the spread of small-pox, to the great detriment of the community; and the College respectfully suggests to the Government the necessity of reconsideration on that important matter." Lastly, the Council of the Irish College of Surgeons has adopted the following petition on the subject, which will be presented immediately:—

"That your petitioners have learned with apprehension and regret that a Bill has been introduced into your honourable House which provides that the legal custodian of a child shall be exempt from all penalties attaching to a breach of the law which requires him to have such child vaccinated if he shall have been once prosecuted for such breach, and fined 20s., or twice prosecuted and fined in any sum.

"That your petitioners are convinced that if such Bill should become law it will afford great encouragement and facility for violation of the law of Compulsory Vaccination, not only by those who deny the efficacy of vaccination, but by the much more numerous and more important section of the people who are disposed to omit to have their children vaccinated simply from forgetfulness or carelessness; and your petitioners therefore believe that, as regards such persons, the passing of the Bill would be equivalent to the repeal of the law of Compulsory Vaccination.

"Your petitioners feel that, having regard to the prevalence of small-pox, not only in Great Britain and Ireland, but elsewhere, and to the fact that, for the second time within a recent period, a very serious epidemic of that disease now exists in the City of Dublin and in other places throughout, increased vigilance and stringency in the enforcement of compulsory vaccination and re-vaccination are very desirable, rather than increased inducements to violate that law, and they regard it as their duty to submit to your honourable House their well considered belief that the passing of the said Bill would prove greatly detrimental to the public health, and a formidable hindrance to the much-desired extension of vaccination in Ireland.

"Your petitioners furthermore humbly submit that the lives and health of the vast majority of her Majesty's subjects who entertain a full belief in the protective influence of vaccition, ought not to be subjected to the dangers of small-pox in deference to the erroneous opinions of the small minority who do not hold such belief, which result your petitioners fully believe would accrue from the passing of the said Bill.

"Your petitioners therefore humbly pray that your honourable House will not pass said Bill."

Registration of Disease.

At a recent meeting of the King and Queen's College of Physicians in Ireland, it was resolved, "That the College approve the principle of compulsory notification of infectious diseases, provided the duty of notifying is imposed only on the head of the family or owner of the house in which the disease occurs; and also the principle of registration of infectious diseases; and that the College will be glad to assist and co-operate in obtaining the necessary Parliamentary powers for securing the advantages which would, in their opinion, result from the attainment of an efficient system of notification and registration based on the lines indicated."

We understand that the subject is also under consideration by the Irish Medical Association.

The University of Dublin.

The following order has been made:—"That the professors of the School of Physics shall furnish to the provost and senior fellows, before December 10 in each year, a list of twelve names of persons considered by them qualified to act as extern examiners in the following subjects:—(*a*) Medical Pathology, three names; (*b*) Therapeutics, three names; (*c*) Ophthalmic Surgery, three names; (*d*) Midwifery, three names." The above resolutions have received the assent of the Board of Trinity College.

Dr. Mapother, late President of the Royal College of Surgeons in Ireland has been elected President of the Statistical Society of Ireland.

The statement that a severe epidemic of small-pox has broken out in Christiania, the capital city of Norway, is contradicted. The only patients affected were some unvaccinated children.

On Thursday last the Lord Mayor of London and the Sheriffs laid the foundation-stone at Margate of additional buildings for a branch establishment of the Deaf and Dumb Asylum, Old Kent Road.

THE *United Service Gazette* has reason to believe that the vacancy on the active list of Deputy Inspectors-General of Hospitals and Fleets, caused by the death of D. I. G. John Elliott, will be bestowed upon Fleet-Surgeon W. L. Gordon, M.D., now in charge of Haulbowline Hospital.

IN the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Portsmouth 12, Bradford 14, Wolverhampton 14, Nottingham 15, Plymouth 15, Leeds 16, Sheffield 17, Bristol 17, Newcastle-upon-Tyne 18, Brighton 18, Birmingham 18, London 19, Manchester 19, Hull 20, Salford 21, Leicester 23, Sunderland 24, Norwich 25, Liverpool 26, Oldham 30, Dublin 34.

THE annual meeting of the Sanitary Institute of Great Britain was held on Thursday last, at the Royal Institution, when Captain Galton, R.E., C.B., delivered an address on "Some Preventible Causes of Impurity in London Air." The Earl of Shaftesbury presided. In the evening the members of the institute dined together at St. James's Hall Restaurant, under the Presidency of Dr. B. W. Richardson, F.R.S.

A MEMORIAL has been signed by upwards of 800 persons, including Sir Henry Thompson, Dr. Risdon Bennett (President of the Royal College of Physicians), Mr. Darwin, Professor Huxley, Dr. W. B. Carpenter, and leading nonconformists, and presented to Mr. Gladstone, asking for the support of the Government to the motion of Mr. Roundell in favour of the complete abolition of the clerical Headships and Fellowships at Oxford and Cambridge.

THE annual death-rate last week in the large towns from the seven principal zymotic diseases ranged from 0·7 and 1·2 in Wolverhampton and Portsmouth, to 7·3 in Salford, 8·8 in Dublin, and 9·7 in Norwich. Scarlet fever showed the largest proportional fatality in Dublin, Salford, Norwich, Sheffield, and Bristol; measles in Sunderland, Leicester, and Salford; and whooping-cough in Liverpool. Small-pox caused 14 more deaths in London, 14 in Dublin, but not one in any of the other large towns.

A MEMORIAL brass, supported on a slab of black marble, has just been erected in the chapel of the Royal Victoria Hospital at Netley, to the memory of the late Surgeon-Major Shepperd, of the Army Medical Department:—"In memory of Peter Shepperd, M.B. Aberd., Surgeon-Major Her Majesty's Army, born at Leochel Cushnie, Aberdeenshire, 25th August, 1841, who sacrificed his own life at the battle of Isandhlwane, Zululand, 22nd January, 1879, in the endeavour to save the life of a wounded comrade. Erected by his brother officers and friends."

IN the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 18, Bombay 31, Madras 31; Paris 26; Geneva 21; Brussels 24; Amsterdam 20, Rotterdam 24, The Hague 15; Copenhagen 25; Stockholm 24; Christiania 19; St. Petersburgh 48; Berlin 38, Hamburg 23, Dresden 18, Breslau 31, Munich 33; Vienna 27, Buda-Pesth 41; Venice 24; Alexandria 40; New York 24, and Baltimore 28 per 1,000 of the populations. Small-pox caused 48, measles 39, and typhoid fever 26 deaths in Paris.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

REGISTRAR-GENERAL'S REPORT.—According to the weekly return of births, deaths, and marriages in the eight principal towns of Scotland, the death-rate for the week ending with Saturday, the 3rd July, 1880, was 20·9 per 1,000 of estimated population. This rate is 1·7 above that for the corresponding week of last year, and 0·4 above that for the previous week of the present year. The lowest mortality was recorded in Greenock, viz., 14·4 per 1,000, and the highest in Paisley, 36·1 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·0 per 1,000, being an increase of 0·2 over last week, but the number of deaths from the different diseases was very little changed. Acute diseases of the chest caused 91 deaths, being 12 more than the number recorded for the previous week.

FACULTY OF PHYSICIANS AND SURGEONS.—At their monthly meeting, held on the 5th inst., contrary to the opinion expressed in our last impression, the Faculty cordially agreed to invite the British Medical Association to Glasgow for their next meeting.

EDINBURGH ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.—The Medical Board of this hospital have appointed James Limout, M.A., B.Sc., and L. Ralston Huxtable, house surgeons for the quarter beginning on the 1st proximo, in succession to Thomas Caverhill, M.D., and Russell E. Wood, M.B., C.M. Dr. J. Halliday Croom will succeed Dr. Keiller as medical officer on duty on 1st August.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN, NORTH BRITISH BRANCH.—The quarterly preliminary examination of the Society for Edinburgh and district, took place in Edinburgh on the 6th inst., when twenty-seven candidates presented themselves for examination, the largest number that has appeared in Edinburgh. The examination is conducted by the College of Preceptors, London.

AYR—A NEW HOSPITAL.—A new hospital is to be erected in Ayr, and the work is to be commenced immediately. The length of the building is to be 240 feet, and the depth 120 feet, with a central tower of 65 feet high. The site of the new institution is a little beyond the Kyle Combination Poorhouse. Mr. Murdoch, Ayr, is to be architect.

FORFARSHIRE—MEDICAL ASSOCIATION.—The twenty-second annual meeting of this Association was held in Arbroath, on the 8th inst. J. S. Crichton, M.D., President, in the chair. Dr. Key, Montrose, was elected President for the ensuing year; Dr. Johnstone, of Kair, and Dr. Miller, Dundee, Vice-Presidents; Dr. Sinclair, Dundee, Secretary; and Dr. MacEwan, Dundee, Treasurer. A motion to consider the whole subject of medical fees was agreed to, a report to be given in at the next annual meeting. Dr. Sinclair addressed the meeting on the Vaccination Acts Amendment Bill, and a motion that this Bill should not be permitted to become law was agreed to. The President read a paper on "Coal-Gas Poisoning," and Dr. Miller "On the Hygiene of the Infectious Fevers." The members and their guests dined in the White Hart Hotel in the afternoon.

AIRDRIE.—Dr. Rankin has been appointed Medical Officer and Police Surgeon for the Burgh.

ST. ANDREWS MEMORIAL COTTAGE HOSPITAL.—A union has been effected by the Committee of the Adamson and Bell Memorial and the Managers of the Douglas Cottage Hospital, and henceforth the institution will bear the name of the "Memorial Cottage Hospital." In the annual report it is trusted that the greater publicity and permanence conferred on the institution by the new arrangement may secure for it the increase of public support and sympathy which the more expensive house and ampler accommodation call for.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 3rd inst., the rate of mortality in Edinburgh was 22 per 1,000. No death was reported from scarlet fever, small-pox, nor diphtheria.

Correspondence.

CHEAP DISPENSARIES.—No. II.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—One of the most, if not the most, important of the sources of the existing abuses is the exaggerated importance which is attached by medical men to individual fees. It is nothing that a man may receive a fair income for a moderate amount of work if he is not paid in a certain way. It would be better that he should see one patient for £1 1s. and ninety-nine others as a charity than that one hundred should see him for 1s. apiece. In the country, where charities are not within the reach of every one, and the poor must be attended, the difficulty has to be met, but it is effected so as to obscure the bugbear of small fees as much as possible by making people pay 1d. or 2d. a week, or some small sum yearly, and many a man who has done this all his life would positively feel he was lowered in the social scale by accepting what would be really far better remuneration in the shape of a fee. Based upon the same intangible prejudices, innumerable anomalies have come into existence. Here is another instance. A country practitioner will commonly draw a tooth for 1s., an operation which is at any rate disagreeable and troublesome to most men, and which is hardly made more attractive by the reflection that it might possibly have been done almost as well by the village blacksmith, but he would hesitate to give the same man a bottle of medicine, even though it cost almost nothing in value or trouble, for the same money. Instances of this kind might be multiplied, but space forbids.

The intense prejudice which is specially directed against small fees paid at the time is certainly illogical enough, and seems to be due to the fact that the smallness of the transaction is brought too prominently forward, and is thus a serious blow to a befitting sense of professional dignity, and any method which keeps this objectionable feature in the background by separating the payment from the thing paid for is to be welcomed. However, it is probable that a dignity which depends on such sentimental distinctions as these will in time prove amenable to considerations of obvious pecuniary advantage, if they can once be clearly apprehended.

More practical, and perhaps more general, is the feeling that a reduction of fees will reduce indefinitely the aggregate of medical remuneration.

Well, I suppose a profession has a right to muzzle competition if it can; but it is perfectly clear that there is only one way to do this, *i.e.*, by limiting the number of its members. Nothing short of this can possibly have any real influence on competition. As long as the gateways of medicine are barred only by a certain standard of education, with the expenditure of time and money which this involves, so long the remuneration to be obtained in the profession cannot vary very much from what will buy an equivalent of these commodities in other walks of life, and this balance is not affected by the measure of individual fees. Some prominence has been given to a statement of J. S. Mill, to the effect that competition amongst professional men exists in the number of competitors rather than in the amount of the fees. But the result is precisely the same in either case. Let medical fees be raised by the most loyal co-operation throughout the profession; the increase in the numbers, who will at once compete for them, will soon restore the equilibrium, and if small fees, or any other cause should bring it about that educated talent found a better market elsewhere, how long would disinterested philanthropy, or any other motive, suffice to attract it to the ranks of medicine? On the other hand, if a high degree of education should be divorced from the profession by inadequate remuneration, a portion of the public who consider education of some importance, would bid high enough to recall it; in others words, if educated men were to become more scarce, those remaining would be more in demand. This simple fact hardly requires demonstration, that as long as a profession is practically open to every one who chooses to enter it, the question of its remuneration is as much beyond the reach of arbitrary regulation as is the hydrostatic law by which fluid raised in a closed tube finds the general level as soon as an opening is made.

A charge of want of public spirit is often made against all poorly-paid members of the profession. Public spirit is a great virtue, but no amount of preaching will make it rank in the popular mind before the necessaries of life. These suicidal persons would answer that they got the best terms they could; if they had not taken them plenty of others would, and when one considers that at the Scotch schools plenty of men earn enough as brick-layers or farm-labourers in the summer to pay for their classes in winter, and get them a diploma, it is not clear that even these despised appointments are a bad alternative for the plough or the trowel.

To turn now to the alleged impossibility of small fees being remunerative, and considering this to be principally the concern of those who accept them, I should have been disposed to leave it alone, had not the implication of fraud made it necessary to deal with this subject, and to point out the mis-statements of facts on which such assertions depend.

It is impossible to enter into this subject fully, but let anyone select at random 100 mixtures from the Hospital Pharmacopœia, and calculate the cost at wholesale prices of a quantity of medicine, sufficient to last a patient two days. In spite of a good many ingredients not absolutely necessary, such as spirit, syrups, &c., the average cost will not exceed one penny, or less than 20 per cent., on such a small sum as 6d. A much smaller number of patients than those who are seen daily at many hospitals would yield a very fair profit after deducting 20 per cent. to pay for their medicine.

The whole idea of small ready money payments for skilled advice is utterly repulsive to the opponents of the dispensary system, contending that advice cannot be sub-divided or measured, that it is an absolutely constant quantity, representing the whole skill of him who gives it. It follows to them that the medical man must give, in every respect, the same identical article, whether he is paid 6d. or £1 1s. for it, and if the one is fair, how grossly inadequate is the other!

But if skill does not admit of division, time does; and it is the skilled labourer's time, which is the fairest measure of his remuneration. Suppose one man has to visit two patients who pay 5s. each, and the two visits take an hour, and under other circumstances he is able to see, in the same time, 20 patients who pay him only 6d. a-piece. According to the first line of argument, everyone of the 20 rob him of 4s. 6d., for they receive the same identical article as the other two.

The essence of the whole dispensary system lies in the consideration that a medical man, like any other, may justly afford to dispose of a few minutes of his time for less money than would remunerate him for half-an-hour, and in an endeavour to enable him by some method to give a short space of his time to those who could not afford to pay for more, with profit to himself.

This is the principle which must underlie clubs, or provident dispensaries, or any other method which aims at enabling the poorer classes to pay for advice, and unless it is recognised nothing is left but the monstrous alternative to pauperise everyone who cannot pay 5s. every time he wants to see a doctor.

Moreover, this end is attained by mutual concession; it is not all on the doctor's side. If the patient pays a small sum the attention he receives is curtailed in proportion. He sacrifices his convenience, and, in fact, resigns all the luxuries of professional attendance; and when this is taken into account it is probable that he pays as well for what he receives as his more opulent neighbour, and is as independent of charity or favour.

This case may not inaptly be compared to that of a third-class traveller, who pays only for the essential part of the transaction, viz., the journey, but dispenses with all unneces-

sary luxuries; and the parallel is true, to a further extent, which might allay the rather groundless fears of those practitioners who see, in a movement of this kind, nothing but an attempt to cut them out. For just as some people travel third-class, who are not obliged to do so by want of means, so occasionally patients who can afford more will go to a cheap dispensary. But that any large numbers will accept the discomfort, inconvenience, and above all, the suspicion of poverty which is implied, is no more probable than that all the upper classes will take to travelling third-class.

Your obedient servant,

A. B.

Medico-Parliamentary.

HOUSE OF COMMONS.—FRIDAY JULY 9TH.

THE CONTAGIOUS DISEASES ACTS.

Mr. CHILDERS moved the appointment of the Select Committee on these Acts.——Mr. C. BENTINCK expressed the opinion, that having regard to the scope of the inquiry that was proposed to be taken, it would be useless to appoint the Committee at this time of the session.——Mr. CHILDERS said that the delay in the appointment of the Committee was due to the difficulty of finding gentlemen who would take part in this disagreeable inquiry.——Mr. PULESTON thought that it would be useless to appoint the Committee this session.

The discussion was adjourned.

MONDAY, JULY 12TH.

THE SUPPLY OF VACCINE.

Mr. DODSON, in reply to Mr. Hastings, said he could not give a definite answer to the query as to when the National Vaccine Establishment would begin to supply calf vaccine. The Local Government Board were making inquiries to ascertain what would be the best arrangement in order to secure an adequate and constant supply of the lymph. There was every desire to push the matter on, but some further time must elapse before the Board were in a position to commence the requisite supply.

FAMINE FEVER IN IRELAND.

Mr. FORSTER, in reply to Mr. Power, said that, so far as he could ascertain, the outbreak of fever in Ireland was chiefly in the Poor-law Union of Swinford, where forty-one persons were suffering from fever in hospital. Some additional cases were reported in the last few days, but he had reason to believe that the disease was on the decline. A chief cause of it was attributed to the overcrowded and generally unsanitary condition of the cabins.

Presentation to Dr. Norman Kerr.—In acknowledgment of the disinterested and devoted services of Dr. Kerr in the cause of temperance, a presentation took place in the rooms of the Medical Society of London on Wednesday last. The testimonial consisted of an illuminated address, portraits of Dr. and Mrs. Kerr, and a handsome carriage and set of harness. Dr. Richardson, F.R.S., was asked to undertake the graceful task of presentation on behalf of the subscribers, among whom were several members of the medical profession. In acknowledging the honour done him, Dr. Kerr made a most felicitous speech, and the proceedings throughout were of the most cordial character.

Queen's University in Ireland.—At a meeting of this University, held on Monday, June 21, the following degrees and diplomas were conferred :—

Degree of Doctor in Medicine.—John Howard Battye, of Queen's College, Belfast; George J. Coates, of Queen's College, Cork; John J. Dinnis, of Queen's College, Cork; Arthur Hickman, of Queen's College, Galway; Edward Horan, of Queen's College, Cork; Daniel Lehane, of Queen's College, Cork; William J. Matthews, of Queen's College, Belfast; William T. Mullally, of Queen's College, Galway; Patrick Mullane, of Queen's College, Cork; James Mullin, of Queen's College, Galway; John F. L. Mullin, of Queen's College, Galway: Menus W. O'Keefe, of Queen's College, Cork; Samuel Townsend, of Queen's College, Cork.

Degree of Master in Surgery.—Dr. Charles Hall, of Queen's College, Belfast; Dr. John Horsford, of Queen's College, Cork; Dr. Charles Frederick Knight, of Queen's College, Cork; Dr. John Martin, of Queen's College, Galway; Dr. William Smyth, of Queen's College, Belfast; Dr. William Stokes, of Queen's College, Galway; Dr. John Wilson, of Queen's Colleges, Belfast and Cork; Dr. Ralph Worrall, of Queen's College, Belfast; George G. Coates, of Queen's College, Cork; John J. Dinnis, of Queen's College, Cork; P. Mullane, of Queen's College, Cork; Menus W. O'Keefe, of Queen's College, Cork; Samuel Townsend, of Queen's College, Cork.

Diploma in Midwifery.—Dr. William Stokes, of Queen's College, Galway; George J. Coates, of Queen's College, Cork; Patrick Mullane, of Queen's College, Cork; Menus W. O'Keefe, of Queen's College, Cork.

NOTICES TO CORRESPONDENTS.

SPECIAL NOTICE TO CORRESPONDENTS.—In consequence of the Index appearing in the present number, together with the proceedings of the General Medical Council, we are compelled to hold over several original communications, letters, reviews, and notices.

"SPECIAL REPORTS ON MINERAL WATERS."—The continuation of this series of analytical and therapeutical Reports is unavoidably held over for want of space.

WHY DOES A WOMAN LOOK OLD SOONER THAN A MAN?—Observing an advertisement with this heading in an American medical exchange for June we naturally paused, in the hope of gaining information. The advertiser had the best of it: in a two-column advertisement he demonstrated conclusively that if women used nothing but "Frank Siddal's Soap" the matter would be at once settled to the satisfaction of the female mind. In proof of his case, he cites testimonials from three American physicians—Drs. Eagleton, Sargent, and Stradley, all of whom have used it with beneficial effects. We presume this trio are lady-doctors, although we notice they boast of male prefixes. Verily "while there's life there's soap."

VACANCIES.

Bristol, University College.—Registrar and Secretary. Salary, £400. Full information obtained on application to the Secretary.

Gort Union, Ardrahan Dispensary.—Medical Officer. Salary, £140, with fees, and £10 as Medical Officer of Health. Election, July 29.

Hertford General Infirmary.—House Surgeon and Secretary. Salary, £100, with board. Applications to the Chairman before July 24.

Manchester, Owens College.—Lectureship in Practical Surgery. Information from the Dean of the School. (See Advt.)

North Devon Infirmary.—House Surgeon. Salary, £100, with board. Applications to the House Committee, under cover to the Secretary, at Barnstaple, by July 17.

North Staffordshire Infirmary.—House Physician. Salary commencing at £100, with board, &c. Applications to the Secretary, Hartshill, Staffs, before July 27

Paris—Hertford British Hospital.—Resident Clinical Assistant. Salary, 100 francs per month, with board. Applications, with testimonials, to be addressed to the Physician at the Hospital, Neuilly, Paris, before July 20.

Parsonstown Union, Kinnetty Dispensary.—Medical Officer. Salary, £120, with fees, and £20 as Medical Officer of Health. Election, July 27.

APPOINTMENTS.

BROWN, Mr. J. M., Demonstrator of Anatomy in the Owens College, Manchester.

BRYAN, C. F., M.R.C.S.E., Medical Officer to the Workhouse of the Leicester Union.

DICKINSON, Mr. T. V., House Physician to St. George's Hospital.

FISHER, Mr. F. C., House Surgeon to St. George's Hospital.

GLAISTER, J., M.B., C.M., a Resident Medical Officer to the Leeds Public Dispensary.

HOLLAND, J. C., L.K.Q.C.P.I., Medical Officer to the Dungarvan Workhouse.

HOLMES, D., M.B., L.R.C.S.E., Medical Officer to the Aston Branch of the General Dispensary, Birmingham.

HOYLE, W. E., M.R.C.S.E., House Surgeon to the Whitehaven and West Cumberland Infirmary and Fever Hospital.

INNES, H. D., M.R.C.S.E., Junior House Surgeon to the Huddersfield Infirmary.

LEWIS, C. J., M.R.C.S.E., L.R.C.P.L., Resident Surgeon at the General Dispensary, Birmingham.

SHAPLEY, F., M.R.C.S.E., Assistant Medical Officer to the Wonford House Hospital for the Insane, Exeter.

STRAHAN, S. A. K., M.D., Assistant Medical Officer of the East Riding Asylum.

TAYLOR, F., M.R.C.S.E., House Surgeon to the Teignmouth, Dawlish, and Newton Infirmary.

WALFORD, E., M.R.C.S.E., Medical Officer of Health for the Urban Sanitary District of Ramsgate.

NAVY MEDICAL DEPARTMENT.—Staff-Surgeon D. McNab Johnston, M.D., has been promoted to the rank of Fleet Surgeon in her Majesty's Fleet, with seniority of the 4th inst.

Births.

HOPKINS.—July 7, at Kingswear, Sutton, Surrey, the wife of Surgeon-Major Nathaniel Hopkins, I.M.D., of a daughter.

PARSONS.—July 6, at South Norwood, the wife of H. Franklin Parsons, M.D., of the Local Government Board, of a daughter.

WEBB.—July 7, at Gibraltar, the wife of Brigade-Surgeon W. M. Webb, A.M.D., of a son.

Deaths.

BENNETT.—July 2, at Hornsey, Middlesex, Charles Frederick Bennett, M.D., late of Lymm, Cheshire, aged 55.

DOVE.—July 5, at Stowmarket, Suffolk, Harry Dove, M.R.C.S.E., aged 30.

LANIGAN.—At Ballymahon, co. Longford, F. J. D. Lanigan, M.R.C.S.E.

NOLAN.—At Ballina, co. Mayo, J. J. Nolan, L.R.C.S.I.

PALGRAVE.—July 2, at Kilburn, John Henry Palgrave, retired surgeon, Bengal Army, aged 78.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 21, 1880.

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THE PHYSIOLOGIST IN THE HOUSEHOLD. (a)

By J. MILNER FOTHERGILL, M.D.

Part I.—Adolescence.

There is one grave and serious omission in even the most advanced of our educational systems, and that is, the child is taught nothing about itself. What its relations to its surroundings as an organism are, it is never taught. It is true it is now taught elementary physiology, and is told of what textures its body is built; how its circulatory system is developed; what are the different portions of the brain; what the changes which go on in digestion and assimilation; how certain albuminoid bodies are converted into tissues; how the hydrogen and carbon elements of our food are oxidised and converted into body heat and force. It is also taught the history of various nations, and thereby is instructed how masses of human beings have acted under certain conditions in the past; but about itself as an organism, as a social unit, it is left absolutely uninformed. It may be largely endowed with strongly-marked inherited traits which will profoundly influence its conduct in life: never a syllable is whispered to it of the importance of recognising this, and of the utility of striving to cultivate itself accordingly. Even the lower or animal nature is never discussed, and the child is allowed to pass away from the neuter *it*, to the masculine *he* and the feminine *she*, without one word being said to it as to the momentous changes involved in the birth of sex. It is allowed to ascertain for itself and by itself what its nature is. The child has no power to project its consciousness forward, to realise in its imagination what the experience of its elders can be and consequently it cannot foresee what will be the unavoidable results of a course of conduct to which it may be tempted with a force to it irresistible. It knows nothing! How can it know anything of those social safeguards over conventional habits and usages which have been established to protect the individual in times of peril and temptation? It can recognise nothing of their utility; probably they strike it as conventional absurdities, for the eye can only see what it has learnt to see. The child cannot read betwixt the lines and realise the solid reasons which underlie many of our social arrangements. The child possesses no consciousness as to what is involved in the experience of the adult. It does possess, however, blind impulses, instinctive promptings, which it recognises, and which it will follow determinedly. Nothing is ever said to it about such possessions; it is left to itself to seek its own experience; it is left alone, single-handed, without a word of caution as to the acquirement of its own knowledge, often at a terribly expensive cost. It pursues its course blindly, because no one attempts to open its eyes as to its instinctive promptings. It cannot see those unavoidable consequences of its actions, which are veiled from its vision; but which are so terribly vivid to its elders. It errs as much from ignorance as from vice. Knowledge it certainly gains for itself; and sadly, too frequently when that knowledge is acquired, an imperfect existence, a battered wreck, a darkly-shaded soul, are all that is left.

There is nowhere for the child to turn to get advice or counsel on these matters, even if it should perceive the

(a) This essay was written at the expressed desire of several friends, parents and teachers among others. The subject is a most delicate and difficult one; I have therefore asked the editor of *The Medical Press and Circular* to permit it to appear in his columns previous to its appearance in pamphlet form; to this he has kindly consented. By this means it will be brought before the profession, and I trust those who read it will give me their impressions, whether of approval or disapproval (as much the latter as the former will be welcome for my guidance). If the bulk of opinion be favourable then the subject may be pursued in another essay. The phraseology of the pamphlet is preserved here; this is obvious, but it is as well to have an understanding about it. It has passed much private criticism before being made public; still further criticism is desirable. The crying necessity for some such work is generally acknowledged; but how to approach the subject in a manner at once instructive yet decent is felt to be a very difficult matter. The growth of physiology as a subject of school teaching is rendering it possible to approach the matter in an unobjectionable manner, if the execution of the design is at all proportionate to the good intentions which originate it. The question is not, "Is now the time for such an essay?" but "Is the thing itself practicable? and if so, is this essay likely to do some good and no evil?" The verdict must not be anticipated as very necessarily favourable; it must be awaited patiently.

necessity thereof. There is none upon whom falls the responsibility of informing children on such subjects ; in our present social arrangements we possess no one whose duty it is to tell the child about itself, to explain to it what its nature is. Its parents are too commonly unequal to the task, and even those who do recognise the tremendous urgency for some such education, shrink from the difficulties inherent in the task. Frequently they earnestly wish for some literature which they could put into the hands of their children which would tell them what they themselves are unable to tell. It is not the duty of the schoolmaster or schoolmistress, who, however, often recognise the imperative necessity for some such guidance for children, even when the parents' eyes are not open to the necessity. It cannot be delegated to the family doctor ; certainly it cannot be devolved upon the clergyman—at least in the Protestant countries. As matters stand at the present, the instruction must take the form of a written work. Such is the crying necessity for such a work, that the attempt is here made to write one. Imperfect, from the nature of things it must be ; defective, it cannot help but be ; and the reader, adult or child, must be lenient to the writer in the face of an attempt novel in design, but with all the difficulties which surround the subject distinctly borne in mind. It will be essayed here in homely garb and simple language, to tell the child something about itself, as it is, and as it will be ; and the attempt must command the sympathies of those who have at heart the interest of their fellow beings. If any parent or teacher can find in this pamphlet their way a little cleared towards the physical education of their children and pupils—a matter the importance of which is now clearly recognised—the writer will be amply rewarded.

In the first place, a child must recognise the fact that he possesses a greater and a lesser inheritance. The first is his heritage as an organised being, an animal in fact, with an animal's cravings and instincts. The lesser heritage is that of his family peculiarities. He must be taught to realise that in the mind as well as in the body he will bear a marked resemblance to his near relatives. What they have been for good or evil he will tend to be. Such as they are he will be. Individual differences slowly develop, and only manifest themselves in time above the characteristics of the animal and of the family or race. Were this sufficiently recognised, a child, in the plastic period of youth, when it can readily be moulded, might have it pointed out to it what to strive after, what to avoid, what tendencies it had which could be trained for its benefit, it could be led away from that part of its inherited peculiarities which is undesirable ; it could be guided in the development of what is desirable. It might have pointed out to it those family traits which will render it lovely and good ; and further, it might be trained away from those family tendencies which will render it unlovable, but which it recognises only when past the plastic stage ; and when too late, it is " marble to retain " the impressions formed or made.

Then it must be taught to know that it is a child, and that childish things are not unbecoming in a child at the appropriate age. In the idiot, and the feeble-minded, the characteristics of childhood remain ; the child lacks the power to outgrow them. The natural emulous rivalry of children educates them, without the necessity for much attention, out of this danger. But there exists another danger much more fraught with peril, and that is, precocity. This is often fostered by parents, loving but imprudent, who pride themselves upon the brightness of their child. Instead of being something to admire, really it is the thing of all others which is not to be desired. Brilliant children rarely attain manhood ; their delicate organisations cannot resist the blow of scarlatina, measles, or hydrocephalus (water-in-the-head). One of our profoundest thinkers taught that children of defective constitution resembled in the development of the bones, and especially the skull, races lower than the one to which they belong. They are " infantile or of a lower ethnic form " (ethnic here meaning racial, of or belonging to, a race). He says of them mentally, " mind precocious, but mental powers imperfect, or if good, soon exhausted." The precocious quickness of some children, however much it may seem desirable and to be coveted, is not, in reality, a thing to be desired. This should be impressed very clearly on the minds of children, even upon the mind of the precocious, in order that it may not force itself forward. It should be encouraged to desist from its mental toil, and its growth, its physique, should receive sedulous care.

Indeed, it would be well to take the direction indicated by the soliloquiser in Locksley Hall, in speaking of what he would like to see his children :—

" Iron-jointed supple-sinewed, they shall dive and they shall run,
Catch the wild goat by the hair, and hurl their lances in the sun ;
Whistle back the parrot's call, and leap the rainbows of the brooks,
Not with blinded eyesight poring over miserable books."

We have said before that childishness remaining late indicates the imperfect or feeble in mind : but a distinction exists betwixt childish children and slow children. That charming writer, Oliver Wendell Holmes, once discoursed with subtle power upon " late pears." He said, " Men often remind me of pears in their way of coming to maturity. Some are ripe at twenty, like human jargonelles, and must be made the most of, for their day is soon over. Some come into their perfect condition late, like the autumn kinds, and these last better than the summer fruit ; and some that, like the winter helis, have been hard and uninviting, until all the rest have had the season, get their glow and perfume long after the frost and snow have done their worst with the orchards. Beware of rash criticisms ; the rough and stringent fruit you condemn may be an autumn or a winter pear, and that which you picked up beneath the same bough in August may have been only its worm-eaten windfalls."

Now this is very true ; and the big dull lads of the school-room and play-ground are not always dunces ; they are often really " late pears," and will develop slowly, and in time, into able men of strong intellectual power. The prospects of the precocious child and the " late pear " are very unlike, and infinitely in favour of the latter. To some extent the same holds good of girls, who resemble —I beg the sex's forgiveness for my freedom—rather the precocious boy than the late pear.

The nervous organisation of woman favours early development, and age for age girls are ahead of boys, just as is their physical stature ; but in mind and body alike their growth does not go on so long as is the case with boys : they reach their utmost development earlier than boys, but the male intellect outstrips that of the female at last.

Early maturity, which is intimately linked with precocity, is most undesirable ; it indicates a low standard of development. Not only does this hold good of the individual, but it is true of the mass. Town children attain their full stature, according to Quetelet, at an earlier period than country children ; but the average height of country children is above that of town children. The countryman grows more slowly than the townsman, but then he goes on growing long after the time when growth has ceased in the townsman : so it is intellectually. The child brought up in towns, and especially London, lives in a perpetual whirl of excitement compared to the life of a child reared in the country. The one is living his life, spending his energy ; while the other is storing his force. The one is eating his cake, the other is keeping his. At fifteen the little Cockney is far in advance of the country child, who looks a heavy lout by his side, in all knowledge of the world ; but in the race of life the Cockney, though still advancing, ceases his development comparatively early, while the countryman is going steadily on. At twenty-five the Cockney is still a head someway ; but at thirty-five the Cockney has lost the lead,

and the countryman is considerably ahead; at forty-five the Cockney is not in sight, and is hopelessly behind. What is true of the Cockney and the country-bred child *en masse*, is also true of the individual; and though bright children are undoubtedly pleasant to associate with, the slow child frequently makes the abler man, when middle age is reached. With some children, then, it is desirable to hold them back; while with others, stimulants to exertion are required. But the sharp child must not hold the slow child too cheap, especially if the slow child belongs to a stock endowed with brains. Of course families vary materially, some are much brighter than others. The child of a dull stock will probably be dull all along the line of life. The child belonging to a bright sprightly family will also be of quick parts when young: but that does not materially affect the truth of the argument, viz., that early development is antagonistic and opposed to final development. It is notorious that the races for two-year olds are exercising a most pernicious influence upon the stamina of our race horses. A horse which has been well fed, and not been put to any work till its full growth is attained at six years old, is a better horse, can do more, and will last a great deal longer than a horse of equal qualities, by descent and otherwise, which has been put to work betwixt the age of three and four. So it is with men: the full growth should be attained before the intellect is severely exercised for the full development of it in maturity. It is the *mens sana* in the *corpore sano*;—precocity counts off so much from the ultimate and potential development.

At this point something may be said as to the relations of growth to education, which formed the subject of a lecture by the writer to "The London Schoolmistresses' Association" in November, 1877. It is quite clear, to start with, that if a child be put to severe study, the demand upon it will tell upon its body development and physique. This is well seen in the slight figure of the women of the New England States, where the educational course is very severe. What will be the effect of the present insistance upon competitive examination on the physique of the next generation remains to be seen. Education must necessarily be carried on during the period of growth; that is inevitable. The battle of life is fought with the brain now, and not so much with muscles, thews and sinews, as of yore; and the brain must be trained, come what may to the body. But growth is not a steady increase upwards, like an inclined plane; it consists of periods of active growth, and then an interval of quiescence, like that of trees and other vegetable growths, which shoot in spring; only the periods of growth in children are less rhythmical and more irregular. This is an important fact both for teachers and children. During the period of active growth the bones are elongating, and the muscles have to keep pace with them. The blood is drawn to the growing parts, and away from the brain, which consequently is starved, and thereby rendered inactive. The child is comparatively stupid and lacking in intelligence, its ordinary tasks become a toil to it, it feels it cannot cope with them as is its wont. Perhaps it becomes depressed thereby and is unhappy, more commonly it is punished for idleness or carelessness. But when the period of active growth is over, then the child brightens up, struggles successfully with its lessons, and quickly regains the lost ground. Sometimes the period of active growth is brief, at other times it is prolonged. At times the child is utterly incapacitated from pursuing its studies, and has to be sent to the sea-side. This subject has not received the attention it merits, and which it will before long command. It is cruelty, and cruelty of a very objectionable character, to compel a child to pursue its studies when actively growing, to say nothing of punishments inflicted where blows would be preferable to tasks, and impositions which only increase the demand upon the over-taxed brain. Such irregular "growing fits" are a source of much disturbance to teachers, and if a class would all grow actively at the same time it would be great convenience, but this is as unattainable as regulation of the weather.

(*To be continued.*)

SUNSTROKE AS I HAVE SEEN IT IN INDIA.

By Surgeon-Major WILLIAM CURRAN,
Army Medical Department.

(*Concluded from page 6.*)

If, now, looking more closely into the question with the aid of the several considerations set forth within, we ask ourselves, what is sunstroke? we will, I think, have no difficulty in arriving at the conclusion that it is a neurosis of cerebral origin, the result of a depressed, nay, an actually paralysed condition of the nerves of animal life. Many circumstances concur in leading us to adopt this view of its pathology, and the cerebral congestion described above implies, I think, as much. The phenomena of the circulation within the cranium, as explained by Burrows and others, imply also a very close relationship between its nervous and vascular contents; and several of the witnesses who appeared before the Royal Commission on vivisection, assumed as proved the belief that "the vaso-motor nerves were the regulating nerves of the blood-vessels." (61) I have myself been often struck while watching several of the seizures noted above, with the likeness they bear to cases of concussion, or rather compression, of the brain, and one gentleman, who recovered from what threatened to be a serious attack, assured me that his earlier sensations were very similar to those ascribed by Byron to Mazeppa. (62)

However that may be, heat-apoplexy seems to me to be the properest designation for the condition that kills in this disease, for there is no doubt that it is of an apoplectic character, and that the pale face, the flabby, flaccid cheek, and the puffy, flapping expiration, that so often usher in death in this disorder, are its direct and legitimate offspring. Nor are the local antecedents of these phenomena as different as might be supposed at first sight. We need not, indeed, have in sunstroke all those changes in the vascular network of the brain (63) which are usually found in connection with apoplexy or compression. Neither need we assume, on the other hand, an actual escape of serum or of blood within its cavity in either of them, but we must, I think, assume a condition of extreme nervous depression in all three; and this is the cause and the explanation, in my humble opinion, of all the changes that take place in the head as well as in the chest in this malady.

The experiments of Brown-Séquard, John Reid, and Weber appear to me to support this view, but a detailed application of these to our thesis would take us too far a-field, and they must be as familiar to my readers as they are to me. They all go to show, as I apprehend them or their bearing on this point, that death invariably occurs in heat-apoplexy through paralysis or shock of the vaso-motor nervous system; and I have a fixed impression that the remora or engorgement of the lungs is subsidiary to or consequent on this shock or paralysis. The facial or other muscular twitchings that are so common in the earlier stages of this seizure, as well as the groping of or picking at the throat and bed-clothes that sometimes, though rarely, follow on its prolongation, appear to me to indicate a similar starting-point; and coma and convulsions, the two commonest modes of dying in sunstroke, have ever been associated with a nerve irritation or paralysis. So also have, though less certainly, been the accumulation of mucus in the bronchi, and the tendency of the pulmonary tissue itself to secondary implication, while the cardiac structures evince no such disposition, as well as the difficulty of swallowing, which are frequently encountered in sunstroke, are more suggestive of a cephalic than of a cardiac sympathy.

Whether this is an adequate explanation of the

phenomena or not I am unable to prove, but it is the one that most commends itself to my mind, and I have given the matter a great deal of thought and consideration. It has, at least, the merit of simplifying the question, or rather of dispensing with that somewhat far-fetched hypothesis, cardiac syncope—a condition that rarely obtains under the circumstances here contemplated or among the classes with whom I have been most conversant—and the post-mortem appearances of the heart lend it no support at all. On the contrary, they rather tend to show that this organ is much less implicated in such a catastrophe than it ought to be, for its ventricles rarely contain any more foreign or obnoxious material than a little semi-coagulated dark blood, and I do not remember ever seeing any evidence of a recent endocardial or other inflammation in it. Organised fibrinous clots are certainly not common in them, and its tumultuous or uncertain action may be easily explained by its relationship to, or dependence on, the failing power of the pneumo-gastric or the embarrassed and labouring lungs. The temperature of the brain is, as I have just observed, also higher after death than is that of either the chest or the abdomen, but this may be due, in part at least, to the greater elevation or exposure of the former, and I now regret very much that I did not pay more attention to this very interesting, though somewhat ghastly part of the investigation on the spot.

Believing, then, that the phenomena of sunstroke are explicable through the assumption of a more or less complete or temporary paralysis of the vaso-motor system, and that its mainly inducing factor is the exhaustion that is produced by long-continued or excessive heat, (64) I come to discuss its treatment, in so far, at least, as that has not been done already, and the particulars given in the tables and elsewhere will enable us to dispense with details in this direction, which might be otherwise necessary. Premising that I have never been able to connect the prevalence of this disorder with malaria, or, indeed, with the presence of electricity in excess in the air, though it is, it must be confessed, commoner during the state of atmospheric tension which precedes a thunder-storm than at other times, I will only add that its fatality is greater, according to my observation, at night than during the day, and under a cloudy than it is under a clear sky.

However that may be, and these are points which can only be determined by a widely extended series of meteorological observations, the treatment that has proved most successful in my hands has been a combination of the hot-bath and of the cold-douche; the body being immersed up to the neck, in the former, while access to both is cut off by a properly adapted waterproof sheet, the cold douche is to be steadily and vigorously plied to the head and neck, till the temperature of these is reduced to its normal level, or if that be not possible, till respiration or sensibility becomes re-established. With this view the body should be so raised from time to time, as that the chest, and even the abdomen, may be subjected to the influence of the cold spray from a height of some three to six feet above the sufferer; and, meantime, leeches should be applied in such numbers as will take to the temples and jugular fossæ. All this may be done in the climate of Hindostan in the open air, or in a verandah, for the patient requires the fullest access he can get to the air, and I assume that previous to, or coincidentally with the above, the bowels have been acted on through the mouth or the anus. If the patient can swallow, calomel and croton oil should be exhibited through the former, while a turpentine and salt enema is the best for the latter, and I have never found any benefit, at least, not any very perceptible benefit, from the application of rubefacients or counter-irritants to the abdomen or other parts of the body.

As regards the other measures employed or recommended in this disease, such as the mud-bath and galvanism, the hypodermic injection of quinine, artificial respiration, and, finally, the application of heat to the head, &c., I have not much to say. Neither, indeed, does it appear that they have been used with sufficient frequency and success to justify any authentic inference being drawn as to their efficacy, and some of them are, at least, not always attainable. I have never, myself, seen the mud-bath used, but I have heard of instances in which it saved life in the field during the mutiny, and galvanism has never appeared to me to influence the heart favourably during the paroxysm, while it might prove injurious after the latter had spent its force. The cases quoted above, as well as those that have been described to me by others, satisfy me, and will, I trust, satisfy the reader, if he is not content with my oft-repeated assurance to this effect, that the value of quinine injected subcutaneously in the treatment of this malady has been grossly exaggerated.

Anyhow, it has utterly failed in my hands, and so marked has this failure been that I have often thought the cases that came under my notice either differed in type from those recorded by the advocates of this drug, or that there was a mistake in diagnosis somewhere. In no other way can I account for the extraordinary discrepancy referred to, and as to artificial respiration, which did certainly prolong the struggle for life for a few minutes in one or two of my cases, I can only here say that it will never succeed, in my opinion, in saving it, in any typical or aggravated instance. Mr. Barnard, of the Indian army, alleges, however, that he has succeeded in some cases with it, and it is, at least, quite worthy of further trial. Those, however, who believe with me that the *fons et origo mali* lies within the cranium rather than inside the thorax, will scarcely be convinced by this gentleman's reasoning; and the circulatory suspension, which he wishes to restore by its agency, depends, as I have endeavoured to show, on conditions which do not admit of being influenced by this process.

Touching the strange belief that the proper cure of sunstroke is the immediate application of substances capable of absorbing redundant heat from the system rapidly, and by counter-irritation, or otherwise attracting a portion of it to some organ not so delicately related to the centre of vital force as the brain is, all that need be said is that this would undoubtedly be a good—possibly the best—course, did we know of any such substances as are here contemplated. But we do not, unfortunately, and the suggestion of hot bricks "to form a pillow for his head and the back of his neck," would simply send our poor patient prematurely, and without any chance or alternative, to his grave. Vague, high-sounding phrases of this kind are, notwithstanding their plausibility, much to be deprecated in all walks, but especially in those of medicine, and we may reasonably question the capacity, if not, indeed, the sanity, of a man who presumes to define *coup-de-soleil*, at this hour of the day, as "a species of heat-bite strictly analogous to frost-bite, and subject to the same curative law. It is caused by heat, and should be cured by heat." (*a*) There is no more analogy between the two than there is between Macedon and Monmouth, or between the Goodwin Sands and Tenterden Steeple, and whatever credit or value the *similia similibus* doctrine may have achieved in the cooler West, it is altogether out of court in the burning East. There we must strike with the sledge-hammer rather than with the gloved hand. *Principiis obsta, sero medicina paratur*, should be our motto and our guide, and in no disease is its lesson so valuable as it is in the disease with which we have been so long conversing together in these pages.

So much for sunstroke as I have seen it in Hindostan; and it now only remains for me to say a few parting words about it, and then take my leave of the subject for ever. For one who has never been out of England, or who has not lived in it near a lime-kiln, or over a baker's oven, with all their outlets closed, and no companion but a panting dog or a drowsy domestic, it is hard to realise the exhaustion and *ennui* that result from a protracted residence under a brazen sky in the plains of India. With

(*a*) This strange language and theory were accepted with apparent approval on its part a few years ago, by no less an organ of public instruction or opinion than the *Daily Telegraph*.

the glass, it may be, at 90° in the shade, and the sand-charged blast either "roaring fiercely" (65) outside, or reduced to a minimum within, the predominant feeling must be one of weariness and depression. This weariness often begets restlessness, while the latter provokes thirst, and both tend to irritate and unnerve the mind, and deprave or destroy the digestion. The enforced solitude and inaction have a further tendency to constipate the bowels, while the drain on the skin induces a craving for drink, which can only be gratified literally at the point of the bayonet, and I am decidedly of opinion that when the surface temperature reaches 105°, or the atmospheric heat goes up to 120°, the least enhancement of either may turn the scale even for the strongest.

For the *rationale* of this phenomenon we must look to the mole cular condition, or, better perhaps, to the morphological appearances of the blood during life or after death, and we ought, I think, to cultivate a better acquaintance with the post-mortem thermometry of the viscera than now obtains.

I now much regret, as I have said before, that I did not pay more attention to these matters when I had the opportuuity, but *non omnia possumus omnes;* I did my best with the materials at my command, and no more than this ought in reason to be expected from any man. The subject is a very comprehensive one; the climate is unsuited for minute analysis or laboured experimentation, and military surgeons with belongings are unable to make room for microscopes or other costly apparatus. I have supplied the dry bones; it is for others to bind up these and clothe them with flesh. I have said my say and finished my self-imposed task, and if aught advanced within will help anyone towards a fuller conception of the situation than I have been able to attain, I shall be more than repaid for the labour and time this essay has cost me.

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(61) See especially the evidence of Professors Turner and McKendrick; and Dr. Lauder Brunton thinks that (the *Practitioner*, vol. xi., p. 241), "both in fainting and shock the vessels are dilated, the blood-pressure low, and the circulation languid. . . . The arterioles, as is well known, are controlled by the vaso-motor centres in the medulla oblongata, and when this is stimulated, they contract, so that the blood pressure rises."

(62) Section xiii., from line nineteen to line thirty inclusive.

(63) I saw blood actually extravasated into the ventricles in one instance, thereby constituting, as I believe, the *apoplexie foudroyante* of the French pathologists.

(64) Alluding to the anxiety and exposure to which Sir Charles Napier and his army were subjected after the battle of Meanee, his brother, Sir William, says (*op. cit.*, part ii., p. 436), that "thus oppressed with care, with fatigue, fever, and want of sleep, the General was suddenly sun-stricken, and at the same time thirty-three Europeans fell at once near him beneath the malignant rays; most of them died within a few minutes, and all of them were dead within three hours; the General only survived," and the amusing and withal very characteristic description he himself supplied subsequently of this event may be seen in his "Life and Letters," by the same author. Malleson ascribes (*op. cit.*, vol. i., p. 458) the greater part of the fatality that occurred from this and other diseases within the Residency in '57, &c., to "the exposure, the fatigue, the want of rest, and the inferior nourishment" to which the garrison was subjected; and I believe, as the result of much inquiry on the point, that more men actually succumbed to this disease, *during the crisis of the mutiny*, than fell by the fire of the Sepoys.

(65) The readers of the interesting chronicles of Dustypore need scarcely be reminded of the source of this somewhat startling but withal very appropriate phrase; and looking out through my darkened window into the murky, eddying expanse outside, while the punkah flapped lazily to and fro within, and the (so-called) brain-fever bird piped his monotonous carol from a neighbouring bough, I have often asked myself, long before I had even heard the name of Mr. Mallock, if "life was worth living" on such terms.

THE Rev. Canon Miller, who died last week, was one of the founders of the Hospital Sunday Fund in Birmingham, which has since borne such excellent results throughout the kingdom.

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. STAMER O'GRADY, F.R.C.S.I., M.B.

(*Continued from page 26.*)

Large Nasal Polypus.—A groom, æt. 18, from whose left nostril polypi had been removed five years previously at the hospital, returned with it blocked again, having enjoyed complete relief till the past ten months. There was now very considerable facial deformity. The carefully-introduced loop of a snare found the neck of the polypus high up, and in the extraction brought a minute scale of bone therewith. The growth had various diverticula; in structure it was of the ordinary muco-gelatinous type, and weighed 9 drams 40 grains.

Wound of Thorax perforating Lung.—A labouring man, of occasionally intemperate habits, æt. 45, was admitted shortly after being stabbed with a knife on the left side of the chest in a drunken brawl. The wound, an inch long, was external to, and on a line with nipple; before admission it had been closed by two points of interrupted suture. Subsequent to its closure considerable emphysema, extending down the side of the chest into the axilla over the front of the pectoral muscle, and up into the root of the neck, had occurred. The patient had spat a few blood-streaked sputa, which, however, he said was no unusual occurrence when suffering from exacerbations of a chronic bronchitis. Pledgets of lint soaked in compound tincture of benzoin were laid over the wound, which was surrounded by a ring compress firmly strapped and bandaged in position, so as to prevent further air effusion. Patient was seriously enough ill for some days with his bronchitic trouble, but seemed in no way the worse for his accident. The emphysema rapidly absorbed, and in ten days the man left the hospital in his usual health.

Extensive Compound Depressed Fracture of Skull—Elevation—Recovery.—Amongst the group of casualties admitted to the hospital from the conflagration of the Theatre Royal, was a healthy man, a gas fitter, æt. 31, on whom bricks from the parapet of a wall 45 feet high had fallen. A nearly horse-shoe-shaped wound extended from the centre of the left eyebrow to about an inch and a-half above a corresponding point on the right side, the convexity of the wound dipped well up into the region of the hairy scalp, the flap so outlined was turned down, exposing the bone stripped of periosteum, split longitudinally in an oblique manner and depressed around the entire circumference, being wholly beneath the surrounding skull; above a piece about the size of a shilling was completely detached at various parts, pieces of the circumferential inner table had been broken off, and depressed with the main piece. Moderate bleeding, evidently from the superior longitudinal sinus, welled up here and there, where the vent under the depressed bone was least obstructed. There were no symptoms. Viewing the depressed bone (some of the spicula of which could be seen imbedded in the dura mater) as a foreign body of the worst kind, a source of dangerous irritation, it was determined to elevate it. The operation was proceeded with between two and three hours after the occurrence of the accident, the depressed bone being got out by careful manipulation of elevator and bone forceps. (*a*) The jagged and spiculated edges of the gap in the skull were smoothed by nipping projections away with a "gnawing forceps." Pressure with a pledget of lint readily arrested the bleeding from the longitudinal sinus. Immediately after the operation, which was performed under chloroform, patient vomited profusely. Four hours after the clots were sponged away from the surface of the dura mater, the lint compress removed, there being no bleeding, the flap was turned into place and supported with compresses and strips of plaster, with provision for drainage from the extremities of the wound. Pulse 96, temp. 99°. Ice to head, and James's powder internally. At midnight the catheter was passed; the patient had slept and taken some milk. There was considerable serous discharge from the depending angles of the wound. For some days this outflow continued abundant, and gradually became purulent. Pulse and temperature both kept oscillating at 100. Locally, warm water dressings alcoholised were found to agree best with the wound. On the fourth day a purgative enema was given, and next

(*a*) One with a double rectangular beak, well known in American hospitals, was specially useful in guarding against further depression of the distal ends of the fragments.

morning the pulse was down to 84. The eighth day after the accident the facial aspect was observed not to be so good, the granulation looked pale and flabby ; the subsequent night delirium suddenly occurred, pulse being 100, temperature 102°. The condition was considered to be one of traumatic delirium rather than an indication of brain inflammation, and was met with a twenty-grain dose of quinine, with six ounces of whisky. In the morning improvement was manifest, but towards night recurrence of the special symptoms took place. Chloral and bromide failing to procure sleep, half a grain of morphia was given subcutaneously. This was followed by sound sleep for the remainder of the night. For some days there were occasional minor recurrences of restlessness and delirium, always controlled by the morphia, the pulse, however, not exceeding the 100. Exuberant granulations of the wound required to be now and then touched with nitrate of silver. On the 23rd day patient was allowed to sit up ; he had been quite rational and collected, but on the change to the upright position seemed for the first few days to have added confusion and mal-association of his ideas ; this state of affairs, however, wholly passed away after a little time. In six weeks the entire wound healed, except a sinus at the top, which led down to a bit of necrosed bone. On the 45th day the patient was allowed home, in every respect in perfect health, wonderfully little pulsation to be felt over the large extent of lower uncovered brain. The patient attended occasionally as an extern, the sinus remaining open till three months nineteen days, when a considerable-sized splinter was extracted by the forceps. The little wound repaired rapidly, and it would be difficult, save for the known unprotected state for the brain, to say how the man was the worse for his accident. The total of bone elevated was not less than seven square inches. The pieces form, roughly speaking, an irregular triangular plate, with expanded apex, the circumference being nearly eleven inches.

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL MINERAL WATERS, FOR THE GUIDANCE OF THE PROFESSION AND THE PUBLIC.

By CHARLES C. R. TICHBORNE, LL.D., Ph.D., F.I.C., President of the Pharmaceutical Society of Ireland, &c.

WITH NOTES ON THEIR THERAPEUTICAL USES.
By PROSSER JAMES, M.D., M.R.C.P. Lond., Lecturer on Materia Medica and Therapeutics at the London Hospital.

(*Continued from page 518, last vol.*)

THE classification of mineral waters is a subject that presents great difficulty, and has been treated in different ways. The alphabetical arrangement would perhaps get over all difficulties, but would hardly facilitate the inquiries of the medical man. Mineral waters often differ in their temperature when examined at their source. Thus we have all degrees, from the Malvern waters below the atmospheric temperature, to the boiling springs of Iceland—from the almost ice-cold waters of Silesia, to the hot Sprudel of Bohemia : attempts have been made to classify them from these degrees of temperature. Such a classification might amuse the crotchets of our ancestors ; whilst of little use even to those who use the waters locally, it is utterly worthless for the purposes of these articles. The classification based upon the therapeutic action is very little better, owing to the complicated character of their remedial repute, and the still greater mystery which hangs about their therapeutic action.

Their general, or most marked chemical character appears to us to present the most feasible method of classifying mineral waters. One well known work proposes to classify them on this principle : but suggests the rather crude division of sulphurous, chalybeate, and saline. We propose as the main or primary classes five, namely : 1, saline or aperient ; 2, alkaline or antacid ; 3, ferruginous or chalybeate ; 4, sulphurous ; 5, potable or indifferent. The saline or purgative waters mainly owe their virtues to the large quantities of magnesium, or sodium sulphate, as in the Hunyadi János, where these two salts occur in nearly equal proportions and in large quantities. When the magnesian sulphate and chloride occur in large proportions the waters generally are known on the Continent as bitter waters, as they owe their bitterness to the above-named salts.

In the Kreuznach water of Prussia we have a saline water of another class in which, according to the published analysis, we have about 900 grains of salines to the gallon, and which is absolutely free from the presence of alkaline or magnesian sulphates. We are not justified in dividing such waters from the other saline waters, because if we exclude any special action of the other ingredients they still remain purgative water, and very frequently are generally associated chlorides and sulphates ; perhaps we might further classify the saline water as "haloid saline," sulphuric saline, or, when combined, as "sulphuric-haloid saline."

The alkaline waters generally owe their alkalinity to the carbonates or bi-carbonates of the alkaline earths conjointly with the potassic or sodic carbonates. The antacid properties are, of course, more marked with those waters which contain a sensible quantity of the alkaline carbonates, chiefly sodic and potassic bicarbonates ; whilst the lithium, and other alkaline earths, are specially indicated in urinary diseases.

The term "alkaline acidulated springs" is sometimes used in connection with these waters. We confess we hardly understand the term or the sense in which it is used, because, in many lists, it seems to be applied indefinitely, and just according to the *caprice* of the writer. We find in waters similarly constructed, some are so named, whilst others are not. Almost all these waters, from a geological necessity, must contain free carbonic acid gas, and, in a sense, are acidulated ; but the loss of the excess of that gas must result, probably, in an alkaline condition, but certainly in a neutral liquid.

Ferruginous or chalybeate waters contain the iron, in three conditions, either as a ferrous or protocarbonate of iron, or as a basic or neutral sulphate. It is generally present in either of the two first conditions, and although the protocarbonate is considered the most useful and valuable form, (it is certainly the one most pleasant to take), it is not so permanent a water for bottling.

(*To be continued.*)

IN the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Hull 10, Birmingham 13, Brighton 15, Portsmouth 16, Leeds 17, Wolverhampton 17, Nottingham 18, Newcastle-upon-Tyne 19, London 19, Edinburgh 19, Leicester 19, Sheffield 19, Plymouth 20, Bradford 20, Manchester 21, Glasgow 23, Salford 24, Sunderland 24, Liverpool 25, Oldham 29, Norwich 30, Dublin 31.

ANNUAL MEETING OF THE GENERAL MEDICAL COUNCIL.

THIRTIETH SESSION.

Dr. ACLAND, M.D., F.R.S., President, in the Chair.

FIFTH DAY.—MONDAY, JULY 12TH.

THE minutes of the meeting of Saturday were read and confirmed.

The Council resolved itself into committee to continue the debate on

PRELIMINARY EDUCATION.

Prof. TURNER moved, Dr. ROLLESTON seconded, that one ancient language, either Latin or Greek, be made compulsory.

Dr. HAUGHTON said he should move an amendment to the effect that the Council considered English the only language *essential* to a medical student. He doubted the right of the Council to legislate for the higher education of members of the medical profession. The preliminary standard was too low for the more accomplished, and too high for the inferior branches of the profession. The training of men for the loftier branches of practice ought to be left to the Universities. But the rewards of a general practitioner are too low to expect him to cultivate *belles lettres*. Dr. Haughton would, he said, insist on an efficient technical education for *every* medical man. He therefore moved that the Council should declare the English language to be the only essential language to be required from a medical student. Dr. Haughton quoted a return received that morning of the number of candidates at the recent intermediate examination in Ireland. This showed the total number to be 3,218; of these 1,209 offered Greek, 2,120 Latin, 1,602 French, and 121 German. This return, he said, was most interesting. It applied to a class of young men from whom Irish medical students were drawn, and proved the favour shown to the ancient languages. It would be an injustice to these large numbers to place an obstacle to associating Greek and Latin in the preliminary Arts examination. He thought the function of the Council was to legislate for the great mass of men who were to become general practitioners, and to ensure their pursuing their calling with safety to the public; and he concluded a most eloquent, able speech in defence of the English language, by urging the acceptance of his resolution.

Dr. HALDANE seconded the motion. He thought Latin a most desirable element of a student's knowledge, but the reasons for making it a compulsory subject were insufficient. The great majority of men were not benefited by the knowledge of Latin acquired during the preliminary training. He quoted prescriptions written by candidates which conclusively proved this statement. Times have changed, said Dr. Haldane. Formerly the whole medical training was based on the Latin tongue, and the language was essential, but in the present state of things it differed greatly. Latin was a cause of rejection for the great majority of candidates.

Dr. ROLLESTON had been inclined to regard Dr. Haughton's motion as a joke, but Dr. Haldane's support was to make it important and grave. He quoted Sir Robert Christison's evidence before a Royal Commission, in which that gentleman expressed his belief that certain bad changes had occurred in the profession. Speaking of the training of students he averred this was not so good as formerly; they may know more, but they know it less well. He further said he knew nothing more admirable as a training for young men than Greek and Latin. Dr. Rolleston besought the Council not to overthrow the common bond which gave the medical man status with the other learned professions. While these intensified their hold on Latin ought the Council to neglect it on behalf of the medical profession? Dr. Rolleston quoted numerous authorities in support of his defence of the Latin language. He urged the usefulness of Latin as not being disproved by Dr. Haldane's exposures. A language can be understood without the power of composition in it, and such a knowledge may confer all the essential advantages following from its study.

Sir WM. GULL thought the question should rather have been referred to the College of Preceptors. That body would be better able to gauge the capacities of the young men they had to deal with. The Council ought only to demand an examination in the subjects taught in schools generally, but not to dictate what must be taught.

Dr. BANKS contended that general education was on a higher level than in Scotland, and he knew that men who went to the Queen's University, Ireland, for a degree were oftentimes compelled to resign their intention. He thought the standard should be raised rather than lowered.

Dr. HAUGHTON explained that he was perfectly serious in bringing on his resolution.

The amendment was then put to the vote and lost.

The original motion of Dr. Turner being put—

Mr. MACNAMARA moved "That the present recommendations, so far as Greek, Latin, French, and German are concerned, do stand." He pointed out that it would be an injustice to the Irish students, who would be required by the University of Dublin to produce both Greek and Latin.

Mr. TURNER objected that Mr. Macnamara's resolution was not an amendment to his motion.

Mr. MACNAMARA assenting, deferred his amendment till the consideration of Mr. Turner's motion (*c*).

Dr. A. WOOD moved "That one of the compulsory subjects be Latin, including grammar and composition;" but after some discussion the (Mr. Turner's) original motion was passed.

Mr. TURNER then proceeded to move a resolution to give an option between Latin and Greek, which was seconded by Dr. Pyle.

Dr. A. WOOD objected to the alternative. He thought it would be a retrograde movement to pass from their determination to require every student to pass an examination in Latin. He did not deny the utility of English, but thought Latin must be continued. He did not want to see Greek omitted, but would insist on the retention of Latin.

Dr. STORRAR seconded the motion of Dr. Turner. He said it is generally declared that men unable to pass in England resort to Edinburgh, and successfully undergo the preliminary examination there.

Dr. ROLLESTON insisted that there was no fear of Latin being displaced in schools. Greek, he showed from the report of the annual conference of schoolmasters, is studied by only a small minority of students.

Mr. SIMON agreed with Prof. Rolleston that the system ought to be allowed.

Prof. HUMPHRY felt that recognition was being forced, for the fact that sciences were as good bases of preliminary education as the ancient languages. In fact, high class examinations were now conducted on this assumption. And a feeling was growing that Greek and Latin were equally valuable as a means of intellectual training.

Dr. QUAIN thought Latin essential to a medical student.

Mr. TURNER pointed out the difference between his own and Dr. Wood's motion. The latter sought to make Latin compulsory, by keeping things as they are. His own resolution sought to afford an option between Greek and Latin.

Dr. WOOD'S amendment being put, an equal number voted for and against; but on a count the motion was carried by a majority of one, and being put as a substantive motion was carried.

Mr. TURNER then proceeded to move "That one modern European language be made compulsory at the preliminary examination." The necessity of the subject was, he said, growing daily greater, from the number of books printed in French and German, and of infinite service to students. He advised giving an option of more than these two languages, however, for Italy was becoming daily more actively engaged in medical investigations. Dutch also he named as being important in its scientific aspects, likewise the Scandinavian languages.

Dr. BANKS seconded the motion.

Dr. HAUGHTON saw in the course the Council was pursuing a danger of clashing with the higher examining bodies. The new regulation would require a graduate in Arts, for instance, from Oxford or Dublin entering the medical profession to pass a new preliminary examination, since modern languages are not compulsory at these institutions. The risks of interfering with the higher bodies by such a regulation are very great.

Mr. TURNER said there was no intention to require a holder of an Arts degree to pass the preliminary examination.

Prof. HUMPHRY moved an amendment that Greek, French, and German be optional subjects as at present.

Dr. A. WOOD seconded the amendment. He urged the injustice of forcing another subject on the candidate.

Dr. PETTIGREW supported the amendment, on the ground that too high a standard would reduce the supply of students.

In case the amendment succeeded in passing, he would support the introduction of "mechanics" as a subject of examination.

Sir WM. GULL said he had noticed that the great public schools would keep clear of the medical profession if modern languages were required as a *sine quâ non* of registration.

Prof. ROLLESTON insisted that the Council must seek to make the examination the best for the time, and not the best suited for this or that school. There could be no need for introducing a modern language as there is for retaining an ancient language in the examination.

The amendment was withdrawn, and the motion then put to the vote and lost by a large majority.

Mr. TURNER moved "That an examination in the elements of mathematics form a necessary part of the preliminary examination," which was carried.

The three parts of the examination were then proposed, viz :—(*a*) Arithmetic, including vulgar and decimal fractions ; (*b*) Algebra, including simple equations; (*c*) Geometry, including the first three books of Euclid.

Mr. SIMON advised extending the algebra to quadratics.

Sir JAS. PAGET saw no advantage in retaining the subject at all.

Prof. ROLLESTON advised the addition of inductive and deductive logic as an alternative for Euclid and algebra, and put this as an amendment.

The amendment to increase the amount of algebra was put to the vote and lost.

Dr. ANDREW WOOD thought undue burdens were being added, and would advocate reducing the amount of work.

Dr. HALDANE having spoken,

Mr. TURNER insisted that algebra is essential to a student of chemistry, and should not be omitted.

Dr. HAUGHTON objected to separating algebra and Euclid. They must be studied together to be of service. He was willing to see the amount of the subject named by Prof. Turner increased.

Dr. HUMPHRY said the preliminary examination of Cambridge University is a hard one, and he felt to extend the subject as the Council was begged to do was detrimental. He would propose an amendment to leave the subject of mathematics as it was.

Mr. SIMON supported Dr. Rolleston's amendment.

A desultory discussion followed on immaterial points. in which Drs. Rolleston, Humphry, Sir Wm. Gull, &c., joined.

SIXTH DAY.—TUESDAY, JULY 13TH.

PRELIMINARY EDUCATION.

The Council went into Committee for the consideration of the adjourned motion on preliminary examination.

Mr. Turner's motion—"That the examination in mathematics include algebra and simple equations," was put and carried.

Mr. TURNER moved that the examination in geometry include the first three books of Euclid, or the subjects thereof.

Dr. ROLLESTON moved as an amendment the addition of the fourth book of Euclid.

This was put and negatived.

Dr. HUMPHRY proposed another amendment, to the effect that two books of Euclid only, as at present, be required, and this was carried by a large majority.

Mr. TURNER said that, judging from the spirit which had been manifested by the Council, he feared that the motion he was about to make with regard to the elementary mechanics of solids and fluids might be rejected. Last year, however, a resolution on the subject had been passed by the Council, and the only reason why it had not been confirmed was that the Executive Committee found that there were certain technical difficulties in the way. All he asked of the Council at present was its sanction to the general proposition "that the elementary mechanics of solids and fluids should form part of the preliminary examination." There might, however, be some difficulty in forcing the subject into the preliminary examination, because there were so many schools in which it was not taught; and he would therefore add to his resolution—"It being understood that the examination in this branch may be passed either as preliminary, or before, or at the first professional examination."

Dr. HAUGHTON, in seconding the motion, said the subject included in it was absolutely necessary for the furniture of a student's mind. So great was the ignorance on the subject on the part of army officers in India that some of them did not know the difference between a barometer and a thermometer.

Dr. PETTIGREW approved of the introduction of the subject, but thought that it should be rendered compulsory before the commencement of the medical curriculum, and he moved an amendment to that effect.

Dr. A. SMITH expressed a similar view, and seconded the amendment.

Mr. TURNER suggested that his motion should be divided into two parts, and that a vote should be taken on the simple question that there should be an examination in the elementary mechanics of solids and fluids, making the period at which it was taken the subject of a distinct motion. This course was agreed to, and the question was unanimously decided in the affirmative.

Sir W. GULL ridiculed the idea of the Council going over the same ground as last year, and said they appeared to be constantly deciding the same thing over and over again, and always congratulating themselves on their success.

Dr. Pettigrew's amendment was then put and negatived, and Mr. Turner's motion—"That the examination in the Elementary Mechanics of Solids and Fluids comprise statics, hydrostatics, and dynamics," was agreed to by a large majority.

This concluded the discussion on compulsory subjects.

OPTIONAL SUBJECTS.

Dr. FERGUS then brought forward a motion relating to the optional subjects. He said he had been accustomed to regard the Council as a body which aimed at elevating the education of the profession, but he was now afraid that they had been levelling down instead of up. They ought to have increased the stringency and breadth of the examinations. More than one-third of the candidates who came up to the first professional examination were rejected. Such a state of things ought not to exist. The preliminary examination should be such as would weed out the incompetent, and therefore should be greatly extended. Instead of that the Council had for the last few days been bringing the examination down to the level of boys fresh from school. The Council should not try how rapidly they could manufacture doctors, but in every way to elevate them. He moved: "That one of the following optional subjects must be passed as preliminary—namely, French, German, Italian, Dutch, Greek, Logic, Moral Philosophy, Botany, Chemistry, Zoology, Geology."

Dr. ROLLESTON seconded the motion.

Mr. SIMON said he was not quite clear that even one optional subject was necessary, but he thought a distinction might very properly be drawn according to whether or not the examination in the elements of mechanics had been passed as a part of the preliminary. He was disposed to think that if a candidate practically said, "My educational circumstances have not allowed me to learn elementary mechanics in time for the preliminary examination," an optional subject should be required. In that way he would hold out an inducement to the students to pass the examination in elementary mechanics as a preliminary, and if they did so they should be excused from all the optional subjects.

Dr. HAUGHTON thought chemistry and moral philosophy should be excluded from the list. The Council would have a very mean opinion of what chemistry was if they considered the wretched schoolboy knowledge as sufficient.

After discussion elementary chemistry was retained among the list of optional subjects, but moral philosophy, zoology, and geology were thrown out. The other subjects embodied in Dr. Fergus's motion were agreed to, and the Council adjourned.

SEVENTH DAY.—WEDNESDAY, JULY 14TH.

THE ARMY AND NAVY MEDICAL SERVICES.

On the reassembling of the Council,

Mr. TURNER asked the President if he could furnish the Council with information why the Naval Medical Department had ceased to furnish a statement of the results of the examinations for admission to the Medical Department of the Navy; also if the returns for the Army Medical Department include the candidates for commission in the Medical Department of the Indian Army.

The PRESIDENT replied that there had been some delay in obtaining the desired information, and he was unable to give a complete answer. He had reason, however, to believe, from communications he had had with both Departments, that there would be no difficulty in obtaining the information.

Dr. HAUGHTON said that the subject was under the notice of

Parliament, and it was important that the information asked for should be communicated.

The PRESIDENT said that as soon as it was received it should be communicated to the Council.

PRELIMINARY EXAMINATION.

The debate on Mr. Turner's motion for the adoption of the resolutions passed by the Council with regard to preliminary examination was resumed.

The following resolutions were adopted without discussion :—(1) "That an examination in English form part of the preliminary examination." (2) "That the examination in the English language be such as is now provided for in the 'Recommendations' of the Council, except that the last two lines of the footnote to p. 8 of the last edition of the 'Recommendations' be in future omitted."

On the motion (3) "That No. 2 of clause 4 of the 'Recommendations' be as follows: either English history or modern geography,"

Dr. QUAIN suggested the substitution of the word "and" for "or," and contended that the two subjects could not well be separated.

Mr. Turner adopted the suggestion, and the motion was altered accordingly and agreed to.

The following resolutions were adopted without discussion :—(4) "That an examination in one ancient language form a part of the preliminary examination." (5) "That Latin, including translation from the original and grammar, be the ancient language which is to be rendered compulsory." (6) "That an examination in the elements of mathematics form a necessary part of the preliminary examination." (7) "That the examination in mathematics comprise : (*a*) arithmetic, including vulgar and decimal fractions." (8) "That the examination in mathematics comprise : (*b*) algebra, including simple equations." (9) "That the examination in geometry comprise, as at present : (*c*) geometry, the first two books of Euclid or the subjects thereof." (10) "That there be an examination in the elementary mechanics of solids and fluids." (11) "That it be understood that the examination in the elementary mechanics of solids and fluids may be passed either as preliminary, or before, or at the first professional examination, so that the passing of this examination is not to be regarded as necessary for registration." (12) "That the examination in the elementary mechanics of solids and fluids comprise the elements of statics, dynamics, and hydrostatics."

Mr. TURNER proposed the adoption of the next resolution :—(13) "That the following be the optional subjects : Greek, French, German, Italian, or any one modern language, logic, botany, elementary chemistry."

The proposition, after one or two amendments had been negatived, was agreed to.

It was then resolved, "That one of the foregoing optional subjects be made compulsory."

On the motion of Mr. TURNER, seconded by Sir JAMES PAGET, the following resolution was agreed to :—"That the General Council's amended Recommendations on education and examination be communicated to the several examining boards whose examinations are recognised by the Council ; that their attention be drawn to the changes which have been made ; that they be informed that the Council proposes that the additional requirements be not made obligatory on students until Jan. 1st, 1882 ; and that on and after that date no person be allowed to be registered as a medical student unless he shall have previously passed a preliminary examination in the subjects of general education as specified in the following list" (the list agreed to during the present session).

Mr. SIMON proposed, "That, in the opinion of the Council, it is desirable that intending candidates for the medical profession should, before they enter on the purely medical curriculum, have been instructed and examined in the rudiments of natural science—physical, chemical, and biological, and that, in proportion as this can be done, the present medical curriculum and present professional examinations should be lightened of all such matters." He said there was no reform on which competent persons were more entirely agreed than the necessity of their getting, if possible, a preliminary scientific examination ; it would be a most important assistance to the progress of medical education in this country.

Dr. FERGUS seconded the motion.

Mr. TURNER said he was entirely at one with Mr. Simon as to the importance of having an examination in the natural sciences as a part of the general training required from students of medicine, and that the examination on these subjects should, of course, take place before the examination in subjects more directly bearing on medical training.

Sir JAMES PAGET was satisfied that no conclusion could be arrived at on this subject during this session of the Council, and, therefore, if Mr. Simon's motion was adopted it must be on the understanding that it should not come before the Council, but should be referred to a committee.

Sir WILLIAM GULL, in supporting the motion, said the result would be that more time must be occupied in the study of the profession than was the case at present. It was quite impossible to educate a man so that he should be fit to enter on the practice of his profession at the age of twenty-one. It could not be done, and, therefore, they ought to ask that a man should be twenty-three at least, and perhaps twenty-four, before he was entitled to practise. In making this inquiry they certainly must take in the whole question of professional time.

Dr. HAUGHTON said the practice of the University of Dublin was precisely in accordance with the proposal of Mr. Simon, the Arts curriculum and the medical teaching occupying together six years. He did not object to the resolution, but it must involve an additional time of study after registration before commencing practice.

The motion was then put to the Council and agreed to.

Mr. SIMON, after expressing his gratification at seeing the principle of his resolution so entirely approved by the Council, moved : "That this resolution be referred to a committee of seven, with instructions to propose to the Council before the close of the present session the draft of a communication to be addressed to the licensing authorities with a view to giving it practical effect." He did not propose anything like a committee of investigation, but simply a committee to draw up a letter to be sent to the licensing bodies.

Dr. FERGUS seconded the motion.

Mr. TURNER thought there would be some difficulty in getting a satisfactory communication drafted and approved by the Council this session, as it would no doubt involve some discussion.

Dr. HALDANE, although entirely agreeing with the principle involved in Mr. Simon's resolution, would not vote for it, because it involved so complete a change in medical education. This was a point of very great importance, and the Council should not take action in the matter without consulting the various licensing bodies. He therefore proposed as an amendment, "That the Council having agreed to the preceding resolution, a copy of this resolution be sent to each of the licensing bodies, with a request that they will at an early date express their opinion on the subject."

Dr. ANDREW WOOD seconded the amendment.

After some further discussion Dr. Haldane's amendment was put in the following form : "That a committee be appointed to communicate on the subject with the licensing bodies, and to report to the Council at its next meeting." This was agreed to.

On its being put as a substantive motion,

Mr. MACNAMARA moved as an amendment : "That this resolution be referred to a committee of seven, with instructions to propose to the Council before the close of the present session the draft of a communication to be addressed to the licensing authorities, with a view of getting their opinion thereon."

Mr. SIMON seconded the amendment, which on being put to the Council was negatived by a majority of 10 to 9.

The motion as proposed by Dr. Haldane was then put and agreed to.

The Committee was appointed, comprising Dr. Storrar, Dr. Rolleston, Dr. Hudson, Mr. Turner, and Dr. Haldane, with power to add to their number.

AN APPLICANT FOR REGISTRATION.

An application for registration by Mr. Nathaniel Chappell, referred to the General Council by the executive committee, was refused.

The Council then adjourned.

EIGHTH DAY.—THURSDAY, JULY 15TH.

The minutes of the preceding day's business having been read and confirmed,

Mr. TURNER moved "That the bodies conferring licences in dental surgery be requested to furnish each year on or before Jan. 1, according to the following form, a statement of the nature of the examinations—whether written, *viva voce*, or practical (one or all of the three)—and of the number of can-

didates for their licences, showing the respective numbers passed and rejected."

FORM FOR THE TABLE OF RETURNS OF PROFESSIONAL DENTAL EXAMINATIONS AND THEIR RESULTS.

Licensing Bodies.	Diplomas.	Nature of Examination.	With Curriculum.		Without Curriculum.	
			No. Rej'ct'd	No. Passed	No. Rej'ct'd	No. Passed
Total ..						

Mr. TURNER said he had been led to this course by the consideration that the information which would be thus obtained would be very valuable in enabling the Council to determine on the efficiency of the examinations, and the manner in which the Council's recommendations are being complied with.

Dr. STORRAR seconded the motion, which was carried.

On the motion of Dr. QUAIN, seconded by Prof. HUMPHRY, memorials from the Association of Surgeons practising Dental Surgery, and from the British Dental Association, were decided to be entered on the minutes.

Dr. PITMAN then drew attention to a letter from the Hon. Sec. of the British Dental Association, and other papers dealing with the improper entry of names on the Dental Register, and moved that the subject be referred to the Dental Committee.

Dr. STORRAR wished to inform the Council of another source of information. He said a legal opinion had formerly been obtained in reference to the question, and which had never been included in the minutes.

Dr. PITMAN said the matter could be explained; a succeeding motion would deal with all the documents received.

Dr. PITMAN moved :—"Certain persons having requested that the words 'with Pharmacy' be omitted after their names from the *Dentists' Register*, it is recommended that the Council refer all such cases to the Dental Committee to ascertain the facts in each of such cases;" which being seconded, was carried.

Dr. QUAIN moved, "That the opinions on the subject of dental registration, specified in the minutes of the Executive Committee for Nov. 28, 1879 (*Minutes*, vol. xvi., p. 434, clause 3), be referred, with all preceding documents, to the Dental Committee."

The REGISTRAR read one of these documents, which consisted of a letter from Mr. Tomes, already contained in the Council's minutes (vol. xvi., p. 468).

Dr. QUAIN said the opinions expressed heretofore were of a contradictory kind, and he thought the Council would be wise to submit the matter to the Dental Committee before considering it.

Dr. STORRAR said he could see no objection to inserting counsel's opinions in the minutes, as proposed by Dr. Quain. They should be familiar to every member of the Council, and not hid as secret documents for the perusal of a committee alone.

Mr. SIMON thought it indispensable that the Council should be in possession of all information likely to influence its decisions. The publicity of such a course could not be objected to. No matter should go to a special committee before the consideration of it by the General Council.

Mr. TURNER did not understand the matter.

The PRESIDENT explained that Mr. Ouvry was present, and would afford any information desired to make all clear.

Dr. ROLLESTON suggested an alteration in Dr. Quain's motion.

Mr. TURNER asked that Mr. Ouvry would explain the powers of the Dental Committee, as defined in the clause under which it held office. He felt it should be known whether the General Council had any power to revise the Dental Committee's proceedings.

Mr. OUVRY explained that the Dental Committee cannot initiate any movement, but can only proceed after questions have been referred to it by the General Council. It must report on those, and can do nothing more of its own power than state and ascertain facts for the Council's guidance. As to publishing counsel's opinions, Mr. Ouvry thought the usual course of the General Medical Council in not printing such opinions the wiser course to pursue.

Dr. PITMAN thought the discussion out of place, since the Council would not be called on to act till next year in regard to the matter.

Mr. MACNAMARA said this was a wrong impression, for he had a motion on the paper in regard to which the Council would be required to act immediately.

The PRESIDENT said this was a different matter.

Dr. STORRAR urged the necessity for laying the opinions of counsel before the General Council.

Dr. PYLE asked if the names now on the Register must remain till next year, and was answered in the affirmative.

Dr. AQUILLA SMITH proposed that the opinions of counsel be read.

Dr. QUAIN said 360 cases had been that day referred to the Dental Committee, and they would be guided in their action by the opinion of counsel.

Dr. A. WOOD advised reading the opinions.

The PRESIDENT agreed with Mr. Simon that the business could be proceeded with without Dr. Quain's motion at all. The opinions of counsel were there in the office, and accessible to any member of the Council. They were not published in accordance with the advice of the Council's legal adviser.

A proposal by Mr. TURNER to read the opinions in private was opposed by the Rev. Dr. HAUGHTON, but on a division was carried, and strangers were thereupon requested to withdraw.

PRELIMINARY EDUCATION.

Mr. SIMON moved :—

"That, in Section 3 of Chapter 1 of the Council's *Recommendations on Education and Examination*, the List of Bodies from which Testimonials of Proficiency in Preliminary General Education may, in the opinion of the Council, be properly accepted by the Licensing Authorities under the Medical Act, be amended by omission of its Part II.; this amendment to take effect on and from the 1st of January next; and that notice be forthwith given to each licensing authority that, after the end of the present year, the examinations mentioned in Part II. of the aforesaid list will not be regarded by this Council as satisfactory for the purposes of the Medical Act."

The object of preliminary education was, he said, to ensure that men who entered the medical profession should be educated gentlemen. This could only be ensured by insisting the test should be applied by non-professional examiners. This was the intention of the resolution. Mr. Simon repeated at some length much of the evidence already frequently quoted in previous discussions before the Council, respecting the action of the Council, from time to time, on the subjects of preliminary examination. He referred to the reports presented from the branch councils, the chief point of which was that preliminary examinations conducted by medical examiners cannot commend themselves to the favour or confidence of the profession. The necessity for the examinations he sought to strike out, existed, he contended, no longer. There had long been the impression that they were improper tests, and any recommendation which it was thought was out of place, ought to be rescinded.

Dr. STORRAR seconded the motion.

Mr. MACNAMARA denied that the corporations are more open to the charge of admitting men into the medical profession after a lenient examination than are universities, but he repudiated any desire on the part of either to pass a candidate unfairly. So far as the R.C.S.I. was concerned, the examiners at the preliminary test were gentlemen resident far away from the scene of examination, and could be influenced by no wish to swell their classes by passing men too easily. He would say that his college would challenge any attempt of the Council to wrest its privilege of examining men, and would force the matter to the Privy Council. No vote of the Medical Council can settle the matter, and he would implore it to pass no recommendations, to which no attention will ever be paid, except under compulsion. The Council had neglected its duty by failing to order visitation of the examinations complained of. It ought not to condemn any examination until it has investigated the character of it. In time the Irish College of Surgeons might be able to give up its preliminary examinations if the intermediate education scheme worked well in Ireland.

Prof. HUMPHRY agreed that preliminary examinations

ought not to be conducted by medical examiners. The principle was admitted by a majority of the Council, and he hoped no long or energetic defences of special bodies, none of which were individually incriminated, would be entered on. The wishes of the Council were assented to by the Colleges of Physicians of England and Ireland. The College of Surgeons of England is willing to give up its preliminary examination, but does not see its way to doing so at once. He feared the passing of Mr. Simon's resolution would undo the impression made by the influence of the Council. The end in view would ensue only after a long time. The Privy Council would be unlikely to support the General Council in its action against recalcitrant bodies. Prof. Humphry pointed out that the Act gives the General Medical Council no power over general education, but only over the medical training of students; and he concluded by expressing sorrow that the motion had been brought on.

Mr. TURNER agreed in general terms with Prof. Humphry.

Dr. BANKS thought the preliminary examination should be conducted by Arts examiners.

Dr. A. WOOD pointed out that the motion differed from all former recommendations in being a compulsory measure. The bodies affected by the motion would resist the action of the Council.

Dr. ROLLESTON showed that the principle of the action was not entirely new, a resolution having been passed by the Council some years ago; and he thought the medical corporations ought not to examine in the subjects of preliminary education. The corporations are submitted to temptation by this means, and the Council should do its best to make this impossible. He thought an examiner should not remain in office more than two years.

Dr. HALDANE opposed the motion.

Dr. PITMAN could not vote for the motion, because though it is desirable, as the motion quoted by Dr. Rolleston averred, that preliminary examinations should be conducted by university boards, yet it was impossible. He showed that the Council, to be consistent, would be required also to refuse registration to the bodies who licensed men after passing one of the prohibited examinations. This it had no power to do.

Sir JAMES PAGET felt the motion of Mr. Simon was impracticable. The wishes of the Council had been attended to, and he deprecated the impression that the Council alone discussed such matters as this. The great corporations give, and have given, much time and attention to the subject, and it should not be disposed of in the way the motion strove to treat it.

Dr. STORRAR felt the motion would be better withdrawn, though, if pressed to a division, he should vote for it.

Mr. SIMON, yielding to the wish expressed by Dr. Storrar, sought permission to withdraw his motion, which being accorded, the Council adjourned.

NINTH DAY.—FRIDAY, JULY 16TH.

The minutes of the last meeting having been read and confirmed,

Mr. TURNER asked "the President if he can furnish the Council with information why the Navy Medical Department has ceased to furnish a statement of the results of the examinations for admission to the Medical Department of the Navy."

The PRESIDENT said he had received a letter from the first Lord of the Admiralty, saying there was no objection to the Council receiving the same information on the point as was afforded by the Army Medical Department.

Dr. HAUGHTON asked "the President to take into his consideration the propriety of holding the usual Annual Meeting of the General Medical Council during the Easter recess."

The PRESIDENT explained that since the foundation of the Council pains had been taken to fix the most convenient date of meeting. A general feeling in favour of a fixed date prevailed, but he thought this impossible. He would assure Prof. Haughton every pains would be taken in future to consult general convenience.

Mr. MACNAMARA asked "the President whether he can communicate to this Council the names of such of the authorities mentioned in schedule (A) to the *Medical Act* as accept, *ad eundem*, either in whole or in part, the 'previous medical examinations' conducted by other bodies, and if so, whether he will be good enough to give the Council this information, and to state in each case to what extent the acceptance goes."

The PRESIDENT had no information to enable him to answer the question.

A communication from the R.C.S.I. in reference to alleged mal-practice by Mr. John Hamilton was read, and Dr. A. WOOD moved the communications be entered on the minutes. This was carried.

Dr. ANDREW WOOD said this case had been referred to the Dental Committee, whose report was then read by the Registrar. The report explained that Mr. Hamilton's name had been removed from the licentiates R.C.S.I.

Dr. ANDREW WOOD moved the report be entered on the minutes; and this was carried.

Mr. MACNAMARA proposed that the name be struck out of the Dentists' Register.

Dr. A. WOOD moved that the case be referred for inquiry to the Dental Committee.

Dr. QUAIN seconded the motion.

Dr. STORRAR desired that some means could be devised for keeping the names to be struck off the Register out of the 1881 edition, and suggested a special meeting of the Council during the year to consider the question. The motion was withdrawn, and the amendment to refer to the Dental Committee carried.

Mr. MACNAMARA moved, "That all such bodies, the preliminary examinations of which cannot be visited by this Council, be removed from the list of bodies receiving its sanction."

Quis custodiet ipsos custodes? should, said Mr. MACNAMARA, be the inquiry guiding the action of the Council, whose duty it was to see that the examinations it admitted were efficiently conducted. There could be no certainty that a foreign body would accurately examine in the English language, essential as this is to a student of medicine in this country.

Dr. HAUGHTON seconded the motion, but said he would not go so far as the mover. He thought, however, the list of examinations unsatisfactory. He wished the whole list might be submitted to a committee of revision. The nine examining bodies of Canada, and seven of Australia and New Zealand, and other colonial centres, of which the Council could have as accurate knowledge, ought he considered to be inquired into.

Dr. STORRAR besought Mr. Macnamara to withdraw his motion for the present session, and be satisfied with drawing attention to the subject. He thought colonial candidates should be considered on individual merits.

The motion was withdrawn by permission.

Mr. TURNER moved, "That the 'Gymnasial Abiturienten Examen' in Germany, and the corresponding examinations in other continental countries, required for admission to their respective Universities, be accepted as qualifying for registration as a medical student." This examination, Mr. Turner explained, is that passed by students proceeding from the schools to the Universities, and corresponds in character with the higher class examinations admitted by the Council, but of an infinitely higher standard. It demands a sufficient knowledge of mathematics, languages, and science. The executive committee had from time to time admitted foreign certificates as equivalent proof of preliminary education, and it was right the advanced certificates named in the motion should be received. Mr. Turner showed the motion, if adopted, would have an important influence in liberalising the admission of foreign graduates to the English Register.

Dr. ROLLESTON seconded the motion, which was carried.

Motions dealing with standing orders relating to returns of passes and rejections of preliminary examinations and other matters, by Dr. FERGUS, were withdrawn by permission.

Dr. HAUGHTON moved that, "The General Medical Council are of opinion that the first medical examination should include a separate examination in Physics, meaning thereby the elements of heat, electricity and magnetism." The reason for this was, Dr. Haughton said, that from the common plan of including physics and chemistry in a single paper, the physical part of the examination suffers in extent.

Dr. BANKS seconded the motion.

Mr. TURNER said this motion came within the province of the committee appointed lately, and of which Dr. Haldane was chairman. He thought the mover should be content with calling attention to the matter.

Dr. HAUGHTON said he would be satisfied to refer the motion to Dr. Haldane's committee, and leave to do this was given in an amendment.

Mr. MACNAMARA moved, "That a Pharmacopœia commit-

tee be appointed, with the view of considering and of reporting to this Council how best any future edition of the 'British Pharmacopœia' may be brought up to the scientific standard of the present day." The existing Pharmacopœia was at the time of its production, Mr. Macnamara said, an admirable work, but the advance of scientific discovery and differences in nomenclature made it at this time an imperfect, inaccurate guide. The patchwork nature and inefficient character of the book made it unworthy to be approved by the Council. The omissions, too, of which many were instanced, were serious and numerous, and he urged the revision so essential to the work. A permanent committee, he thought, should be appointed to superintend the Pharmacopœia.

Dr. ANDREW WOOD said a Pharmacopœia committee existed. Many of the omissions were not important. It was dangerous to continually change nomenclature. The existing committee would consider what had been said. He saw no reason for the motion.

Mr. MACNAMARA said he had resigned his position as a member of the Pharmacopœia committee because he had never been summoned to attend a meeting.

Dr. QUAIN defended the Pharmacopœia. It was impossible to please everyone. It was better to retain the old nomenclature than change it with changes in scientific chemistry. Five thousand copies of the Pharmacopœia had been just ordered by the executive committee.

Dr. AQUILLA SMITH thought it might be wise to consider the advisability of revising the Pharmacopœia two years hence.

Mr. MACNAMARA said the production of such a work demanded years of labour; should not be done quickly. He did not want a new volume immediately, but only the appointment of a committee to enter on the important work.

After considerable further discussion a Pharmacopœia committee, to the surprise of the Council, was found to exist, and the motion, then shown to be an improper one, was withdrawn. The committee consists of Drs. Quain, Pitman, A. Smith, Haldane, and Mr. Macnamara.

Certain communications in regard to attendance on lectures, submitted to the General Council by the executive committee, were taken as read, and

Dr. HAUGHTON thought that the Carmichael School deserved credit for enabling students to qualify for medical practice by attending evening lectures, and he moved that the Medical Council does not see reason to object to the proceedings of the Carmichael School directors who sanctioned these evening courses, and desired the opinion of the Council on them.

Dr. ROLLESTON moved and Dr. PYLE seconded an amendment that the Council approve of the action of the R.C.S.I. in condemning the evening lecture system.

Mr. SIMON said it would be grossly unfair to place any restrictions on the way in which students obtained their information.

Dr. SCOTT ORR supported the amendment, which was objected to by Dr. AQUILLA SMITH.

Dr. PETTIGREW spoke in favour of Dr. Rolleston's amendment.

Dr. HAUGHTON having spoken in reply, saying that the Carmichael College had been forced to the course they took rather than issue false certificates, the amendment was put to the vote, and lost, and the original motion carried by a large majority.

Communications were then read in regard to certificates of attendance on lectures—viz., a letter from the Branch Council for Ireland, enclosing a report on the alleged issue of certificates without attendance by a Dublin school of medicine; and also the following resolution passed by the General Medical Council, July 19, 1879: "That the Branch Council for Ireland have its attention drawn to a statement made by a member of this Council, to the effect that certificates of attendance have been issued in a Dublin school to students who have not given such attendance, and that the Branch Council be requested to inquire into this matter, and to report thereon to this Council at its next meeting."

Dr. HAUGHTON moved "That the General Medical Council are of opinion that no medical authority should receive a certificate of attendance upon lectures or hospitals, unless such certificate state the actual number of attendances made by the holder, and the total possible number of attendances." This he was led to by the consideration that the resolution of July 19 did not include all the cases. Certificates that carried no guarantee of attendance were notoriously issued by certain schools in Ireland. The action of the Branch Council for Ireland in relation to the alleged malpractice brought out the truth that this existed to a considerable extent. Replies to inquiries as to the means of certifying attendance at lectures, were in some cases eminently unsatisfactory, but in others sufficiently satisfactory. He asked permission to withdraw the second division of the motion, which specified a minimum attendance at fifty per cent. of lectures.

Prof. TURNER seconded the motion.

Dr. A. SMITH endorsed the statement of the abuses complained of by Dr. Haughton.

Dr. ROLLESTON pointed out that the Council could control examinations, but not lecture attendance; and he urged that such resolutions as that proposed were simply illusory. The reason for lectures is less now than when books were much dearer, and notes of lectures served their purpose.

Sir JAS. PAGET agreed with Prof. Rolleston that to carry the motion would be to retrogress. It would command bodily attendance, when mental appreciation of the subject matter of the lectures could not be ensured. The schools he pointed out did not sign certificates for *attendance*, but only when students passed satisfactory test examinations. The whole argument for the motion was based on the dishonesty of certain schools in Dublin.

Dr. HUMPHRY objected to the principle of the motion.

The motion was lost.

Mr. SIMON moved, "That the Council beg leave to bring under the particular notice of her Majesty's Government the position in which the question of legislation for the medical profession was left standing at the time when the late Government retired from office, and respectfully submit to her Majesty's Government that, in the opinion of the Council, it is essential for those important public interests which are involved in the good ordering of the medical profession that her Majesty's Government should at their earliest opportunity consider and determine the course which they will advise the Legislature to follow with a view to terminate a period of indecision and unsettlement which is most injurious to the progress of medical education."

Dr. QUAIN seconded the motion.

Dr. A. WOOD moved the previous question, giving as a reason the assurance conveyed by Mr. Mundella that Government are considering the question.

Dr. PYLE seconded the amendment.

Mr. SIMON said with much regret he had to say that he had felt very much the impropriety of the Council sitting in deliberation pending the settlement of its existence. Prospective recommendations as to medical education would only be out of place so long as a mere political accident prevented the laying of regulations before the Council regarding its own constitution. The Royal College of Surgeons had been deterred from any considerable movement by the uncertainty of medical affairs, and the same could be said of all the other great corporations. He would remind Dr. Wood that it was due to him a parliamentary select committee was appointed. The final report of that committee has been delayed by the change of parties, and it was incumbent on the Council to do its best to aid a solution of the question as far as possible, and it should beseech Government aid in the matter. The Council could exercise no real influence in the present state of affairs while the question of its constitution is *sub judice*.

Dr. QUAIN contended it was the duty of the Council to demand Government to afford it an opportunity of meeting the accusations brought against it, and he therefore seconded the motion.

Mr. MACNAMARA thought it wanting in courage to adopt such a course as Dr. A. Wood proposed. He thought Mr. Simon's resolution a most proper one.

Dr. ROLLESTON believed Government interference a grievous evil, and he could not support the motion.

Dr. PYLE thought it would have been better had no expression of opinion been evoked from the Council.

Dr. HAUGHTON defended the motion.

The PRESIDENT having briefly spoken,

Dr. HUMPHRY said he must vote against the motion, because he preferred the ills we have to those we know not of. The motion asked for legislation, which was not required or desirable.

Dr. A. WOOD begged leave to withdraw his amendment, and to move that the question be not put, which being seconded,

Mr. SIMON replied to the objections against the motion, that in 1877 the late Government took action on the sug-

gestion of the Council, with which it was in constant communication. It would therefore be preposterous to pretend fear of Parliament now. He asked only for *settlement* and the removal of uncertainty.

On the amendment being put, it was carried, the original motion being thereby lost.

Mr. BRADFORD moved, "To submit to the General Council a communication from the Apothecaries' Society of London, relative to certain evidence which has been given before the House of Commons Select Committee on the Medical Act (1858) Amendment Bill."

Dr. PYLE seconded the motion.

Dr. PITMAN moved as an amendment, "Inasmuch as the evidence given before the Select Committee of the House of Commons in 1879, on the Medical Act (1858) Amendment Bill, was not given by any one under the authority of, or on behalf of, the General Medical Council, it would be improper for the Council to receive any statement in correction of that evidence."

This course Dr. Pitman took, because he thought it unnecessary that all communications addressed to its President should be submitted to the Council generally, and no paper dealing with the Parliamentary discussion in the Council should be entertained by the Council.

Standing orders having been suspended, the Council continued its sitting to complete the business before it.

Dr. STORRAR thought it an arbitrary proceeding to suspend standing orders on the vote of a majority.

The PRESIDENT said he had received the letter referred to, as he had received many communications which he would be sorry to be compelled to lay on the Council table.

Dr. A. SMITH thought it absurd to vote concerning a communication of which they know nothing.

DR. QUAIN thought the object might be obtained by sending copies of the documents to all the members of Council.

By the consent of the Council both motion and amendment were withdrawn.

Sir JAMES PAGET seconded the motion.

Mr. SIMON opposed the motion on the ground that the uncertainty surrounding the stability of the Council made it undesirable.

Dr. QUAIN supported the motion.

Dr. A. SMITH considered it was the duty of the Council to renew the visitations.

Dr. HUMPHRY said the executive committee should direct the visitors to ascertain the causes of rejections of so large a number of candidates.

The motion was carried.

Dr. HUMPHRY moved that the executive committee shall instruct the visitors to make inquiries into the causes of rejection of candidates.

Dr. HAUGHTON doubted whether the rejections were as numerous as assumed.

Dr. FERGUS seconded the motion, which was carried.

After some formal business had been transacted, the Council terminated its sittings for the session.

AMONG the workers in the St. Gothard tunnel frequent cases have occurred of the development of anguillules, anchylostomes and other internal worms hitherto very rare. This is supposed to account fully for the anæmic condition into which many of the men got.

THE death-rate last week from the seven principal zymotic diseases per 1,000 in the large towns ranged from 1·4 and 1·9 in Wolverhampton and Brighton, to 5·9, 7·8, and 7·9 in Salford, Dublin, and Norwich. Scarlet fever showed the largest proportional fatality in Norwich, Sheffield, Sunderland, Dublin, and Salford; measles in Leicester, Oldham, and Sunderland; and whooping-cough in Norwich, Liverpool, and Bradford. Small-pox caused 4 more deaths in London, 10 in Dublin, one in Birmingham, but not one in any of the other large towns.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, JULY 21, 1880.

THE GENERAL MEDICAL COUNCIL AND THE GOVERNMENT.

THE most important motion brought before the General Medical Council during its recent session was unfortunately deferred for consideration till the last sitting, and, as might almost have been predicted from the previous expression of feeling on the subject, by individual members of the assembly, it received but scant treatment, and was shelved with the fatal complacency which distinguishes the assembly entrusted with a legislative function over the medical profession. In the present unsatisfactory state of affairs that have relation to the stability of the Council, in view of the uncertain tenure of its existence, and in the knowledge it possesses of the all but universal dissatisfaction its proceedings have created, it might have been expected that any means of determining the base on which its future operations must depend would have been eagerly seized and made the most of. It was therefore with reanimated hope that its well-wishers saw the announcement of a resolution standing in Mr. Simon's name, to the effect:—

"That the Council beg leave to bring under the particular notice of her Majesty's Government the position in which the question of legislation for the medical profession

was left standing at the time when the late Government retired from office, and respectfully submit to her Majesty's Government that, in the opinion of the Council, it is essential for those important public interests which are involved in the good ordering of the medical profession that her Majesty's Government should at their earliest opportunity consider and determine the course which they will advise the Legislature to follow with a view to terminate a period of indecision and unsettlement which is most injurious to the progress of medical education."

The crying necessity for some such action as this, and the importance of settling, as soon as may be, the footing on which legislation on behalf of the medical profession is to be conducted in the future, served to assure the reflecting that the above motion would receive all the attention its importance merits. Whether it was, however, that the adequate discussion of it was deemed to demand a larger share of the time and funds of the Council than could be spared to it after the protracted debate on preliminary education, or that the feeling of boredom had been too sufficiently aroused by the same means, certain it is that, spite of an earnest appeal from the framer of the motion, it was pooh-poohed, and straightway relegated to the wasteful heap of rejected resolutions, already ominously big for the occasion. Well would it have been could the General Medical Council have appreciated the magnitude of the issue at stake: it might then have applied to itself the well-worn warning *veniente occurrite morbo*, and by showing some interest in things, not perhaps strictly within the narrow limits which bound its surroundings, yet still of vital import to its own well-being, have aroused a sentiment that would counterweigh to some extent against the mistrust it has unfortunately excited.

The effect produced on those outside the Council by this hasty refusal to make or solicit inquiry concerning ts constitution, and to request a speedier settlement of the unsatisfactory laws by which the practice of medicine is regulated in this country, is one that will not speedily be effaced. Disappointment, keen and lasting, is the distinguishing characteristic of the feeling, and to what results it is destined to lead, it were impossible as yet to determine. One point is certain, the opposition to the conjoint scheme, ascribed again and again with so much bitterness to the Scotch Corporations, has become the fault of every member of the Council except the small minority that supported Mr. Simon's attempt to re-introduce the question of medical reform. True it does not take the specific form of objection to a particular scheme, but the consequence of the total rejection of a suggestion to hasten a Parliamentary solution of the vexed subject, can only be to delay the enactment of any laws having in view the consolidation of examinations. It cannot be urged that Mr. Simon has been guilty of an improper or ntoward proceeding. His was no more that a modest pplicati on to the present Government to resume the labours efficiently commenced by its predecessor, and the most exacting apologist can see in the words of the motion nothing to shock either the most sensitive or the most advanced advocate for improvements in the degenerate system of to-day. The opinions of a simple dissenter, however strongly he may insist on them, can have little weight when to them is opposed a self-satisfaction that is doomed to disappear before their acceptance. This, though it is a mournful truth, is the real explanation of the action of the Council in respect to Mr. Simon's motion. Unfortunately, perhaps, but with a manly willingness to face the humiliating weakness it exposed, Mr. Simon declared the folly of which the Council had been guilty in framing new recommendations while it had no satisfactory assurance that even one of them would live to become a guide for those they were intended to influence. The blindest admirer of the combined excellencies of the General Medical Council is unable to disguise the possibility it labours under, that ere another year has passed, that something may happen to render nugatory all that has been accomplished after nine day's disputation and an expenditure of eighteen hundred pounds. This unpalatable statement was so evidently distasteful, as proved by the angry mutterings with which it was received, that Mr. Simon must have felt how little could be hoped for from that which ought to be the *fons et origo* of suggestions for reform. The bane of the Medical Council is its inveterate hatred of anything approaching to a revelation of its own weakness; and the rooted belief, never so transparently evidenced as it was last week, it has in its own immaculate perfection. Until it shall have outgrown these two faults, and is content to learn how it can be wise and wiser yet, there is little but disappointment and disaster in store for it. It should have no fear of an early settlement of the question which it assumes the credit of introducing to the consideration of Parliament. It possesses champions within itself ready and able to defend its pretensions; and it ought not, therefore, to be slow in responding to a call, whencesoever it emanates, to put its house in order, and look about for other rooms to dust.

There is every probability that more than one of the crude recommendations that will be the outcome of the past session's work, will meet with only contemptuous ignoring from many of the bodies they are to be addressed to, and in the opposition likely to arise therefrom will be an earnest of what will be a fruitful source of discussion should the attempt now made to impede Parliamentary legislation be unfortunately successful.

SUNSTROKE IN INDIA.

Our readers, more especially those who have served, or are now serving, in India, have no doubt read with interest the papers on the above subject written by Surgeon-Major Curran that have during the last few weeks appeared in the pages of this journal. Although undoubtedly the affection so-called occurs as a direct result of exposure to the sun, this is by no means a necessary result of such exposure, even in the north-west of India, where, for at least a couple of months at a time, the hot winds prevail with an intensity not to be realised by any except those who have actually experienced them. Troops marching during the daytime are peculiarly liable to be seized with the affection, as was on various occasions painfully illustrated during the Mutiny campaign, and accounts are still fresh in our recollection of how, during the long and fatiguing marches of that time, soldiers and officers alike found it necessary, as a protec-

tion against *sunstroke*, to have their persons, as they stood in their clothes, completely *soused* with water from time to time, the water for that purpose being carried in skins by bullocks and camels. On the other hand, *individuals* whose avocations lead them much out of doors, even in northern India, and sportsmen who thus expose themselves for pleasure, do not necessarily suffer in this way so long as they avoid indulgence *beyond* moderation in spirits or in beer.

But more liable than these to attack by *sunstroke* are certain classes who least expose themselves to the sun, and in whom therefore the disease is with more propriety known as heat-apoplexy. The persons who are thus included are those who are of inactive habits, who indulge in "drink" and in sleep to an extent beyond moderation, who pass much of their time in hospitals, or in the guard-room. Among these the attack usually comes on in the latter part of the day, or during the night, and so insidiously as only to be noticed when it has become developed, perhaps beyond remedy. During the hot dry weather it frequently supervenes upon a debauch; but the remark has been made that the disease only occurs when the temperature in the shade exceeds 97° F., and aqueous vapour in the atmosphere is under 50. Then, again, notwithstanding the views to the contrary expressed by Surgeon-Major Curran, there is the testimony of many experienced observers, and also of men whose "learning" scarcely deserves his comments in his *note*, No. 60, to the effect that the difference between sunstroke, heat-apoplexy, sun-fever, heat-fever, or ardent fever in India, is of degree rather than of nature; and that cases of "fever," however designated, pass often and readily into the more severe and fatal condition of heat-apoplexy, is a fact well known to the majority of Indian medical officers.

Hitherto treatment of heat-apoplexy, except in the very early stages of the attack, has been only in a very slight degree successful. Dr. Curran quotes extensively from papers on this subject by Mr. Hill, of the Bengal Medical Service, and the pity is that the views of the latter are not now more generally known in India than they appear to be. Briefly he prescribes the douche to head and epigastrium, leeches to temples, free and rapid purgation (not by turpentine) and counter-irritation. But what is done must be done quickly if the patient is to be saved at all.

Notes on Current Topics.

The Beginning and End of a Medico-Advertising Embassy.

A FILE of Melbourne newspapers which has reached us within the last week supplies us with the expected *dénouement* of the triumphal progress of a certain Dr. Beaney, whose visit to the United Kingdom, and especially to Dublin, last autumn, was the theme of somewhat lively discussion at the time. This gentleman arrived from the Antipodes heralded in every *buyable* newspaper as a bright and shining light in surgery, a commissioned representative of the Victorian Government, and an embodiment of every virtue, social and professional. After a very brief—and, we hear, rather barren—visit to London, Dr. Beaney reached Dublin, where his paragraph puffs at once attracted notice, and he would, no doubt, have succeeded in getting himself recognised by a considerable number of the profession but for certain rumours as to his professional antecedents which filled the medical air. People began to talk of a certain prosecution in connection with the death of one Mary Lewis, which occurred in Melbourne some years ago, and a telegram was handed about in Dublin sent by the Victoria Medical Society from Melbourne, which emphatically repudiated the honour of association with Dr. Beaney. It was also hinted that the authoritative commission from the Victorian Government which this gentleman asserted that he possessed had been positively refused to him, and that he had been obliged to content himself with a simple private letter from one member of the said Government.

Much more chatter of this sort passed from mouth to mouth in Dublin at the time, but as it seemed to be discordant with the solid facts that Dr. Beaney had plenty of money—could pay for any number of the best dinners for those who would accept his hospitality—and had ready—if not gratuitous—access to the editorial columns of certain Dublin papers, and one of the London 'society" journals, a certain number of medical men in Dublin (a few of them being influential and representative) were found willing to patronise the Antipodean ambassador, and were repaid for their easy virtue by reading their names almost every day in the numerous paragraph advertisements of Dr. Beaney and his dinners. As is always the case, those who declined to join the entertainments, or who expressed their doubts as to Dr. Beaney's merits, were denounced as the calumniators of injured virtue, and though their warnings had the effect of causing certain much-coveted medical honours to be withheld from the lion of the day, they had to bear the full measure of unpopularity which always is the lot of censorious and suspicious people.

Well, Dr. Beaney went back to Melbourne, and at once a rumour reached Dublin that if we would only, as the Scotch say, "bide a wee," we should hear all about the medical embassy and its hero. The *bonne bouche* thus promised we have before us in the shape of an action taken by a certain medical publisher in Melbourne against the honoured of Dublin to recover £650. For what? Well, here are the items:—£400 as a bribe to said publisher for getting from the official who gave it, the letter which Dr. Beaney called his "commission;" £50 for finding two authors to write the books published and advertised by Dr. Beaney as his own; and £141 for printing, as an advertisement, 800 copies of a stupendous gilt auction catalogue of that gentleman's property, sold off on his leaving for Europe. We regret that we cannot afford our readers—and especially those gentlemen who have acquired a special interest in the matter by participation in Dr. Beaney's hospitalities—the amusement which we have ourselves enjoyed in reading the unfolding of the whole affair. Suffice it to say that, on the evidence of the learned doctor himself, it was established that he never had had—but had been point-blank refused—the commission which was his ticket of admission to Dublin society; that what he had in the way of a letter he paid

for in hard cash to a local stockbroker, who got it by importuning the official who gave it; that he really did not write a line of the books which he published, and the lectures which he delivered as his own; and lastly, that he had plainly and simply purchased the laudation of the London and Dublin papers who befriended him by the gift of valuable diamonds and other articles which sub-editors like to have. We are doubly sorry that our space will not enable us to publish the report of the trial, because we feel that it would be instructive reading, if only as a warning to those who, with excessive good nature, but insufficient caution, fulfil their duty to the stranger by eating his dinners and speaking his praises.

Chelsea Hospital for Women.

On Friday last the Princess of Wales laid the foundation stone of a new hospital to be erected in the Brompton Road for the treatment of women's diseases. About ten years ago a dispensary was started near the present site, on a small scale, and a few beds were opened for the reception of gentlewomen in reduced circumstances, as well as for the treatment of out-patients. The applications for admission soon became too numerous to find accommodation, and in place of spending money in patching up old houses, it was wisely determined to make an appeal to the public for support, and provide a proper hospital. This may seem a somewhat bold project, especially when we hear lamentations of the closure of beds and wards taking place in several old-established hospitals, simply from want of funds. Notwithstanding, we believe it will be found to be wiser to provide extended accommodation for outlying districts than to keep beds going within the small inner circle of this vast metropolis. In the case of women, too, suffering from certain distressing kinds of disease, the hardship of having to tramp long distances is very much greater than it may at first sight appear, whilst it also necessitates a serious loss of time in overcrowded, unwholesome waiting-rooms.

Brompton and Fulham will now be more amply hospitalled, and of a more varied character than that of most other parts of London; and Friday will be remembered as quite a red-letter day amongst the inhabitants. Their Royal Highnesses were punctuality itself; two of their Royal children accompanied them, as well as a goodly retinue of lords and ladies gaily dressed. Outside the marquee a guard of honour of the Queen's (Westminster) Rifle Volunteers was drawn up, whilst the inside was thronged with visitors. Their Royal Highnesses were received by the President, the Earl of St. Germans, and the officials of the institution, by whom they were conducted to the daïs where the stone was to be laid. A pleasing incident was the acceptance by the Princess of a bouquet of flowers, the gift of the in- and out-patients of the hospital. Upon entering the building the Royal party were greeted with the strains of the national anthem, sung by the choirs of various neighbouring churches. The Lord Bishop of London having offered up prayer, the Earl of St. Germans read an address of welcome to her Royal Highness, in reply to which the Prince of Wales said:—"I am desired by the Princess to offer you her acknowledgments for the address which you have just read to h r, and to express her gratification at the statements contained in it regarding this hospital, and to assure you that it gives her very great pleasure to be here to-day to take part in this ceremony. We cannot conceive an object more worthy to be taken up, or more likely to be of great benefit to a suffering class in this country. Again assuring you of the pleasure it gives us to be here, we willingly give our consent to your naming two of the wards of the new hospital the Alexandra and the Albert Edward." The choirs then sang a hymn specially composed for the occasion by Mr. Arthur Sullivan, after which the treasurer read the record of the proceedings, which, placed in a glass case with one of the hospital reports, a photograph of the building, and some coins of the present year, was placed beneath the foundation stone. The Princess of Wales then performed the ceremony of the day, after which upwards of a hundred ladies and children placed purses before her Royal Highness, who gave each of the donors a most kindly and gracious recognition, and the ceremony was brought to a close by the Bishop of London pronouncing a benediction.

A Medical Murder.

Under this heading the *Paddington Times* relates an occurrence which, without explanation, is simply incomprehensible. A medical man, called to attend a patient suffering from bronchitis, is declared to have deliberately killed the unfortunate victim by applying, first, a handkerchief saturated with chloroform to his face, and subsequently, on the remonstrance of the patient's son, a napkin on which had been poured a mixture of ether and ammonia. Heart disease having been diagnosed, the latter stimulant might have been intended to produce a beneficial effect, as, indeed, the doctor declared had been his hope; but the extraordinary part of the revelation is in the fact that he expressly admitted to the wife of the patient not only that he had purposely destroyed her husband's life, but that she ought to be grateful to him for doing so; and added further that he thus treated all his patients who were great sufferers. Our lay contemporary, with some reason, concludes that the author of this diabolical outrage is a madman. If the account be true, and it is given in a way that carries conviction, it constitutes an entirely unheard-of departure in the paths of malpractice. That any medical gentleman can be guilty of anything of the kind is, however, very difficult to believe, and pending a searching inquiry into the facts of the case, it will be wiser, as it is certainly preferable, to hope that an explanation of the whole matter will be forthcoming. There should be no delay in settling the matter satisfactorily one way or another, for the credulous public, too willing to accept sensational statements, will not be slow to approve this argument in favour of a not altogether exploded notion that medical men do sometimes treat their long-suffering patients to that which will effectually and for ever cure them of all pain.

Bronze Poisoning.

A case of poisoning by metallic copper has recently been investigated in the East end of London, and the evidence adduced proves conclusively that the occupation of "bronzing," on which deceased had been engaged, is detrimental, and may even prove fatal to human lives.

The inhalation of the copper powder for a length of time results in its being deposited in large quantities in the tissues and organs of the body, and the well-known dangers attending this form of poisoning should tend to the enforcement of rules for securing the safety, as far as possible, of those engaged in this branch of labour. Mr. C. M. Tidy, M.B., public analyst, gave evidence at the coroner's inquiry, and recommended the observance of the precautions suggested by Dr. Ballard under similar circumstances, such as the wearing of respirators while working with the metallic powder, careful washing at the end of the work, and the use of a special dress during it, strict cleanliness; and, especially the use of copious draughts of milk to act as an antidote to the poison. The unfortunate accident to which the deceased youth owed his fate is not by any means a singular one, or without numerous repetitions, although they may not be so prominently noticed; and it ought to lead to official interference so far as to insist on the unceasing observance of precautionary measures.

Student Thieves.

For a long period of time there have been occasional instances of theft by medical students reported from the different hospitals and schools, both in London and the provinces. Guy's, the London, Charing Cross, St. Mary's, Manchester, Leeds, Birmingham, and many others have been the scenes of these petty depredations, and in the majority of instances the culprits have been students at one or other of the great centres of medical education. The latest addition to the list is St. Bartholomew's, a student of which school is now under remand, charged with the commission of a large number of thefts from his fellows. The reflections to which these unhappy disclosures lead are by no means comfortable. They tend to prove the truth of the statement made to the effect that there is a certain and possibly not inconsiderable number of young men who register as medical students, and who are morally unfit to become members of an honourable profession. Whether it is that these unfortunate youths are led into temptations which necessitate their extricating themselves from pressing difficulties by actual dishonesty, or whether criminal by inclination, they sink deeper and deeper into ruin, the fact nevertheless remains that a certain worthless residue does exist, and how to eliminate it and destroy its damaging effects must be one of the problems to be solved by the reformers of the future.

Dr. Stevens's Hospital, Dublin.

The correspondence columns of the Dublin papers have re-opened the discussion of the proceedings of the Board of Governors of Dr. Stevens's Hospital last February. It will be recollected that in appointing two physicians to the hospital they passed over a working member of the medical school attached to the hospital, who had served the institution well and zealously, and appointed in his place a young gentleman who had never had responsible public charge of a sick person in his life. It will be recollected that several of the leading members of the hospital and school staff marked their indignation at this unmerited and extraordinary slight to their colleague by resigning their connection with the hospital. Since then, and in consequence of the retirement of these gentlemen, the school has collapsed, and we believe that the portion of the Government grant which was allocated to school purposes has been withdrawn, and thus Dr. Stevens's Hospital, which was once one of the finest clinical hospitals and educational institutions, has, by the arbitrary act of a clique of laymen, been lowered to the level of an unknown and unregarded subsidised establishment. We suppose that the lay governors of the hospital are pleased with, and proud of, their work. If not, we do not know anyone else who is likely to be so. The transaction forcibly illustrates the amount of consideration which the interests of an hospital receive whenever the stimulus to perpetrate a job weighs in the opposite scale.

The British Association for the Advancement of Science.

The arrangements for the fiftieth meeting of the British Association, to be held at Swansea, are as follows:—

The first general meeting will be held on Wednesday, August 25th, at 8 p.m. precisely, when Professor G. J. Allman, M.D., F.R.S., Pres. L.S., will resign the chair, and A. C. Ramsay, LL.D., F.R.S., Director-General of the Geological Survey of the United Kingdom, and of the Museum of Practical Geology, President Elect, will assume the Presidency, and deliver an address. On Thursday evening, 26th, at 8 p.m., there will be a *soirée*; on Friday evening, 27th, at 8.30 p.m., a discourse by Professor W. Boyd Dawkins, F.R.S., on "Primæval Man;" on Monday evening, 30th, at 8.30 p.m., a discourse by Francis Galton, M.A., F.R.S., on "Mental Imagery;" on Tuesday evening, 31st, at 8 p.m., a *soirée*; and on Wednesday, September 1st, the concluding general meeting will be held at 2.30 p.m.

On Saturday evening, 28th, Henry Seebohm, Esq., F.Z.S., will deliver a lecture to the operative classes on "The North-East Passage."

Amongst the Sectional officers are the following:—

Chemical Science. President—John Henry Gilbert, Ph.D., F.R.S. Secretaries—Harold B. Dixon, F.C.S.; Dr. W. R. Eaton-Hodgkinson; P. Phillips-Bedson, D.Sc.; and J. M. Thomson, F.C.S.

Biology. President—A. C. L. G. Günther, M.A., M.D., F.R.S. Secretaries—G. W. Bloxam, M.A.; Professor M'Nab, M.D.; John Priestly; and Howard Saunders, F.Z.S.

Economic Science and Statistics. President—George Woodyatt Hastings, M.P. Secretaries—Noel A. Humphreys, F.S.S., and Constantine Molloy.

The Metropolitan Asylum.

On Saturday last the managers of the Metropolitan Asylums District concluded their annual visitation to the various institutions under their control by an inspection of the asylum at Caterham, which, like its sister institute at Levesden, contains a population of something like 2,000 persons belonging to metropolitan parishes on the Surrey side of the river who come under the designation of imbeciles. The company, which included Dr. Brewer, the chairman, and most of the managers, with Mr. W. F. Jebb, their secretary, and a number of gentlemen inter-

ested in Poor-law administration, inspected the stores, bakery, kitchen, laundry, chapel, and workrooms, where the inmates are employed in various trades of a useful and productive character. Both the male and female wards and dormitories were also inspected, and the appliances for the comfort and extreme cleanliness of every department were the theme of general approbation. In the course of his remarks, the chairman of the committee referred to the fact that a very large proportion of the clothing and the whole domestic work of the establishment were made and performed by the inmates, whilst the agricultural produce of the land contributed largely to the supply of the food they required. Indeed, economy combined with efficiency was the principle upon which the whole of the arrangements were conducted, and taking into consideration the position of the inmates, the general health of the institution was excellent.

Death from Chloroform.

A CASE of sudden death from the inhalation of chloroform is recorded in the *Canada Lancet*, of July 1, 1880. The patient, Catharine Donahue, had been taken from the House of Refuge after her accouchement to the City Hospital, Hamilton, Ont., for the treatment of an abscess of the breast, and the medical evidence showed that she had only taken a few inspirations of the anæsthetic when she became insensible, and all endeavours to resuscitate her were in vain. The post-mortem examination proved that all the organs of the body were in a healthy state, and that death resulted from the administration of chloroform. The jury returned the following verdict :—"That Catharine Donahue came to her death on the 3rd day of June, 1880, from chloroform administered in the Hamilton City Hospital, and it appears to this jury that the chloroform was administered in a proper manner, and her death could not have been foreseen, and no blame can be attached to any one."

The Public Health (Ireland) Amendment Bill.

MR. REDMOND'S Bill for the amendment of the Public Health (Ireland) Act, 1878, which is now before the House, is of no interest to the medical profession. It simply empowers the Local Government Board on the application of an urban sanitary authority to enlarge any existing provisional order, notwithstanding that it was obtained previous to the passing of the Act of 1878. Under the previous Act a great injustice was inflicted on the town of Wexford last year by the absence of any power to extend a provisional order passed three or four years ago, and Mr. Redmond's Bill, which is pretty certain to pass without any opposition, will relieve the Town Commissioners in this as well as many other towns in Ireland.

Metropolitan Hospital Sunday Fund.

IT is with much satisfaction we are able to announce the fact that the amount collected on Hospital Sunday, and paid in to the Treasurer of the Fund, exceeds that of other years by several thousand pounds. Up to the time of going to press, and with other amounts yet expected to come in, over £30,000 have been received. This will be considered as a very gratifying result. At the same time we sincerely regret to have to record the death of one of the earliest and most earnest promoters of Hospital Sunday, the Rev. Canon Miller, Vicar of Greenwich.

Treatment of Lunatics in France.

IN a recent criminal trial in France, in which a lunatic, after having had his arm broken by a *chef de culture*, under whom he was placed, and who afterwards strangled him and buried his body, the unpleasant fact came out on the trial that the lunatics at Clermont are struck and beaten by sticks or whips by those who have charge of them. Dr. Labitte, who is the medical officer, is not the director of the Clermont Asylum.

Potable Sewage.

THE Guardians of the Newcastle West Union, in the county Limerick, have been informed by Dr. Cameron, the county analyst of that district, that the water which is consumed by the population of Newcastle West is nothing better than "sewage slightly diluted."

ONE of the summonses against Mrs. Rutley, of Wandsworth, for illegally receiving lunatics without a licence, referred to in our last, has been withdrawn.

DR. ARNOLD BEER, a medical and scientific writer of some celebrity, died somewhat suddenly at the Grand Hotel, Paris, on Tuesday, at the age of forty-five.

THE Government promised, in the House of Lords on Friday, that the Noxious Vapours Bill and the Report of the Royal Commission thereon, would be one of the first subjects to be dealt with next session.

THE title of the essay to which the Howard medal of the Statistical Society will be awarded in November, 1881, is "On Gaol Fever, from the earliest Black Assizes to the last recorded outbreak in recent times."

THE annual summer *fête* of the inmates of the Earlswood Asylum for Idiots took place on Friday last. The total expenditure for the year in carrying on this institution was stated to be £27,500. The number of inmates is 562.

IT is understood that the Report of the Committee on the Naval Medical Service will be presented to the Admiralty during the present week. It is, therefore, yet possible that the new Warrant may be promulgated before the 9th proximo, the date of the next examination for medical candidates for the naval service.

IN the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 17, Bombay 29; Paris 23; Geneva 18; Brussels 24; Amsterdam 26, Rotterdam 21, The Hague 18; Copenhagen 23; Stockholm 27; Christiania 20; St. Petersburgh 50; Berlin 42, Hamburg 24, Dresden 27, Breslau 36, Munich 38; Vienna 23, Buda-Pesth 36; Venice 25; Alexandria 50; New York 23, Philadelphia 19, and Baltimore 31 per 1,000 of the populations. Small-pox caused 58, measles 38, and typhoid fever 24 deaths in Paris.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

GLASGOW OPHTHALMIC INSTITUTION.—The annual distribution of prizes to the successful students attending the Glasgow Ophthalmic Institution took place on Tuesday, the 13th inst., in the class room of the Ophthalmic Institution, 126 West Regent Street. There was a full attendance of students. Sir James Watson presided, and along with him were Dr. Wolfe, the Rev. Dr. Marcus Dods, Mr. J. C. Wakefield, Mr. James White, of Overtown, and Dr. J. G. Wilson. This Institution is a very flourishing one. Perhaps of all the institutions in Glasgow of a similar nature there is none so well managed as "the Ophthalmic;" and its statutory appearance in print is almost certain to afford flowers of speech for which the public and the profession cannot fail to be duly grateful. The venerable and esteemed chairman delivered a brief address, in the course of which he remarked that "the eye was one of our most valued senses, but it was one most easily injured; therefore he was glad that young men were being trained in a science which up till lately was left in the hands of *individual country surgeons*," and here we are told "applause" came in. Dr. Wolfe, we are informed, "had introduced this year an additional subject—namely, *performing operations*;" and he also was rewarded with the applause to which his feat undoubtedly entitled him. Mr. Wakefield, who is an authority on all subjects, tells the public that "*he* considered Dr. Wolfe far in advance of anyone *here or elsewhere*"—no mean boast certainly. Mr. Beck pointed to Dr. Cluckie's appointment to the Greenock Infirmary "as a proof of Dr. Wolfe's eminent abilities as a teacher and an oculist;" the fortunate Dr. Cluckie being a former assistant of the eminent Dr. Wolfe. Singularly enough this extravagant personal laudation is a thing which does not find place in the reports, or at the meetings of other kindred institutions in Glasgow, and it is surely legitimate to ask whether they are in good taste as appearing in the public newspapers, or relevant to the proper management of the Institution.

COMRIE.—MONUMENT TO THE LATE DR. LEITH.—The parishioners of Comrie have erected in the new cemetery a handsome monument in memory of the late Dr. Leith. The structure is in form of an obelisk, stands 13 feet high, and is of Peterhead granite. The sculptor was Mr. Beveridge, Perth.

DUMBARTON.—Dr. Richard has been appointed medical officer of health for the Burgh.

REGISTRAR-GENERAL'S RETURNS.—According to the weekly return of births, deaths, and marriages for the eight principal towns of Scotland, the death-rate for the week ending with Saturday, July 10th, 1880, was 20·4 per 1,000 of estimated population. This rate is 0·4 above that for the corresponding week of last year, and 0·5 below that for the previous week of the present year. The lowest mortality was recorded in Leith, viz., 13·3 per 1,000, and the highest in Paisley, viz., 25·5 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 3·9 per 1,000, being almost the same rate as that for the previous week. A decrease occurred in the number of deaths from measles, while in scarlet fever and diseases of the bowels there was a considerable increase. A female, said to have been veccinated, died in Glasgow from confluent small-pox. There was no visible mark of vaccination.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 10th inst., the deaths in Edinburgh fell from 93 to 80. The death-rate was 19 per 1,000. The zymotic mortality amounted to 9. There was only 1 death from fever, and that was reported from the southern suburbs.

MORTALITY OF GLASGOW.—The mortality in Glasgow during the week ending with Saturday, the 10th inst., was at the rate of 23 per 1,000 of the population annually. In the corresponding seven days of 1879 the deaths were at the rate of 22 per 1,000.

EDINBURGH UNIVERSITY COURT.—At a meeting of the Edinburgh University Court, held on the 16th inst., *inter alia*, Mr. James Hunter, F.R.C.S. Edin., was recognised as a teacher of medicine in Edinburgh whose lectures on the Institutes of Medicine should qualify for graduation in Medicine in the University in terms of Ordinance No. 8, sec. 6 (4).

INDIAN ITEMS.

MEDICAL SERVICES IN AFGHANISTAN.—Sir Donald Stewart writes in his despatches regarding the action at Ahmed Khel, near Guznee, that "the arrangements for the immediate care of the wounded reflect the highest credit upon Deputy Surg.-Gen. A. Smith, C.B., the principal medical officer with the force; and the exertions of the subordinate medical staff deserve my warmest acknowledgments."

A LADY DOCTOR.—Miss Dora White, a graduate of the Madras Medical College, and the Resident Medical Subordinate of the Military Female Orphan Asylum, who recently proceeded to Bhrig, Cutch, to attend on her Highness the Maharani of Cutch, has returned to Madras, after having successfully treated the Maharani, whose failing health had given occasion for some anxiety. Miss White's services obtained for her the special thanks of her Highness the Maharani's family.

LIFE AND DEATH.—This is the substance of a review of a book just published on the "Destruction of Life by Snake-bites, Hydrophobia, &c., in Western India":—"To know that 20,000 people annually lose their lives in India from snake-bites ought to be enough to arouse the indignant remonstrances of philanthropic folk; especially when we reflect that a twentieth part of that number slain in fair fight would be held sufficient cause for which to hurl an able and useful Government from power. But in all seriousness, if the death-rate in India is to be persistently reduced by the prevention of famines, the destruction of wild beasts, the killing of snakes, the prevention of internal wars and feuds, the punishment for murder, improved sanitation, vaccination, better medical treatment, public dispensaries, purified water, drainage and removal of malaria, and all the other resources of advanced civilisation—some frightful calamity will be brought upon the country by the awful increase in the population without any possible means of increasing the food supply. If these energetic interferences with nature's laws are to be extended, they must be accompanied by equally determined efforts to feed the additional millions preserved thereby; otherwise we shall be merely creating mischief with one hand, while combating it with the other. The prevention of the 20,000 annual deaths from snake-bites would increase the population of India by about ten millions every thirty or forty years, and it would be interesting to get the ex-Commissioner's opinion as to the means of feeding this vast increase. And we say this while deeply regretting the loss of life now going on, and recommending his book to the careful attention of all who profess an interest in their fellow-creatures." Flourish, then, malaria, snakes, and wild beasts, but save us from ourselves—from an increase of Indian population!

Correspondence.

CHEAP DISPENSARIES.—No. III.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is indignantly asked why, if such an innovation is necessary in medicine, it has not been found so in law? The reasons are not far to seek.

Law is not a necessity to the poor in the sense that medicine is; disease is no respecter of persons, it attacks those who are exposed to it, and therefore, the poor more than the rich.

Law is practically monopolised by two classes—the possessors of property and the perpetrators of crime. The poor do not belong to the first, and need not join the second; and consequently there has been no inducement to make law the handle of a vast pauperising machine under the misleading name of charity.

But not only is the need of medical relief infinitely more urgent and more general than the demand for law; but in most cases all that is really necessary to meet it can be accomplished with an expenditure of skilled labour, which is insignificant in comparison with the amount of time and trouble required to master the details of even the most simple legal case. What sort of legal cases are those which, for their urgency, frequent occurrence, and yet the small amount of trouble required to deal with them, can be compared with such ailments, for example, as an inflamed eye, or a splinter under the nail, an attack of sciatica, or an acute diarrhœa? In the majority of such cases, with the requisite knowledge, a few minutes' attention, a few plain directions, or some simple medicines are all that separate the sufferer from comfort, and when one remembers how easily and cheaply, comparatively speaking, such knowledge can be acquired, and with the adoption of some system how many such cases could be relieved in a day; and even with a very small fee in each case how fairly remunerative labour so expended might be; the indications of mutual help and advantage are as clear as any of those natural channels formed by the current of our social life; and what oracle or graven image, what shadowy interests or ancient prejudices have a right to warn a vast multitude of the people away from this highway unless they enter it as beggars?

It would be unsatisfactory to leave this subject without referring to the effort which is now being made on a large scale to carry out the principle of cheap fees by means of provident dispensaries, whose success I should cordially welcome. But it does seem to me that they have been scarcely fair to the principle which is their only hope of success, and have given far too much prominence to adventitious conditions which are not a necessary part of their system, and may prove rather a hindrance than a help to it, and have thus fostered widespread misconception, so that numbers of people who support provident dispensaries are ignorant that their sole *raison d'être* is that they supply cheap medicine.

Thus it is gravely asserted that real valid objections to small fees are completely satisfied if they are paid by the week on a provident principle. What a confusion of ideas! Teaching the poor providence is doubtless a worthy exercise, and as such should meet its reward; but it has no more special connection with medical fees than any other form of moral instruction; and if providence of this kind is such a blessing to those who practise it, why should all its benefits be absorbed by the poor and confined to medicine? Why should we not all forsake the long-trodden paths of wanton waste and vicious extravagance, embrace virtue, and pay for everything by the week?

Others, again, consider that practices, otherwise objectionable, are condoned if carried on under the supervision of a committee.

I am not prepared to deny that any institution might be better managed by a committee than an individual, but I have been hitherto arguing against those who denounce the whole principle of cheap fees, and if that principle is wrong, it cannot be made right by being sanctioned by a committee; and if it is right it is so with a committee or without. Quite distinct from this, but pertaining to the application of the principle, is the question of the influence a committee might possess for preventing abuses of any kind, and their value in this direction I should willingly admit, though the abuses which are apprehended seem to have been a good deal exaggerated.

One of the functions which it is often urged a committee would exercise as no individual could, is the prosecution of inquiries into the means of all patients attending cheap dispensaries, so as to prevent any who could afford a larger fee from taking advantage of them. But people often practise economies from other motives than necessity in many of their wants and pleasures; and if they are guilty of reprehensible meanness it would still be a rather drastic measure to put them on the level of ticket-of-leave men. If, however, such treatment is to be approved on the ground that we should attack the beginning of evil, let us be consistent, let us have committees to investigate the social and pecuniary position of every one who sits in the pit of a theatre or travels third-class.

On general grounds, however, no one who has had any experience of the committees of medical institutions can doubt the beneficial influence their supervision would shed upon everything they undertook. Who has not learnt something—directly or indirectly—of their calm impartiality, their enlightened discretion, their penetrating wisdom, their infinite tact? That there may occasionally be exceptions is possible, but they are happily far too rare to detract from the advantage that must accrue from having all the dispensaries that are required managed by legions of distinct committees of every variety and kind—*quot homines tot sententiæ*—a felicitous conception, the development of which must in due season cover its promotors with honour, and the people with blessings. Nothing, however, is further from my intention than to disparage provident dispensaries, which are an earnest effort to meet a pressing want, viz., to bring medical relief within the means of a large portion of the community who have hitherto been driven either to accept it as a charity or to do without it. And they deserve all credit for recognising the fact that this can only be done by some system which allows of the doctor's time being paid for by a number of fees small enough to be within the reach of the class it is intended to reach. But I protest against the confusion of identifying this, which is the keystone of the whole movement, with the provident principle, which may or may not be adopted as a corollary to a system of which it is no essential part.

Whether the provident system of paying for medical requirements is the best time will show. But it is questionable whether under the proposed methods of organising provident dispensaries there is not a risk of embarrassing them with too cumbersome machinery, overweighting them with the ubiquitous policeman and charity commissioner. We have yet to learn what business these officials have upon the scene at all. If dispensaries aim at being anything but self-supporting charities in which the self-supporting element is a delusion, they have simply to go into the open market with the best article for the money and subject to competition, and if their system is faulty they will be superseded by private enterprise, which will know how to meet the public requirements better. The question will finally be decided, not by individuals, nor even by committees, but by economic laws.

It is ever the misfortune of those who are enslaved by narrow views and groundless prejudices to be plagued by phantoms which originate in their own defective vision. But angry denunciations of a movement which springs from social wants and flourishes only by fulfilling them, are not likely to obstruct its progress any more than the sand-hills of children obstruct the sea. Should you at any time have space to waste on a letter whose length I will not attempt to excuse, its bestowal will confer a great favour on

Your obedient servant,

A. B.

DENTAL EXPURGATION.

THE business of revising the Dental Register, which respectable dental surgeons have been looking forward to with hope, seems to have come to a deadlock. The Dental Committee of the General Medical Council had been asked to strike off the rolls a large number of persons who had obtained admission thereto as being in the practice of pharmacy, though they were not, in a legal sense at least, engaged in any such practice. The Dental Committee doubted its competency to act as it was asked, and referred the request to the full Council, but it found that body as uncertain as to its powers as the Committee itself. The Dental Association put forth the opinion of Mr. Fitzgerald that the Council had full power to delegate its authority for this purpose, while Mr. Bowen, Q.C., was of a contrary view.

In any case the decisions of the Committee must be referred to the Council at large before they can be acted upon, so that the ultimate erasure of mis-registered names must probably take another twelvemonth.

AN ERASURE FROM THE DENTAL REGISTER.

THE case of Mr. John Hamilton, of Tavistock Street,

Bedford Square, London, whose diploma of Licentiate in Dental Surgery was last year cancelled by the Royal College of Surgeons in Ireland, because of his having published and advertised pamphlets of the usual semi-obscene character, was before the General Medical Council last week, and, on hearing the case, it was resolved that the qualification of L.D., R.C.S.I., appended to his name in the Dental Register, be struck out. The Dental Committee has still to consider whether the circumstances are such as to justify the removal of Mr. Hamilton's name from the list of registered dental practitioners. Under the 13th section of the Dentists' Act, the Medical Council is ordered to erase the name of any person who has been adjudged guilty of any "infamous or disgraceful conduct in a professional respect;" and it remains to be seen whether the Council may not consider the distribution of prurient quack books to be quite within the limits of professional propriety.

A MEDICAL TEST FAST.

A SHORT time since Dr. Tanner, of New York, determined in his own person to test the question of prolonged fasts, by submitting to a forty days' cessation from work and from eating and drinking (water alone excepted). Monday was the twenty-first day of his self-imposed fast, when, a telegram states, his pulse was at 78, temperature 98, and his weight 135 pounds. He sleeps soundly, drinks water quite freely, talks cheerfully, and looks fairly well. Up to the present time he has lost on an average about seven pounds in weight per week.

THE INTERNATIONAL MEDICAL CONGRESS OF 1881.

A MEETING of the Committee of Organisation was held at the Royal College of Physicians of London last week, when the date of the Congress was definitely settled, viz., from August 3 to 9 inclusive. The meetings will be held in the rooms of the University of London. The following are the sections and office-bearers therein :—

President of the Congress.—Sir James Paget, Bart., LL.D., D.C.L., F.R.S.

Vice-Presidents of the Congress.—The President of Royal College of Physicians, London; the Presidents of the Royal Colleges of Surgeons of England, Ireland, and Edinburgh: President of the Royal College of Physicians of Edinburgh, and of the King and Queen's College of Physicians, and Faculty of Physicians and Surgeons, Glasgow; Master of the Society of Apothecaries, London, Governor of Apothecaries' Hall, Ireland; Professor Acland, F.R.S.; Sir George Burrows, Bart.; W. G. Busk. F.R.S.; Dr. W. B. Carpenter; Sir Robert Christison, Bart.; Mr. Luther Holden, F.R.C.S.; Sir J. Hooker; Dr. Hudson; Professor Huxley; Sir W. Jenner, Bart.; Mr. Thomas Keith, F.R.S. Ed.; Professor Lister; Dr. Robert MacDonnell; Professor Owen; Professor George Paget; Professor Burdon Sanderson; Professor Spence; Professor Allen Thomson; Sir Thomas Watson, Bart.; Mr. Spencer Wells, F.R.C.S.

Section I., ANATOMY.—*President*, Prof. Flower, F.R.S. *Vice-Presidents*, Prof. Macalister, M.D., Dublin; Prof. Rolleston, M.D., F.R.S., Oxford; Prof. Turner, F.R.S., Edinburgh. *Secretary*, Prof. Thane.

Section II., PHYSIOLOGY.—*President*, Prof. Michael Foster, F.R.S., Cambridge. *Vice-Presidents*, Dr. F. W. Pavy, F.R.S.; Prof. John Mallet Purser, M.D., Dublin; Prof. William Rutherford, M.D., F.R.S., Edinburgh. *Secretaries*, Dr. C. S. Roy; Prof. Gerald Yeo.

Section III., PATHOLOGY AND MORBID ANATOMY.—*President*, Dr. Samuel Wilks, F.R.S. *Vice-Presidents*, Dr. John Syer Bristowe; Mr. Jonathan Hutchinson; Prof. Sanders, M.D., F.R.S.E., Edinburgh. *Secretaries*, Dr. J. F. Payne; Mr. Marcus Beck, F.R.C.S., M.S.

Section IV., MEDICINE.—*President*, Sir William Gull, Bart., M.D., F.R.S. *Vice-Presidents*, Prof. Gairdner, M.D., Glasgow; Dr. Quain, F.R.S.; Dr. William Roberts, M.D., F.R.S., Manchester. *Secretaries*, Dr. Duckworth; Dr. W. M. Ord.

Section V., SURGERY.—*President*, Mr. John Eric Erichsen, F.R.S. *Vice-Presidents*, Prof. E. H. Bennett, M.B., Dublin; Prof. Humphrey, M.D., F.R.S., Cambridge; Mr. W. S. Savory, F.R.S. *Secretaries*, Mr. H. Greenway Howse, F.R.C.S.; Mr. Thomas Smith, F.R.C.S.

Section VI., OBSTETRIC MEDICINE AND SURGERY.—*President*, Dr. M'Clintock, LL.D., Dublin. *Vice-Presidents*, Dr. Barnes; Dr. Matthews Duncan, LL.D., F.R.S.E.; Dr. Priestley. *Secretaries*, Dr. Galabin, Dr. John Williams.

Section VII., DISEASES OF CHILDREN.—*President*, Dr. West. *Vice-Presidents*, Dr. Gee; Mr. Timothy Holmes. *Secretaries*, Dr. Donkin; Mr. R. W. Parker, F.R.C.S.

Section VIII., MENTAL DISEASES.—*President*, Dr. Lockhart Robertson. *Vice-Presidents*, Dr. Crichton Browne, F.R.S.E.; Dr. Maudsley. *Secretaries*, Dr. Gasquet; Dr. Savage.

Section IX., OPHTHALMOLOGY.—*President*, Mr. Bowman, F.R.S. *Vice-Presidents*, Mr. Critchett, F.R.C.S.; Mr. Henry Power, F.R.C.S., M.B.; Dr. Argyle Robertson, F.R.S.E., Edinburgh. *Secretaries*, Dr. W. A. Brailey; Mr. E. Nettleship, F.R.C.S.

Section X., DISEASES OF THE EAR.—*President*, Mr. Dalby, F.R.C.S. *Vice-Presidents*, Dr. Cassells, Glasgow; Dr. Fitzgerald, Dublin. *Secretaries*, Dr. Urban Pritchard; Dr. Laidlaw Purves.

Section XI., DISEASES OF THE SKIN.—*President*, Prof. Erasmus Wilson, F.R.S. *Vice-Presidents*, Dr. Cheadle; Dr. R. Liveing. *Secretaries*, Dr. Cavafy; Dr. Thin.

Section XII., DISEASES OF THE TEETH.—*President*, Mr. Edwin Saunders. *Vice-Presidents*, Mr. John Tomes F.R.S.; Mr. Charles Spense Bate, F.R.S. *Secretary*, Mr. C. S. Tomes, F.R.S.

Section XIII., STATE MEDICINE.—*President*, Mr. John Simon, C.B., F.R.S. *Vice-Presidents*, Dr. George Buchanan; Professor de Chaumont, F.R.S.; Dr. Douglas Maclagan, F.R.S.E., Edinburgh; Mr. J. Netten Radcliffe, F.R.C.S. *Secretaries*, Prof. Corfield, M.D.; Dr. Thorne Thorne.

Section XIV., MILITARY SURGERY AND MEDICINE.—*President*, Surgeon-General Prof. Longmore, C.B. *Vice-Presidents*, Sir William Muir, M.D., K.C.B., Director-General Army Med. Dep.; Sir Joseph Fayrer, M.D., K.C.S.I., F.R.S., India Office; Dr. J. W. Reid, Director-General Med. Dep. of Navy. *Secretaries*, Surgeon A. B. R. Myers, Coldstream Guards; Surgeon-Major Sandford Moore, Aldershot.

Section XV., MATERIA MEDICA AND PHARMACOLOGY.—*President*, Prof. T. R. Fraser, M.D., F.R.S., Edinburgh. *Vice-Presidents*, Dr. Lauder Brunton, F.R.S.; Prof. Sydney Ringer. *Secretaries*, Dr. E. B. Baxter; Dr. F. T. Roberts.

MUSEUM OF SCIENTIFIC APPARATUS AND MATERIA MEDICA. — *Museum Committee*, Mr. Jonathan Hutchinson, F.R.C.S., *Chairman*; Mr. Waren Tay, Mr. C. Stewart, Dr. G. V. Poore, Dr. F. Macnamara, Mr. J. F. Goodhart.

Reception Committee, Mr. Prescott Hewett, F.R.S., *Chairman;* Sir Trevor Lawrence Bart., M.P., Sir Henry Thompson, Dr. Farquharson, M.P., Dr. Lyons, M.P., Mr. J. H. Puleston, M.P., F.R.C.S., Dr. A. Vintras, Dr. Lionel Beale, Dr. Andrew Clark, Dr. Philip Frank, Mr. J. Cooper Foster, F.R.C.S., Mr. Ernest Hart, F.R.C.S., Dr. George Johnston, Mr. John Marshall, F.R.S., Dr. W. O. Priestley, Dr. Owen Rees. *Secretaries*, Dr. Samuel West, Dr. Seymour Sharkey.

Executive Committee, Dr. Risdon Bennett, LL.D., F.R.S., Pres. Roy. Coll. Phys., London, *Chairman:* Sir W. Jenner, Bart., M.D., K.C.B., D.C.L., F.R.S.; Sir James Paget, Bart., LL.D., D.C.L., F.R.S.; Sir William Gull, M.D., F.R.S.; Mr. Luther Holden, F.R.C.S.; Prof. J. Lister, D.C.L., F.R.S.; Dr. H. A. Pitman; Mr. W. Bowman, F.R.S.; Dr. Sieveking; Dr. Herman Weber; Mr. Jonathan Hutchinson, F.R.C.S.; Dr. J. Matthews Duncan, LL.D., F.R.S.; Mr. Prescott Hewett, F.R.S.; Dr. Andrew Clark; Mr. A. O. Mackellar, F.R.C.S.; Dr. A. B. Shepherd; Dr. P. H. Pye-Smith; Mr. W. MacCormac, F.R.C.S.

Invitations to attend the meetings will be issued to all legally qualified medical practitioners in the United Kingdom, and will be sent to the different countries of Europe, to America, the Colonies, and India. Papers may be read

in English, French, or German, and will be published in the volume of Transactions in the language in which they are read.

It will be necessary for all who wish to make communications to the Congress to intimate their intentions to the secretary before the end of March, 1881.

All communications respecting the Congress should be addressed to Mr. W. MacCormac, F.R.C.S., Hon. Secretary-General, 13 Harley Street, London, W.

Medico-Parliamentary.

HOUSE OF COMMONS.—THURSDAY, JULY 15TH.

PAUPER LUNATICS FROM INDIA.

THE Marquess of HARTINGTON, in reply to Sir H. D. WOLFF, who asked whether pauper lunatics brought from India and left chargeable on the rates of Portsmouth ought not to receive partial support from the India Office, as was the case at the port of landing in Essex, said that, considering the great advantages Portsmouth derived from the Government establishments there, he thought it was only fair that the town should be liable to a considerable portion, at any rate, of this expense. The matter was, however, under consideration at this moment.

MONDAY—JULY 19TH.

FEVER AND OUT-DOOR RELIEF IN IRELAND.

IN reply to Mr. Sexton and Mr. Parnell,

Mr. FORSTER said—I have received further medical reports in reference to the outbreak of fever in Mayo, which are, on the whole, encouraging. I am pleased to find that the fever has not spread more than it has done, considering the condition of the population. The relief given to the people through the Relief Committees has been principally in the form of Indian meal, and the state in which the people now are is very much owing to the sameness of the food. I trust that in a week or two there may be a change of food, but this will depend upon circumstances.

VACCINATION ACTS AMENDMENT BILL.

Lord R. CHURCHILL.—In view of the advanced period of the Session, and taking into account the lamentable result of the Chester election petition (the Right Hon. Mr. Dodson, President of the Local Government Board, unseated on petition), I wish to ask whether it is the intention of the Government to persevere with the Vaccination Acts Amendment Bill.

Mr. GLADSTONE.—I am afraid I have not given that attention to the Vaccination Acts Amendment Bill which I ought to have done. In consequence of the question of the noble Lord I will take care to communicate with the gentleman who was responsible for the Bill.

London School of Medicine for Women.—The annual distribution of prizes to students of this school took place last week, the Dowager Lady Stanley of Alderley presiding. It was stated that during last year 19 students had entered the school, 13 of whom were for thefull curriculum and 6 for one or more subjects. At the present time there were 20 women on the medical register, of whom 13 had been, in part or altogether, educated at this school. Nine students had passed the first half or the "previous" examination in Ireland. At the University of London one of their students passed the matriculation examination in January, and four had passed the preliminary scientific examination for the Bachelor of Medicine degree. The following prizes and certificates of honour were presented :—Botany, Miss Jacobs ; practical chemistry, and second year's prize for anatomy and second prize for physiology, Miss Cock ; forensic medicine and midwifery, Miss Kenealy ; pathology, Miss Butler ; chemistry and first year's prize for anatomy, Miss Harris ; first prize (given by the lecturer) for physiology and practice of medicine, Miss Prideaux. The financial report showed that the fees from students (£1,199) fell considerably short of the expenses, which were £2,218 for the year.

NOTICES TO CORRESPONDENTS.

MEDICAL TEMPERANCE ASSOCIATION.—The next quarterly meeting of this Association will be held on Tuesday next, at 4 p.m., in the rooms of the Medical Society of London, when a paper will be read by Dr. C. R. Drysdale on "Acute and Chronic Alcoholic Poisoning." Medical men and students are invited to attend.

ARMY MEDICAL CANDIDATES.—The next examination for commissions in her Majesty's Army will be held at the University of London on August 9th and following days. Intending competitors should address the Director-General, Army Medical Department, at once.

NAVY MEDICAL CANDIDATES.—The next examination will be held in August. The necessary forms are obtainable on application. Candidates will have to attend at the department on Thursday, August 5th, for preliminary examination as to their fitness.

TRANSLATIONS.—The following accepted translations are hereby acknowledged, and will appear as space permits :—

"The Physiology of Sleep and Dreams," translated by Edwin Jackson, B.A. Lond.

"Deafness: its Degrees, Causes, and Treatment," translated by W. Douglas Hemming, F.R.C.S.Ed.

"The Cholera of Fowls," by Prof. Pasteur.

ORIGINAL COMMUNICATIONS.—Several of the following accepted communications are in type :—

"On Fevers in India," by Surgeon-General Gordon, C.B., M.D.

"Lectures on Genu Valgum," by Osman Vincent, F.R.C.S. (illustrated).

"The Medicine of the Ancients," by Bernard Kelly, M.D.

"A New Hip Splint," by E O. Day, M.R.C.S. (illustrated).

"The Indian Medical Service," by a Madras Army Surgeon.

"Five Hundred Cases of Perforation of the Membrana Tympani," by G. P. Field, M.R.C.S.

"Clinical Notes on Hydrophobia," by J. Carter Battersby, M.B.

"On Pyæmia and Blood Poisoning," by J. Duggan, L.K.Q.C.P.

CLINICAL RECORDS.—The following are in type :—

"Case of Popliteal Aneurism treated by Ligature of the Superficial Femoral Artery," by J. P. Haynes, F.R.C.S.

"Cases of Cerebral Syphilis," by C. R. Drysdale, M.D.

"Heart Affections simulating Dyspepsia," by J. W. Martin, M.D.

"On Puncture of the Bladder per Rectum for Retention of Urine," by J. Gillespie, L.R.C.S.

"Periostitis of Left Tibia," by A. T. Norton, F.R.C.S.

REVIEWS AND NOTICES OF BOOKS.—The following are in type :—"On Pharmacology and Therapeutics," by T. Lauder Brunton, M.D., F.R.S. "The Surgeon's Pocket Book," by Surgeon-Major Porter. "The Organic Constituents of Plants and Vegetables," by Dr. Wittstein. "The Practice of Commercial Organic Analyses," by A. H. Allen. "Memoires de Chirurgie," par le Dr. Nepven. "Rocky Mountain Health Resorts," by C. Denison, M.D. "The Diseases of Tropical Climates," by J. A. B. Horton, M.D. "The Elements of Indian Medical Hygiene," by J. Lucas, F.R.C.S. "Climate and Topography in their relation to Disease," by F. A. Macnamara, M.D. "Manual of Diseases of the Throat and Nose," by Morell Mackenzie, M.D. "On the Bile, Jaundice, and Bilious Diseases," by J. Wickham Legg, M.D. "Report of the Caterham Imbecile Asylum." "Report of the Derbyshire Lunatic Asylum." "Report of the South Yorkshire Lunatic Asylum." "Practical Hints on the Preservation of the Teeth," by N. Stevenson, M.R.C.S. "Practical Surgery," by Ewing Mears, M.D. "Surgical Emergencies," by W. Paul Swain, F.R.C.S. "Hand-book of Physical Diagnosis," by Dr. Gutman. "The Carmichael Prize Essay," by Dr. Laffan. "Ambulance Lectures," by L. A. Weatherley. "The Hypodermic Injection of Morphia," by H. H. Kane, M.D. "Indian Medical Notes," by Dr. Hogg.

VACANCIES.

Ballina Union Workhouse.—Medical Officer. Salary, £110, and £15 as Medical Officer of Health. Election, July 24.

Bradford Infirmary.—Surgeon to visit patients at their homes. Salary, £100, with board and residence. Applications before July 27.

Bucks General Infirmary, Aylesbury.—Resident Surgeon. Salary commencing at £80, with board, &c. Applications to Mr. G. Fell, solicitor, Aylesbury, before Aug. 3.

Glenties Union, Carrick Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, Aug. 4.

Glenties Union, Dungloe Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, Aug. 4.

Gort Union, Ardrahan Dispensary.—Medical Officer Salary, £140, with fees, and £10 as Medical Officer of Health. Election, July 29.

Hertford General Infirmary.—House Surgeon and Secretary. Salary, £100, with board. Applications to the Chairman before July 24.

Manchester.—Assistant Medical Officer to the Workhouse. Salary, £150, with furnished apartments. Applications, endorsed "Medical Appointment," to be sent to the Poor-law Officers before July 28.

North Staffordshire Infirmary.—House Physician. Salary commencing at £100, with board, &c. Applications to the Secretary, Hartshill, Staffs, before July 27

Portsmouth Lunatic Asylum.—Assistant Medical Officer. Salary, £120, with board, &c. Applications to Chairman of Committee before July 28.

Births.

ANDREWS.—July 15, at Everleigh, Green Hill, Hampstead, the wife of James Andrews, M.D., of a daughter.

FRANKLIN.—July 14 at Welford Road, Leicester, the wife of G. C. Franklin, F.R.C.S., of a son.

HOPWOOD.—July 14, at Exeter, the wife of Surgeon-Major Hopwood, of a daughter.

PEARSALL.—July 11, at 13 Upper Merrion Street, Dublin, the wife of W. Booth Pearsall, F.R.C.S.I., of a son.

Deaths.

GWYNN.—On July 11, at New Street, Wem, Salop (very suddenly), Samuel Betton Gwynn, F.R.C.S.E., aged 57.

SPENCER.—On July 2, at his residence, Preston, Lawrence Wilson Spencer, L.R.C.P., M.R.C.S.E.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 28, 1880.

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Abstract of Two Lectures

ON THE

ETIOLOGY OF TRUE LEPROSY.

Delivered at the Royal College of Surgeons, June 23rd & 25th.

By Professor JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital.

Mr. President and Gentlemen,—I hope you will not consider the subject which I have chosen an inappropriate one. It is not new; the disease has been reported on by many observers in different parts of the world, and much has been said and written about it in this country. Dr. Liveing made it the subject of some very interesting lectures delivered before the College of Physicians two or three years ago. Nor have I anything particularly novel to bring under your notice. I have taken an interest in the question, what is really the cause of leprosy? for some years past, have studied it whenever an opportunity offered, and have arrived at certain conclusions which I am about to set before you. I have expressed these opinions on various occasions, and am bound to add that they have not as yet been generally accepted. But I have never had so favourable an opportunity as the present for setting out fully and in order the grounds upon which my conclusions are based, and am, therefore, glad to have the chance of justifying them before so distinguished an audience.

I shall in these lectures deal only with the etiology of the disease, and shall restrict myself as closely as possible to this, giving only, by way of introduction, a short statement of the generally accepted facts regarding the pathology, &c., of the disease which are to be found in the best works on the subject.

It is not necessary for me to define true leprosy, or to point out in detail the distinctions between it and elephantiasis. These are now well known, and it is difficult to understand how any confusion could have arisen on the subject. Elephantiasis arabum is altogether a local affection, not affecting the constitution, and has no sort of relationship with the disease the causes of which we are about to discuss.

The chief facts relating to true leprosy, which all authorities are agreed upon, are, that the disease is obviously constitutional, that it is insidious in its onset, that it may affect persons of either sex and of any age, that it affects all the tissues, and that it may be transmitted by inheritance; obviously, then, it depends on some general cause, but as to what this is, there is, as yet, no general agreement.

By most authors two forms of the disease are described—the anæsthetic and the tubercular. This division was originated by Dr. Robinson in a paper which he read some years ago before the Medico-Chirurgical Society, but the distinctions which he endeavoured to establish cannot be sustained. There is no real distinction between the two varieties; in some cases the tubercular element prevails, in others it is chiefly anæsthetic, but the differences are only of degree, not of kind. The former is characterised by the formation of large, soft, glossy masses of swollen skin, accompanied by more diffuse swelling of the subjacent tissues; in the latter dusky patches appear on the skin, only slightly raised at the margin, depressed, and white in the centre, and quite insensible. I have here drawings of one of my patients; he had tubercles on the face, and the dusky anæsthetic maculæ on the leg.

Next, a few words respecting the pathology of the disease. The first change appears to take place in the nervous system; not in the nerve centres, but in the cutaneous branches, and in those to the muscles. In the course of the lectures which I delivered last year in this place, I described in detail the changes which take place in the nerves in leprosy, and I need not repeat the description. Briefly, the change consists in a growth of albuminoid matter under the neurilemma, forming large fusiform enlargements; this presses on the nerve tubules. It affects not only the nerve trunk, but also the lactile corpuscles, and, indeed, probably begins in the peripheral parts. Occasionally the trunk of a nerve, as, for example, the ulnar, may be attacked first, and then all the parts served by that nerve will be affected; but more commonly

the disease begins in the skin, and spreads upwards. The formation of the albuminoid material is the characteristic feature of leprosy; it begins in the nerves and skin, but sometimes attacks other organs, as the eye, and wherever it appears secondary disorganisation follows sooner or later.

The disease begins insidiously; a dusky patch or a small tubercle appears on the skin, and is, at first, scarcely noticeable, but the disease progresses slowly year after year until the patient becomes hideously disfigured and broken in health. In the districts where the disease prevails it is always considered to be incurable, but as the cause has never been recognised it may never have been removed, and thus the incurability of the disease may be due to the persistence of the cause; there is, indeed, evidence to show that the disease may be cured if the patient be removed to a healthy district.

It is a very chronic disease: the tubercular form is less rapidly fatal than the anæsthetic. The total duration varies greatly; the patient may live seven, ten, or even twenty years after the first appearance of the spots.

Leprosy occurs in parts as distant and as different as regards climate as possible, yet it is the same everywhere. There are said to be over 100,000 lepers in India; they are found in Norway, in the West Indies, in South America, in the north of North America, in China and in Palestine, and a few places on the coast of the Mediterranean. The disease is precisely the same in Norway and in India, in Barbadoes and in China; there is no distinction to be found anywhere.

It is not contagious. The ancients thought that it was, but all modern authorities say it is not. Neither in India nor in Norway is it found that any of those who attend on the sick acquire the disease. In Norway no one believes it to be contagious. The ancient opinion that it was contagious was partly due to the hereditary nature of the disease, which was thus more common in certain households, and partly to the fact that as all were exposed to the cause the disease spread widely, but as the real cause was not known, this wide dissemination was ascribed to contagion. The Rev. Mr. Deeds, in an interesting account of a visit to the Faroe Islands, published in the 17th century, mentions cases in which one married person was affected and the other not, and of diseased parents having healthy children, &c. Later observers all agree as to the truth of these observations.

The disease is hereditary, but only to a limited degree. We must remember that in most cases the cause is constantly present, and that the disease is continually being originated by this persistence of the cause: it is, therefore, difficult to say whether a given case is actually hereditary or not. Gion mentions the case of a family in which the disease was hereditary; they removed to Paris, and the hereditary transmission ceased. It has been said that the disease is only hereditary to the third generation, but this is probably due to some fallacy.

Most accounts of leprosy have been greatly complicated by errors of diagnosis. In olden times these were very numerous. People in general were so frightened of the disease on account of its repulsive aspect, its incurability, &c., that patients suffering from all sorts of different cutaneous diseases were confined on suspicion. In the Bible it is evident that several different diseases are included under the term leprosy: some of these must have been acute diseases. This made it very difficult to ascertain the cause, since the different diseases included were due to various causes. This was the case in India until within the last few years: leucoderma, or "white leprosy," was especially liable to be confounded with the real disease; it is, however, not constitutional, and has no relationship to true leprosy; lupus, morphœa, and iodide of potassium eruption have also been mistaken for it. Portraits of cases of leprosy originating in England have been exhibited at some of the meetings of the British Medical Associatian, but none of these have been cases of true leprosy. If such a case can be found let the patient be produced before one of the medical societies, not a drawing; they are very chronic cases, so there could be no difficulty in doing this.

The disease prevails endemically in certain districts, and may attack immigrants into those districts. In Norway the doctors say there is no danger whatever to the tourist, and I have been told by Indian medical officers that they have never met with an instance of the disease originating in a European, but a few such cases do occur. In Norway I heard of one instance—that of an officer of the German army, who had lived for some time amongst the fishermen, and had adopted their habits. I have in all seen twenty cases in about twenty years of Europeans who have acquired severe forms of leprosy during a residence in the East or West Indies. In a few of these cases the patients were quite young One was a boy, aged 12; he had lived in Calcutta for eight years, but the disease did not appear until some time after his return to England. The first signs were some brown spots on the legs; next an ulnar nerve became paralysed, then patches appeared on the face, and the case developed into one of tubercular leprosy. I have met with four or five other cases of leprosy in the children of English parents. In one instance the child was born on board the ship in which his parents were going to India; he lived there six or seven years, then came home apparently healthy, but became leprous a few months afterwards. In all the cases the patient had lived for some time in a leprous district, but had not been subjected to any marked peculiarity of diet. One patient was a common soldier, others were officers; they had lived in a leprous district, but had lived well. Another was a merchant captain, who was accustomed to go backwards and forwards between this country and Barbadoes two or three times a year; he only remained there about six weeks on each occasion, and lived for the most part on board his ship.

But it must be remembered that it was once common all over England; it is impossible to say when it appeared, for it is mentioned in the oldest records which are extant. We know that the ancient Egyptians suffered from the disease, and it appeared among the Jews after their residence in Egypt. Later we know that it was common all over Europe and in this country. In the eighth century leprosy in husband or wife was held to be sufficient cause for a divorce. In the eleventh and twelfth centures leper houses were founded in England, and a little later in Scotland also, but the disease was not introduced at that time; it had originated in very remote times, but Christian feeling was then excited, and there was a general movement towards improving the position of these wretched creatures, who had previously been neglected, as well as shunned, by all. The hospitals were first disused in England, and then in Scotland. In the seventeenth century leprosy was unknown in England, but still prevailed in the northern islands. In England it was most common on the coast, and lingered longer amongst the fishing population of Cornwall than anywhere else. A patient was admitted into the Edinburgh Infirmary at the end of the last century from the Orkneys; he came of a leprous family. That was the last case in these islands. The disease used to be common in Spain. Leper houses were numerous in that country; now only a few cases are met with in some of the towns on the Mediterranean coast. The disease disappeared everywhere as the science of agriculture advanced, as corn crops began to be more generally raised, and the general mode of life amongst the people was improved.

I have now called attention to the principal facts relating to true leprosy. It is a disease which, after being endemic for ages, disappears before advancing civilisation; it is not contagious, it is hereditary. It is the same in all races and in all climates; it is incurable, except by removing the cause, but the cause has never been discovered. Removal from an infected district will in time effect a cure. There is a large immigration of Norwegians into the United States. When this first set in the American Government was much alarmed about

the introduction of leprosy, and submitted all immigrants to inspection. Some patients with the disease were sent back, but many were passed unobserved. After a time the Norwegian Government directed an inquiry with the view of ascertaining the condition of those who were known to have been diseased when they left their own country, and it was found that in most cases the disease had died out, and that the tendency to hereditary transmission had ceased. But so long as the patient remains in the infected district treatment appears to be unavailing. Thus in Madeira I am informed that no case of contagion has ever been known *and no case of cure.* I showed a patient last year who had been cured by long residence in England; her face was much disfigured, but the disease had ceased to be active. Another remarkable fact is that the period of latency is sometimes very long; the patient may not manifest any signs of the disease for two or three years after leaving the district in which he contracted it.

Next we have to deal with the possible causes; and first among these come *poverty and hardship.* In Norway leprosy is said to be a disease of poverty, and that the well-to-do escape. But this does not hold good in other countries; it may affect the rich. Several of my own patients have been people in very comfortable circumstances who have been subjected to no sort of privation. And then, as leprosy often occurs in people not subjected to poverty, so extreme poverty and hardship exist in places where no leprosy is found. It has been suggested that it may be due to *a specific animal poison.* But then it would be contagious and would not be so markedly endemic. Besides, how could the complete disappearance of the disease in some places and its persistence in others be accounted for? There is nothing in common between leprosy and either syphilis or scrofula. As to the latter, the conditions might appear favourable in some places, as in Norway, where the houses are small and close and the living scanty and coarse. But then leprosy is still more prevalent in Burmah, where the people are well fed and live much in the open air.

Then it has been thought to be due to *a telluric miasm.* Against this there is the fact that it does not affect the casual visitor, nor even immigrants, except in comparatively rare cases. Can it be due to anything in the air or in the water? The wide differences in the climate and soil of the affected countries negative this. It is met with in places where the water is good and where it is bad, where it is hard and where it is soft.

If there is nothing in the soil, the water, or the air to account for the disease, can it be due to anything connected with the food? Bad food has been asserted to be the cause; but it cannot be due to bad food in general, because many of the worst-fed communities are free from the disease, and, on the other hand, it exists amongst people who are well fed. The disease is, however, the same everywhere, and the strong probability is that the cause must be the same everywhere. We have excluded all general causes except food; it is not due simply to bad or unwholesome food. Can it be traced to the use of some special article of food? This question I will endeavour to answer in my next lecture.

(To be continued.)

In the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 17, Bombay 28, Madras 37; Paris 24; Geneva 21; Brussels 24; Amsterdam 25, Rotterdam 25, The Hague 19; Copenhagen 23; Stockholm 31; Christiania 20; St. Petersburgh 49; Berlin 51, Hamburg 22, Dresden 26, Munich 40; Vienna 26, Buda-Pesth 35; Rome 24, Venice 25; Alexandria 47; New York 33, Brooklyn 21, Philadelphia 25, and Baltimore 26 per 1,000 of the populations. Small-pox caused 37 more deaths in Paris, and diarrhœa 473 in Berlin.

Original Communications.

THE PHYSIOLOGIST IN THE HOUSEHOLD.

By J. MILNER FOTHERGILL, M.D.

Part I.—Adolescence—(*continued*).

(Continued from page 45.)

It is abundantly clear that growth and education clash—often materially. The increasing demands of education must tell in time upon the physique; but now that the steam-engine is made to do the hard work of civilised life, probably well-cultured brains are more valuable than stalwart figures and massive muscles. Macaulay, in his account of the battle of Neerwinden, speaks thus of Luxemburg, the commander of the French army, and William Prince of Orange, the commander of the Allied English and Dutch armies:—"At Landen two poor sickly beings, who in a rude state of society would have been regarded as too puny to bear any part in combats, were the souls of two great armies. In some heathen countries they would have been exposed while infants. In Christendom they would, six hundred years earlier, have been sent to some quiet cloister. But their lot had fallen in a time when men had discovered that the strength of the muscles is far inferior in value to the strength of the mind. It is probable that, among the hundred and twenty thousand soldiers who were marshalled round Neerwinden under all the standards of Western Europe, the two feeblest in body were the hump-backed dwarf who urged forward the fiery onset of France, and the asthmatic skeleton who covered the slow retreat of England." Still we must not move too far in our brain-worship—exercise and physical development are good for health; and health is as desirable for good brain work as it is for good body work. The increasing attention given to athletics at the present time, demonstrates that this fact is not forgotten by those who superintend educational establishments. Forcing schools, where boys are taught everything except the value of stalwart healthy manhood, may pay the proprietors, and in a certain sense the pupils too; but they possess inherent drawbacks of no slight importance. They contrast unfavourably in some respects with our famous old-fashioned schools of national repute, where athletics seem to be the most important matter; and where, in imitation of the Universities of Oxford and Cambridge, to be in the boat eight is a thing more to be coveted than to be in the first class.

The remarks made above apply with still more force to girls' schools, where physical education is at the lowest point. The truly melancholy spectacle of a procession of young girls, funereal in its gloom, is one of the saddest sights that can be seen. How infinitely better it would be for them if they were engaged in some romp, where there is freedom of movement, and where a ringing laugh is not forbidden. It is bad for girls morally—as well as physically—to have no muscular enjoyment on which to expend their spare energy. It will go off somehow, and proprietors of ladies' schools had better see that it does not go in a wrong direction. Muscular exercise is as essential to health of mind and body in girls as in boys. Decorum may be a very desirable thing; but everything must not be sacrificed to it. If there were more physical education in girls' schools there would probably be fewer French novels, and even worse. The outside of the platter may be scrupulously attended to and be brilliantly clean, but that is no warranty for the character of its contents. Athletic youth may not always be very strong intellectually, but they are comparatively free from bad practices; and the morals of "tom-boys" would probably compare favourably with those of the demurest boarding-school young ladies.

There are bad practices which are linked with precocity where this exists side by side with early and imperfect

maturity. And here we must distinguish betwixt the consequences of bad practices—and the conditions which lead to them. It is not the big well-grown lad who is so ready to ape the ways of grown men; it is the little weedy boy usually who furtively smokes his pipe in some out-of-the-way corner, in some solitary lane. It is part of his precocious development, this desire to smoke. In calculating the effects of tobacco smoking upon boys this element in the case must neither be forgotten nor under-estimated. Big lads usually do not suffer from smoking. I learned to smoke at school, and risked many a thrashing for a smoke behind a hedge, or in a corner of the playground; but I was over the average height of manhood before I was sick with my first pipe. The lads who smoke prematurely are just the lads who should not smoke; and the consequences which follow after smoking are not all to be laid at the door of tobacco: and would not be if the whole truth were known. My objection to tobacco smoking is not a moral one so much—that it is wrong; my ground is that it is foolish and stupid. To be sure, we know that smoking is undoubtedly bad for a little boy; but how far beyond that, it is bad morally in itself it is difficult to say. It is certainly bad in so far as everything is bad which entails concealment—no matter what. When, boys or girls would not like any practice to be known to others, then they may be sure that that practice is wrong. Where there is concealment there is something to be afraid of, or to be ashamed of; it is not human to conceal what will elicit approval. No lesson is morally so important, and which should be so studiously instilled into children, as this one about concealment. Where there is something to be concealed there is something that is wrong and bad—no matter what it is. Wherever there is concealment there follows moral deterioration and a loss of self-respect. No matter whether it is tobacco smoking or theft; where there is something entailing concealment there is either sin or vice. Few children take to drinking; they have little opportunity, and not enough of money ordinarily; but of the boys I knew at school those who would get into an out-of-the-way tavern on a holiday, or, indeed, when the occasion offered, they have done no good. They "turned out badly" in after life. Of course it is needless to say a word on the subject of drinking for adolescents; it is bad enough and injurious enough for adults; it is trebly destructive for the immature. Bad lads take to drinking; and drinking in its turn makes bad lads into worse men. It is not wicked to take a glass of beer at a cricket match, or even to supper ordinarily, but usually it is quite uncalled for, and does no good. When it is thought man-like to be drinking, it shows that the boy-drinker is a silly fellow—too thorough a fool even to suspect it himself. To drink and smoke is silly and foolish; and, further, it indicates a type of being of a very undesirable order. The boy who smokes or drinks should be closely looked after; in all probability he will be found a bad lot all round. Of course he may have been led into it by bad example; but that shows that he is weak in the head. Probably he did not possess enough of moral courage to stand, or rather to withstand, chaff successfully. To be laughed at into doing wrong is a sorry reason for it. Still there are weak natures who yield to laughter, and break down before derision. It is astonishing, too, to those not familiar with schools, how much harm a bad lot, boy or girl, can do in a school; especially with those who are younger than the vicious individual. Corruption spreads sadly too fast among full-grown persons, but among children and adolescents vice progresses apace. The evil consequences of precocity are, however, most vividly seen when those changes are instituted which convert the sexless child into the male or female. This birth of sex is called puberty. This change is brought about by certain physical modifications which are accompanied by correlative alterations which gradually become established in the mind. The toys of childhood are abandoned; the child is ashamed of those playthings which were but yesterday its pride. The mind of the child becomes usually full of sentiment; wild, irrational, and romantic ideas reign in its consciousness. Very often there is much moodiness, and melancholy even. In some cases children become fond of solitude, and distracted from their studies in a manner which gives great concern, and much troubled thought, to those who have charge of them. The mental changes are commonly a source of much internal disquietude to the children themselves, who are undergoing this change. But of course this is not all. At this period the feelings towards those of the opposite sex become profoundly altered. Up to this period boys and girls, as a rule, avoid each other; boys are shamefaced in the presence of girls; girls are afraid of the practical jokes, the persecutions which boys practise towards them; probably up to a certain time girls are genuinely afraid of boys. The old feelings and the new ideas may become intermingled and twisted together; forming a curious incongruous mixture. Passion now enters into the mind; and at this time the grave importance of inherited tendencies and of the previous training becomes manifested. Much that has hitherto been in abeyance now comes to the front; and the character becomes altered accordingly. In a healthy boy sentiment reigns supreme. He becomes attached to some girl or woman, often with intense force. Usually the object of his worship is considerably older than himself. She may be single or married; it matters little to him, his attachment is one which is absolutely pure; it is the highest aspect of love, and the type of what affection ought to be. This may last for years, and in after life he can look back upon this first love as the most exquisitely delightful, the purest, the noblest of all his love affairs or attachments. Long years afterwards he will look back with longing to his love for the woman who was then mistress, empress indeed, of his affections with unalloyed pleasure; there existed no gross taint in his love, he can ever look back to it with satisfaction and delight. Whatever a man may experience, whatever his subsequent relations to the sex, his first-love always shines with the brilliant white light of purity and honour; the coloured rays found in after attachments are absent there. But such is far from being the case with those who are less fortunate in their inherited qualities and their bringing up. The mental characteristics with the naturally vicious, or those who have been corrupted by wicked servants or bad example, are different from what has been sketched above. The mind then sucks in all that is undesirable. Lascivious thoughts are cherished and kept constantly in the mind; obscenity prevails; ribald conversation is linked with impure thought. Literature is sought for and craved after which is full of lewd thought and indecent suggestions. Unfortunately, there are beings, human in little else than form, who pander to these vicious cravings; and the florid filth which finds its way into youthful hands, is such as to make the angels weep, and to cause a Christian country to hang its head in shame. If the pubertal changes be delayed until a larger experience and more decided views and greater knowledge exist—that is until the character is more pronounced—then the perturbations so caused test the system less severely. When they come on while the child is yet but a child, and often a vicious child withal, then the disorder produced is very great. The limited experience of the unformed mind can make less resistance to licentious thought; which, if a few more instructive years have passed over the youthful head, could be more restrained and controlled. Precocity is very undesirable at this time, and the precocious child is very apt to become vicious; and in order to hide this to become untruthful. Dr. Maudsley has pointed out how disturbing is this change in such children: "Given an ill-constituted or imperfectly developed brain at the time when the sexual appetite makes its appearance, and what is the result? None other than that which happens with the lower animals." The outcome is the lowest form of affection—as simply lust. Of certain unhappy children belonging to families subject to disease of the nervous system, he says that even when very young they "lie or steal with an ingenuity that is incredible to those who have not experi-

ence of their moral perversion; and display sometimes a surprising precocity of sexual feelings and propensities." And Jean Paul Richter writes: "Children, like savages, have a propensity to lie," and the vicious child will lie with the greatest audacity, and with horrible persistency; when its evil practices are likely to be brought to light. Children never realise that their elders have passed through precisely the same experiences as they are undergoing. Though their elders may find it simply impossible to converse with children on these subjects—they are not in ignorance of what the child feels and thinks. The plan of education which will persist in being blind to, and oblivious of, the sexual development of the child, has been found distinctly wanting; it cannot build up the character on a sound foundation, when this great physical fact is designedly omitted from their scheme of education. It is very right and proper that certain books should be kept out of the way of children; but it is not well to go on under the delusive belief that because the sexual nature of adolescents is thrust out into utter darkness, that therefore it will not affect them. Children have their own inner thoughts and their own instinctive consideration of their subjective sensations. Is it well that the budding child shall be kept in utter ignorance of the consequences which may result from the development of the passions? That it shall have no instruction on what may lead to its total ruin—body and soul? It is not well, say those who have given attention to the subject; it is not fair; it is not just to a child to allow it to strive darkly with its own thoughts; to leave it to find some information about itself and its promptings, in the unspeakable literature which it somehow or other hears about, craves after; and too certainly becomes possessed of—despite the utmost watchfulness of parents and guardians. Better that the child be frankly told that it must reason upon and understand that it is now subject to impulses almost inevitable, to which hitherto it has been a stranger. This new life often comes with a suddenness which is very disturbing. At other times perturbations exist which long precede the birth of sex, —the foreshadowings of the coming change. Bad companionships and vicious thoughts exercise much influence in fostering this early development of the passions; and therefore parents and guardians are careful, and wisely careful, about the associates of their children. Children often wonder why they are forbidden to associate with certain persons; told not to do certain things. They cannot realise that these regulations are for their protection; the reason is not—maybe it cannot be, but anyhow it is not—given to them. The minds of children are not always so thoroughly pure as some would assume; and they have their own ways of thinking, and their own ideas.

(To be continued.)

ON PYÆMIA, OR NON-SPECIFIC BLOOD-POISONING.

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THERE cannot be found within the whole range of pathology a more important and interesting study for the physician and surgeon than the subject I am now about to dwell upon. If we look back even to the past three or four decades and compare medical science and pathological knowledge to what it is at the present day, we cannot but be struck by the vast increase in the means which now lie at our command for investigating into morbid entities and morbid causes, and promoting pathological inquiry; the rapid progress of physiology, histology, and chemistry are daily opening up the more minute composition, structure, and elaborate function of healthy tissues, and of the causes of morbid lesions, the metamorphosis of healthy into diseased structure, together with a more thorough knowledge of vital and chemical agencies; the beautiful applications of medical science to the discovery and diagnosis of some diseases that heretofore baffled the researches of our greatest intellects; whilst in preventive medicine and surgery we glory in the progressive strides of the wholesome doctrines of hygeia, the institution of the antiseptic school, though yet in its infancy, has done much, and we hope ere long to see it prove itself more fully to the doubtful.

From the foregoing observations which I have touched on in a prefatory manner, I am naturally led to make a few remarks on a subject of vital interest, and of much importance to physicians and surgeons, for it often unfortunately sets in and gives a fatal issue to a well-nigh cured affection or to a successful and promising operation; it is that affection generally known as pyæmia, or purulent blood-poisoning, but it has been shown by recent observers that the affection is not produced by pus mingling with the blood, nor does it cause inflammation of the veins; it is therefore a misnomer—the name ichorræmia, or what is better, septicæmia, is, I think, the most appropriate term for this affection; numerous microscopic examinations of pyæmic blood and pyæmic deposits failed to discover scarcely any pus. Before a purulent wound, sore, or ulcerating surface assumes the pyæmic phase, their entire morbid structure and composition are, I may say, completely changed. What was laudable pus bathing healthy granulations, may perhaps, after the lapse of a few hours, have its secreting surface and secretions wholly and chemically altered into a sort of ichorous sanies of unhealthy character and odour; in a wound the lips are opened, everted, and dry, the bottom of the wound, which was covered with healthy granulations and creamy pus, becomes an ashen-coloured slough, from which runs a thin acrid ichor of a very fœtid smell.

The patient's general appearance is very much changed to one of sickly yellow or earthy colour, combined with a depressed and anxious countenance, &c., frequent pulse, vomiting, and prolonged shiverings or rigors without feeling cold, alternated with copious perspirations, &c.; but the pathology of this blood-poisoning is so well known to every medical man it is needless for me to discourse on that wide and extremely interesting division of its history, yet there are a few points, *sub judice*, not yet fully decided which are open to discussion. How is it the system gets diseased or poisoned in this affection? And how and by what means is it developed?

At one time it was the generally received opinion that the pus was absorbed and carried by the veins from the primary purulent centre into the general system, to be deposited here and there, according to some unascertainable elective affinity. Arnott stated it was due to inflammation extendiug along the internal surface of the veins, the formation of pus in their cavities, and from thence carried to the general circulation; but it was left to our great scientist Virchow to explain the real cause and nature of those pyæmic deposits; from his numerous and accurate experiments and scientific deductions (*a*) he tells us distinctly that the puriform fluid found in pyæmic deposits is not pus, but disintegrated clot.

And if there are diseased conditions of the veins besides, it is not the cause but the consequence of the clot within; thus he upset the old theory and that of Sedillot *in toto*, proving to a demonstration that those secondary diseased deposits originated from emboli, produced from disintegration of fibrine, and the crumbling away of the thrombi occupying the diseased veins of the primary centre of the disease, and also in certain cases the absorption of ichorous and septic fluids play an important *role* in the dissemination of this disease.

Dr. Bristowe, (*b*) in his admirable essay, sums up in believing that thrombosis alone is the more general explanation of the obstruction of the minute vessels which tend to secondary deposits.

(*a*) Virchow's "Cellular Pathology."
(*b*) *Vide* Bristowe On Pyæmia, Reynold's "Medicine," vol. i.

That great pathologist Virchow has, without cavil, unquestionably explained this morbid phenomenon satisfactorily, and may be regarded as the approved one of the present day. Yet I believe (with all possible respect and diffidence) there is a something that must precede, some other morbid course that acts prior to the disintegration of febrinous clot, an agent endowed with a kind of catalyctic force or power that causes this breaking up of fibrinous structures at the primary seat of purulent diseasead foci.

Our great poetical pathologist, the illustrious and immortal bard of Avon, truly describes this venomous touch, that

> "With a sudden vigour it doth curd and posset,
> Like eger-droppings into milk,
> The thin and wholesome blood."

Some time ago I was afforded an opportunity of obtaining some fluid taken from a diseased deposit in a pyæmic patient, and had it placed in the field of a microscope of rather high power. I observed in the fluid a number of ill-defined globules and granular matter, with myriads of bacteria and vibriones moving rapidly hither and thither. In order to further satisfy myself, I submitted more of the same fluid on the field of the microscope, and found the same appearance of the fluid as in the first observation; this led me to infer that those morbid organisms, or some fibrine ferment, were the principal agents in the breaking up of the healthy fibrinous deposits that ultimately formed those emboli, and hence those septic deposits that spread throughout the general system, their numbers increasing according to the amount of venous distribution, which are, on this account, more frequently found in the thoracic and abdominal viscera.

That this pyæmia or septicæmia can occur within the system, without external morbid causes, seems doubtful; it is a non-specific blood poison produced by infection, contagion, or some morbid agency, as septic organisms or fibrine ferment, acting on surfaces of broken continuity, such as wounds, sores, ulcerations, raw surfaces, fractures, &c., and also on the freshly evacuated uterus.

With reference to surgical and puerperal septicæmia, it cannot be denied that in ninety-nine cases out of a hundred the poison comes by infection or contagion. In the surgical wards of an hospital the traumatic atmosphere frequently induces this affection, and surely if erysipelas is in the same apartment the same holds good in the puerperal state; the parturient atmosphere particularly, if any way unhealthy or poisoned by the toxic germs from erysipelas, will very probably bring on this fatal affection. It is, therefore, absolutely necessary that all medical and surgical attendants, accoucheurs, dressers, nurses, attending such cases should have themselves well disinfected and absent themselves for a time from attending surgical and midwifery cases, &c.; the use of sponges, instruments, and appliances previously infected, should be most religiously cleaned and purified. As for sponges, and dressings, &c., they should be destroyed, and all the wards or apartments placed under the most exact disinfection and thorough cleansing.

Wounds brought in contact with those diseased germs floating in such a poisoned atmosphere, and suddenly changed from a healthy to an unhealthy appearance, the edges are everted and dry, the surface covered with an unhealthy ash-coloured slough mixed with a kind of purulent sanious coagulable lymph, and healthy fibrinous structures soften and break up; the nervous filaments in immediate proximity have their terminal branches bathed in this cachectic or ichorous fluid, and convey by their different branches those morbid impressions to the nervous centres, and hence we see the sudden change in the whole aspect of the patient, the severe and repeated shiverings alternated by copious perspirations; the earthy yellow appearance of the skin, which feels clammy, frequent diarrhœa, the hollow voice, with weak and frequent pulse, followed by nocturnal delirium, all these symptoms showing how powerfully the poison has acted on the nervous system assuming a sort of a dynamic fever, pleuritis, pericarditis or peritonitis; they ulimately set in with obstinate vomiting; the patient finally sinks.

The same morbid phenomena occur to those infected after child-birth, the natural secretions are arrested, the parts become hot and dry; secretions thin, scanty, ichorous, and of a fœtid scent; pulse frequent; abdomen tender and painful; with constant vomiting, and repeated attacks of shivering and sweating; one or more of the serous cavities are attacked, hence we invariably see peritonitis, or pleurisy, &c.; the countenance, sunken, anxious and desponding, is marked with a lurid redness of the malar eminences. All these symptoms, combined with ichorous secundines, forebode to the educated accoucheur the arrival of that most terrible and destroying malady, puerperal septicæmia.

Preventive medicine and hygiene have of late years done much towards arresting the spread of contagious and infectious diseases; stayed the havoc which they heretofore perpetrated on man and animals; diminished to a very great extent the mortality from those diseases, and spread those wholesome doctrines of cleanliness and sanitation as the cardinal means of preserving health and checking epidemics. Medical science and experience are showing daily to the general public the great benefit and absolute necessity for the adoption of this sanitary reform.

With reference to this blood poison now under consideration, cleanliness *par excellence* and thorough disinfection are very important remedies in arresting and controlling the spread of this poison, combined with the application and use of those antiseptic remedies and appliances its septic action on the system is neutralised or destroyed. As to the doctrines and researches of Pasteur, or of those who are opposed to him, I shall not here dilate, it would exceed the limits of my paper. The propagation of sporadic diseases is plainly due to vital organisms and their spores floating in the atmosphere; whether they are *sui generis* the essence of infection, or carriers of it, I know not, and can only answer, ignoramus.

When there is a dread of this infection it is scarcely necessary to observe the great necessity of perfect disinfection and the immediate use of antiseptic remedies in midwifery practice. This precaution is not adopted as frequently as it should be, or else we should not have such mortality after child-birth. Midwifery instruments, catheters, should be always washed and cleansed with carbolised solutions; and carbolised solutions of weak strength frequentiy injected into the vagina will be found to control septic action very much. Washing all utensils and napkins in like solution will also purify the lying-in chambers very much, and contribute to her comfort and safety.

The same preventive treatment is also applicable in wounds and surgical cases; besides a free and very diluted current of sulphurous acid gas should be constantly diffused through the wards. With reference to the antiseptic treatment of wounds, I deplore the diversity of opinion that exists, and the fallacious reasoning set forth against it. Some surgeons state that ordinary cleanliness and water dressing are just as successful as those who adopt the antiseptic treatment; but by far the probability of *immunity* is in favour of Listerism, it is there to prevent the occurrence of pyæmia or septicæmia, and also to keep wounds fresh, pure and untainted. Not so with the other system: it is devoid of protective power. The antiseptic treatment of wounds as adopted by Prof. Lister may be ranked as a great achievement in modern surgery, and an honour to the genius of her son, Lister.

In pyæmia or septicæmia very few remedial agents can be found of much benefit. The hyposulphides, indeed, are rational remedies; they were found most successful in the practice of Prof. Polli, of Milan, who first made

known their efficacy, and in every case I think their use would be beneficial.

In the treatment of specific blood-poisoning, such as small-pox, I used solutions of sulphurous acid in mixture with marked benefit; also permanganate of potash, chlorate of potash in bark, with like results; but none of those remedies succeeded so well in my hands as moderate doses of spirits of turpentine and liq. ferri perchlor. If those remedies are found useful in specific, they ought also to be of service in this affection, and I daresay the benzoate of soda would act beneficially, as I have used it in half-drachm doses very successfully in checking strumous purulent formations. The new remedy, calc. sulph., I have had no experience of, but I am strongly of opinion that it ought to be useful in pyæmic cases.

I may now state, in conclusion that these views which I have humbly put forth and discussed on pyæmia may receive slight or grave objections, but a fair and impartial criticism will take the plea, which is the design of the author, to eke out some better solution from more gifted and abler minds of the cause and spread of this blood-poison called pyæmia, and hence the discovery of its rational therapeutics.

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. STAMER O'GRADY, F.R.C.S.I., M.B.

(*Continued from page* 28.)

Varicose Aneurism of Thigh—Ligature of Femoral—Injection of Saphena Vein. Occurred in a bootmaker, now 28 years of age, some fifteen years previously, by his involuntarily gripping between his thigh, to arrest its fall, one of the sharp-pointed knives used in his trade, the point of which transfixed the long saphena vein and penetrated the femoral artery. Since the accident, at irregular intervals, he had been frequently under the treatment of various surgeons. With the aid of occasional rest and the habitual use of an elastic bandage, he had managed to battle along, and of late years support a wife and family; but the increasingly-growing tumour and suffering coerced him to seek surgical treatment. Amputation high up having been elsewhere advised, he came to Mercer's for the purpose of having it done. A pulsating tumour, quite as big as a husked cocoa-nut, and largely prominent, occupied the anterior and inner region of the middle of the left thigh. In the upper and outer portion of the growth there was a considerable deposit of laminated fibrine, so much so that pressure on the artery above stopped pulsation, but was only followed by a reduction in size of the tumour to about half its bulk. At the lower part were two projecting nodules, hemispherical in shape, and about as big as walnuts; in these the heaving pulsation beneath felt painfully close to the finger, conveying the sensation as if but the thinnest of structures, liable at any moment to burst, intervened between it and the blood current. The long saphena vein dilated to the size of a man's thumb, traversed and was imbedded in the mass; there were enormously large knots of dilated and tortuous veins behind the knee and down the leg. The stethoscopic phenomena observable in such cases were well-marked. The thrill was loudly heard at the heart, and was distinctly audible to bystanders around the bed.

The day but one after admission the superficial femoral was cut down on; in doing so a large branch which ran across the troject of the wound traversely was unavoidably divided, and both ends required to be secured. The femoral, when exposed, was quite as big as a large man's middle finger, its coats thin and unhealthy-looking; the vessel was separated from its sheath for about an inch, and a double carbolised cat-cut ligature passed under, this was divided in the centre, one portion being tied about an inch below the origin of the profunda, the other portion at the lower part of the exposed artery, which was then cut between the two ligatures, and, as a matter of precaution, the divided ends of the vessel were further tied each by an additional ligature of the same material. A couple of points of interrupted suture were inserted, and lint, moist with carbolised oil, was placed over the wound. The limb was wrapped up in flannel bandages and surrounded by hot jars. Spite of these precautions, three hours after the operation the foot and leg had become very cold, and so continued till next morning, when warmth began to return. The tumour was quite solid. Three days after the operation a great deal of local inflammatory action (proving to be obstinate) occurred in the neighbourhood of the wound, which was slow to heal. (*a*) Save for some doubtful fluidity in the lower portion of it, the aneurismal tumour continued solid, and without pulsation or thrill, but this latter was soon detected again in the long saphena vein, which stood out large and distended, though mostly lessened in intensity to what it had been. For some weeks longer pressure of padded corks was kept up on this tube, and for a time seemed to promise good result, but the attempt thus to cause obliteration of the vein eventually proved ineffectual. Sixty-six days after the deligation an aqueous solution of perchloride of iron was injected into a carefully insulated portion of the long saphena vein, the region selected being the central two inches where it crossed the tumour; some local inflammation supervened, but no permanent benefit was obtained, and ten days later the proceeding was repeated, and also proved abortive. A week later the attempt was repeated in a patch of vein lower down, and now was followed by satisfactory local inflammatory action, which, in two days, had both spread up and down the vein, thoroughly coagulating its contents for its entire length. 101 days after the vessel was tied, but small progress had been made in the absorption of the tumour, to which systematic compression by an Esmarch bandage moderately tightly applied was now begun. Ten days later the man insisted on attending the funeral of one of his children, and went through a fatiguing day without any evil result: 148 days after the operation he left the hospital for good, his exit having been long delayed by recurrent attacks of more or less severe inflammation of the glands in the groin. The vein remained obliterated, and the aneurism was slowly getting smaller. Since his exit a favourable progress has continued to be reported, the man following his trade and supporting his family. (*b*)

(*a*) As has been repeatedly observed to be the case with operations for the deligation of arteries which have been long subject to instrumental pressure, in this case the wound continued daily to discharge a drop or two of healthy matter almost to the end of patient's stay in the hospital.

(*b*) The following addenda have been received as we go to press.—Ed. M. P. & C.

Subsequent Ligature of Common and Internal Iliacs.—On the evening of the 5th July [nine months after the deligation of the femoral], the patient came back to the hospital in consequence of there having been a slight bleeding from the cicatrix. He reported that since last leaving the institution there had been occasional attacks of inflammatory character in the region of the groin, and that one particular spot of the cicatrix, when healed for a few days, would give way and remain open for a time, discharging daily a minute quantity—a drop or so—of thin matter. On re-admission, the groin, together with the upper and outer part of thigh, and extending up to the ribs, was swollen, tender on pressure, with the surface covered by an erysipelatous blush. Pulsation existed in what may called the stump of the femoral, but the swollen condition of the surrounding parts made it impossible at this period to recognise with certainty how far any fresh aneurism formation might be present. Next morning a few drops of blood again came from the sinus. Though it could not yet be affirmed positively that such was the case, still fearing leaking from an aneurism, anxious consultation was held, and it was determined to watch further, meanwhile taking the necessary precautions to at once command the vessel should bleeding occur. As the inflammatory symptoms abated, palpation along the course of the external iliac showed that vessel to be much enlarged. On the night of the 8th it could be determined that an aneurism had formed on the stump of the femoral, and was rapidly increasing in size. At 7.45 a.m., the morning of the 9th, after a good night's rest, a terrible gush of arterial hæmorrhage occurred, though arrested "on the moment," it left the patient blanched and prostrate. In a couple of hours, when he had rallied a little, the external iliac was cut down on matted tissues, and enlarged adherent glands made the lower portion of the vessel unapproachable, but it could be felt to be enormously enlarged. The incision being prolonged in the direction of the tip of the last rib, the artery was followed up; it was tortuous and distended quite as big as a sausage, and in appearance strongly resembling a coil of intestine. The origin of the internal iliac, though atrophied rather than enlarged, not feeling quite healthy it was determined to tie it as well as the common iliac; both vessels were easily secured with carbolised cat-gut, and the wound closed by interrupted suture, with pro-

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL MINERAL WATERS, FOR THE GUIDANCE OF THE PROFESSION AND THE PUBLIC.

By CHARLES C. R. TICHBORNE, LL.D., Ph.D., F.I.C.,
President of the Pharmaceutical Society of Ireland, &c.

WITH NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.,
Lecturer on Materia Medica and Therapeutics at the London Hospital.

(*Continued from page* 48.)

In our previous article we spoke of the third class of waters, being the chalybeate or ferruginous. The iron in such waters is frequently the result, or at least is associated with the decomposition of organic matter; and this remark also applies to the next class, which are called sulphurous water (better sulphurated waters). It has been the custom in days gone by (the dark days of science) to value a water which smells like rotten eggs according to the vileness of that smell. Now, it is self-evident that although its odour may in a degree be a measure of the quantity or presence of sulphur, if that sulphur is produced from the reduction of mineralised sulphates by the decomposition of organic bodies, we must also take it as evidence of a very large proportion of matter in a most objectionable form. Sewage often smells strongly of sulphurated hydrogen, and we are bound to say, that unfortunately many of the so-called sulphur springs owe their sulphuretted hydrogen and alkaline sulphides to precisely the same cause. Such a water is simply poisonous, and the prolonged use of it must end in lamentable results. Fortunately Wanklyn's albuminoid ammonia process presents an easy and certain mode of determining this point. But the process when applied to sulphuretted waters requires a little modification. In an ordinary water it is usual to distil off the *free* ammonia from a given quantity of water, and to estimate this free ammonia by Nessler's test; the residual water is then distilled with an alkaline solution of permanganate of potassium which has previously been purified from ammonia. Any ammonia now found in this second distillate must proceed from the oxidisation of nitrogenous organic matter, the nitrogen in such a case coming off in the form of ammonia. But as the sulphuretted hydrogen would and does interfere with the reaction of the Nessler, we distil off in a flask the free ammonia, adding after the process has continued a short time, a few drops of a pure solution of peroxide of hydrogen. The free ammonia is thus lost, but is of no consequence to our experiment. In such waters free ammonia in reasonable quantities may be neglected.

Any remaining products of sulphur are oxidised by the second part of the process into the perfectly stable sulphuric acid which no longer interferes with the reaction of Nessler's reagent. We generally add a given quantity of the water under examination when deprived of its free ammonia, and sulphuretted hydrogen to the action of a considerable excess of caustic soda (from sodium) and permanganate of potassium for some time in the cold; and then distil and tritrate in the usual manner. Any ammonia now found in the distillate must proceed from nitrogenous organic matter present in the water, providing the chemicals employed are absolutely pure.

Sulphur, to be of any use therapeutically, or rather, we should say, to be of any use as a cutaneous stimulant, must exist as a sulphide, or as sulphuretted hydrogen gas.

The term usually applied to these waters is sulphurous. Now although used in medical and other works, and by the profession generally, it is evidently a term so misapplied that we shall confine ourselves in future to the term sulphurated. "Sulphurous" from every chemical analogy would convey the idea that the sulphur in these waters was present as sulphurous acid, or as the class of salts known as sulphites ($M''SO$)—whilst it really exists as sulphides (MS). These sulphides in the presence of water, or in their hydrated state give rise to the fœtid odour which is their chief characteristic. There are many modes in which we may suppose that these sulphides are produced geologically, for instance, the direct combination by igneous action of calcium rocks with sulphur, or sulphides, and the subsequent decomposition of the calcium sulphide by carbonate of sodium. Such a decomposition would be effected in the moist way if under pressure. The sulphur when in the assimilable form exists as sulphydrates of the alkalies and alkaline earths, which are easily decomposed, and give rise in such water to a fairly permanent smell of sulphuretted hydrogen—

$$\underset{\text{Sulphydrate of sodium.}}{2\,NaHS} = \underset{\text{Sulphide of sodium.}}{Na_2S} + \underset{\text{Sulphydric acid.}}{H_2S}$$

On boiling such a solution this decomposition is much more marked, and we ultimately get a perfect decomposition, so—

$$\underset{\text{Sulphide of sodium.}}{Na_2S} + \underset{\text{Water.}}{H_2O} = \underset{\text{Hydrate of soda.}}{2\,NaHO} + \underset{\text{Sulphuretted hydrogen.}}{H_2S}$$

The writer has in his previous researches proved that all salts in the mere act of solution are to a certain extent dissociated, and this fact is the cause of all soluble sulphides when in solution giving off sulphuretted hydrogen, or their acidulous radical. As this becomes oxidised into the higher or prolythionic acid—combines it with the base and fresh proportions of sulphuretted hydrogen are set free as long as any sulphides are present. It is generally stated that when the sulphydric acid is chiefly combined with calcium it gives a more permanent sulphuretted water, then when present as a sulphide of sodium; *cæteris paribus*, we doubt if this is strictly correct. The sulphydrate of calcium will give a more strongly smelling water by virtue of its more ready decomposibility.

We frequently find that sulphuretted waters of a true mineral origin have associated with their bases barium

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vision for drainage from its dependant angle. At first the patient continued to rally, and reassured by the knowledge that the vessel was tied, expressed himself hopefully. Much pain on the front of the tibia was complained of. Seven hours later a change suddenly took place, the patient became rapidly pulseless, the respiration being slow and gasping. Death soon supervened. Under very unfavourable circumstances a local examination was effected, and the specimen secured. There had been no further bleeding, nor any special appearance to account for the last sudden change, doubtless wholly dependent on the morning bleeding. *The external iliac much exceeded the abdominal aorta in size;* it was a marvel how such a river of blood was controlled promptly enough to prevent immediate death. The obliterated saphena vein had atrophied and remained impervious. The specimen is being made the subject of careful dissection and preservation.

and calcium. This is the case in the Harrogate sulphuretted waters—one of the best waters of its class.

In fact it has been too much the fashion to run down the Home waters, and the Continental medical men are only too glad to make little of that which the professional men of this country seem to depreciate.

(To be continued.)

Special.

FRANCE.

(FROM OUR OWN CORRESPONDENT.)

At the Société de Chirurgie M. Deleus, one of the members, communicated a case of trepanation of the tibia he performed on a young man who, for five years, experienced great pain in the superior extremity of the right tibia. This portion of the bone was apparently thickened, and presented all the signs of ostitis, and there was every reason to suspect the existence of one of those encysted abscesses described by Cruveilhier. All medical treatment, particularly iodide of potassium in dram doses daily, having failed, trepanation was resorted to by M. Deleus, but no pus was found. On gouging through a part whose texture appeared to be softened and friable, the operator came on a cavity, but it contained no pus. The wound was closed up, and the man, who had suffered for five years to the point of losing all sleep, declared that his leg gave him no more trouble, the pain had completely disappeared. This fact seemed to prove, said M. Deleus, that there are other indications besides those of osseous abscesses for trepanations. M. Perier remarked that already three times he had trepanned the femur of a patient attacked with recurrent ostitis. After the first time the pain, which had been excruciating, ceased immediately. There was no suppuration, and the patient got well in three weeks. A few months afterwards the same patient returned complaining of the same pain, and desiring another operation. Her request was granted, and again the pain disappeared. Yet a third time she submitted to the operation, after which she got entirely well. In none of those operations was pus found. M. Després thought that if M. Perier had traversed the bone with a drainage-tube, to be left *in situ* for a year or two, his patient would not have had a relapse. M. Cruveilhier declared that he had practised trepanation five times, and twice only did he find pus. In one case he perforated the bone and placed a drainage-tube. M. Duplay had performed the operation for painful ostitis a dozen times, and always obtained good results.

A case of acute intoxication produced by iodide of potassium was recently observed at the Hospital Tenon. The dose administered was half a drachm, and to a man who had entered the hospital for a left hydrocele complicated with intense pain in the forearm and head. The symptoms observed were general malaise, fever, considerable redness and swelling of the eyelids, lips, and gums. The phenomena disappeared on the cessation of the potassium.

An Italian doctor communicated a case of "diffuse chronic bronchitis with abundant muco-purulent exudation," treated with acetate of lead, to the *Moniteur de la Policlinique*. The dose was two grains. The patient, who expectorated daily a quart and a-half, had the night following the administration of the drug but expectorated half-a-pint, and the cough, which before was very harassing, diminished. Each day the patient drogressed under this treatment, and at the end of a fortnight was completely recovered. It was not until the bronchitis had entirely disappeared that traces of the lead were detected in the urine. The conclusions derived from the above case are, that acetate of lead given from two to three grains in the twenty-four hours acts perfectly in muco-purulent bronchial catarrh, diminishing in a rapid and effectual manner the exudation, and with it the cough, and that its presence is not declared in the urine before it has already produced its salutary effects on the respiratory organs.

Dr. Planat, in *La France Médicale*, counsels the application of arnica in the treatment of furuncles purely inflammatory. Arnica arrests, with an extraordinary promptitude, these eruptions, probably on account of its action upon the vaso-constrictor nerves of the skin. The pomade Dr. Planet employs is composed of two drachms of the extract of the fresh flowers of arnica and half-an-ounce of honey. This mixture is spread on a piece of oil-silk and laid on the boil. The dressing is renewed every twenty-four hours. Two or three applications suffice to arrest the progress of the furuncle at no matter what stage of its development.

In fissures of the anus, instead of employing forced dilatation, which is the classic remedy, Dr. Hamon advises the following means, which has succeeded with him in fifteen cases consecutively: It consists simply in touching the fissure with a camel's-hair pencil imbibed in a mixture of chloroform 5 grammes, alcohol 10 gr. Two or three applications effectuated at two or three days' interval, suffier generally. The first time the pain is very acute, but diminishes on successive applications.

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"SALUS POPULI SUPREMA LEX.

WEDNESDAY, JULY 28, 1880.

THE NURSING DIFFICULTY AT GUY'S HOSPITAL.

THE Committee appointed to inquire into the circumstances under which such extensive dissatisfaction has been created at Guy's Hospital has presented its Report to the Governors, by whom, moreover, it has been formally accepted. As might have been anticipated, and as we suggested would probably be the case, the action of the Committee virtually leaves affairs *in statu quo*, unless it may be said that a qualified approval of the innovating tendencies exhibited by the matron relieves the monotony by which the phases of the quarrel were being marked.

After fourteen days' labour the Committee have come to the conclusion that there has been nothing sufficient to justify the indignant opposition with which the medical staff of Guy's Hospital have resisted the efforts made to introduce unwelcome and unnecessarily hard-pressing, useless reforms in the nursing arrangements of the charity. The Report is singularly wanting in deference to the unanimous opinion of one important class of those interested in its verdict, namely, medical students. The whole body of these agreed in condemning the system under which the hospital has of late been nursed, and complained that the facilities for the study of disease now enjoyed by the students at Guy's are infinitely inferior to those that existed under the older *régime*. This was uttered, too, as no silent protest, but in a manner that plainly marked the depth of feeling that prompted its expression. Notwithstanding, the Committee of Investigation find that "there is no reason to think the present nursing arrangements give any real hindrance in the way of medical observation or practice on the part of the students." Against this must be placed the evidence of the students themselves, singly and collectively, not alone at Guy's Hospital, but wherever the system there in use is adopted; and this agrees in condemnation of regulations which, except in certain hours, force a student from the wards. This, however, is hardly a matter on which the Committee would be likely to pass a judgment possessing much value to the professional mind, seeing that it is a point on which lay and technical opinions are almost certain to vary.

The general tenour of the Report may be approved by the majority of readers, inasmuch as it sanctions the principle of non-interference with the directions of the medical staff. It is recommendatory, too, of a wider exercise of the virtues of patience by the matron, who is advised to wait the completion of all the changes she seeks to introduce, in the natural slow course of events, rather than hurry them on regardless of the traditions or wishes of the place she is reorganising. It is significantly explained that it would be unjust to demand the retirement of an official who was requested to *assume* the duties so energetically discharged up to the present by the matron of Guy's. It is shown that this lady was no voluntary seeker after the place; and further that her orders were issued under the belief that they needed only the treasurer's signature to give them all the authority of law. To this is attributed the violent disturbance subsequent to the first act of promulgation, but, oddly enough, the Committee have not seen that the fact of the course of action thus secured being persisted in for months after the amiable little mistake became known, renders it very doubtful whether a disposition so determined to disregard outspoken protest is one likely, on the suggestion of a powerless Committee, to change the tactics which have been guides for action during nine months. However it may be, we accept the teaching of the report, and are content to await the immediate outcome. No one can be alarmed by the praiseworthy attempt it makes to arrange an amicable settlement of the dispute. This has been the aim and desire of the whole medical profession ever since the unfortunate circumstances first became public. Whether or not medical men were aroused to feel an intense interest in it by the appearance in the April number of the *Nineteenth Century* of a foolish essay written by one "not now in the hospital," need scarcely have occupied the time of the Committee to inquire. They might better have directed their powers to demonstrating the falsity of the statements made in the paper, a proceeding to which they seem not to have thought themselves directed.

In the same way that the Committee ignore the outspoken objections of the students, so do they with the numerous and forcible demurrers raised from time to time by eminent members of the medical profession. In determining that "they could not find sufficient justification for the difficulties which had existed between the medical staff and the matron almost from the date of her entrance into the Hospital," they have elevated themselves as a judicial body high over the heads of gentlemen who are ordinarily assumed to be the *best* judges of what concerns the province in which their functions are exercised. For a lay committee to decide that medical men are without justification for their urgent dislike to arrangements, the disadvantage or danger of which only a trained mind can appreciate, is, to say the least, a proceeding of somewhat doubtful wisdom. It is desirable that this anxiously expected Report shall receive all the attention and consideration so weighty a document deserves, since it naturally disposes of every element of the controversy which has raged at Guy's Hospital; it may be looked on as a final instrument for the suppression of warfare, and the insuring of a lasting peace. That it will, in the hands of the governing body, be a weapon of much force may with propriety be doubted. For the two people chiefly concerned, the matron and treasurer, it will be a highly welcome proof that there are yet people eminent from their social position who are able to sympathise with and excuse the sentiments, by yielding to which too fervently at first, the much-abused innovations were hurried into being before the susceptibilities of the reigning staff had been trained to a nice understanding of their value.

To their haste it is the Committee attributes the whole trouble. It deals tenderly with the weakness, and seems to hint that the whole affair is but an illustration of the ancient adage *nemo omnibus horis sapit;* and would apparently put down to indiscretion the occurrences that have well-nigh been the ruin of a great institution.

We will, however, welcome any indications that the mild measures of retrogression hinted at, are to be adopted, and that by a gradual assimilation of the wishes of the nursing to those of the medical authorities, peace and harmony are about to be once again restored in the charity over the water.

DR. TANNER'S FAST.

America is a land of wonders in other than a sarcastic sense. It is, indeed, a land where many curious incidents have happened. For instance, when Alexis St. Martin shot away the anterior wall of his stomach, the accident permitted Dr. Beaumont to observe the progress of the digestive act in a manner that had never been permissible before; nor no one knows how long it may be before

a like accident may admit of similar observation. Nevertheless, when a man deliberately rejects the accepted theory that body-heat is produced like any other heat by combustion, or friction, and this latter may be put aside at once in this case, he stands in a very ticklish position as regards our opinion of his sanity, or of his acquaintance with chemistry. But when he offers his "vile body" for an experiment which involves the attempt to fast "forty days and nights," then the matter has a scientific aspect. As to the blasphemy involved in the experiment, that is no matter of ours. At first, Dr. Tanner's performance was regarded with such suspicion that the scientific portion of the profession in New York abstained from taking any part in the experiment. The members of the Neurological Society of New York offered to superintend the arrangements, but their terms, according to the *New York Medical Record*, were regarded as "too exacting." His so-called fast was watched, however, by what was there termed "eclectic" physicians, a superior form of irregular practitioner. That their "watch and ward" has been sufficiently rigorous for the matter to attract the attention of the profession proper, is a sufficient basis for our consideration of the subject. Dr. Tanner started off "square." For fourteen days he tasted nothing, so far as is known; not even a drop of water crossed his lips. On this regimen he lost fourteen pounds in weight. Then the symptoms, to say nothing of the subjective sensations, became such that he allowed himself a certain amount, over a pint, of water daily. On this he recovered four and a-half pounds in weight. At the time when he so far indulged as to take water his state was as follows: "His skin had a bluish tinge, his speech was incoherent, his manner flighty, and his temperature below the normal standard. These symptoms of brain-bloodlessness were relieved by drinking water, except a certain hesitancy in his speech, which some attribute to the difficulty of moving his pinched and drawn lips." Whether this last is the full explanation or not may be questioned. This water which he drinks is procured from a bubbling spring to which he drives daily. His indications after twenty-five days of his enforced fast were as follows: "Pulse 75; respirations 15; temperature in the mouth, 98·4°; weight, 132 lbs., being a loss of one pound and a-half in the last twenty-four hours." This diminution of weight, which was checked by the water-drinking, has returned. No doubt there was considerable exhalation of water from the body which entailed absorption of water from the tissues; and when water was once more taken in excess of the exhalation, it was absorbed by the tissues, and there was a certain restoration of weight. This has now again been lost, and further reduction of body weight has set in, this time with a steady increase. When after twenty-five days of abstinence from food he retired, it was observed that his manner was flurried and nervous, while he spoke coherently and without tremor. His articulation was distinct, and his eyes were bright, but slightly sunken. The elimination of phosphates is normal in quantity. There have been no stethoscopic examinations made of the state of the thoracic organs, but sphygmographic tracings indicate a decided decrease of decision in the heart's impulse; indeed it is no matter for suprise if the heart is beginning to feel as if a little more nourishment to it would be desirable. Its reserves of force must be pretty thoroughly exhausted, and syncope imperilling life must be impending. Hitherto Dr. Tanner had slept well, indeed heavily, as is the sleep of exhaustion; but at this date he was restless and disturbed in his slumbers. Further, when he was dressing in the morning he was attacked with cramp in his stomach, and complained of nausea and weakness. This is the first complaint of his stomach troubling him since he allowed himself water.

The experiment, then, up to this point is exceedingly interesting. The downward progress which compelled Dr. Tanner to take water on the fourteenth day was arrested thereby to a very great and instructive extent, but is now again inaugurated. In fact, there are indications of the brain giving way now showing themselves, and he acted the other day like a maniac in alarming a woman by putting his face to hers and making a grimace at her. The end of the experiment seems approaching, and the time drawing near when those around him must arrest his performance.

There are several points of interest to the professiou in this experiment, and the first is as to the genuineness of the test. Hitherto all like performances have ended in disaster when the watch was complete and unbroken. Already suspicion has been awakened, and a dispute arose as to whether or not something more than water was passed to him in a towel. The doctor seems to have been hurt in his feelings at this suspicion, which, however, has not been revived so far. Then there is the question of how far the facts, supposing them to be as reported, viz., that nothing has been taken but water, pure and simple, are compatible with our present physiological knowledge. Excepting those incidents which we regard as distinctly miraculous, certain things are so opposed to our general knowledge of facts; that is, they are beyond the pale of the credible.

There was the notorious Scarborough high temperature case, where the body temperature rose over 120° for some time. It is now almost beyond doubt that this temperature of the thermometer was due to friction; the girl rubbed the bulb in her night-dress until the heat was produced. So we must wait to learn what all the facts of this case are before pronouncing any positive opinion about it. All must admit that it is an experiment of the greatest interest to us. Hitherto we have regarded the body as possessing within itself about ten days' supplies, when all food was cut off. What can be done in the way of partial starvation is astonishing. Thus Seegen related a case where very little food was taken for several weeks, until 35 grammes of milk only were taken for a number of days. Here the insufficiency of food was accompanied by a distinct loss in body weight. Carpenter tells the story of a fat pig buried under a fallen chalk cliff which lived on its own fat for 160 days, and was reduced from 160 to 40 pounds in weight, but was alive when found. The crew of the *Arracan*, wrecked in the Indian Ocean, existed for seventeen days on a little water caught in a sail, the tissues of a bird, and the blood from a wound in a comrade's head. Yet they survived. This was obviously due to the high surrounding temperature. Had there been a low surrounding temperature the bodies of these men must have been burnt up to maintain the temperature

which alone is compatible with life. The story of the "Diana of Hull," a whaler which was caught in the ice in the autumn and escaped in the ensuing spring, when the crew were on a very spare dietary through six months of winter, tells what can be done on limited allowances of food even in extreme cold. The story is partially told in *Good Words* for this month ; and the fast of Dr. Tanner will cause medical men to read with intensified interest the account of that hungered crew.

Then there was the case of the imprisoned Welsh miners ; but they had water and a high surrounding temperature, entailing little occasion for the production of body-heat. According to the latest accounts, Dr. Tanner's condition was little altered, the daily loss in body-weight being about one pound. How long he may be enabled to hold out it is impossible to say in the face of what he has already accomplished.

THE SANITARY STATE OF DUBLIN.

Following close upon the Report of the Royal Commission, we have the replies of the medical officers of health of the North City Districts to the request of their dispensary committee for information as to the causes of the excessive death-rate of Dublin. The first of these reports is from Dr. Speedy, who assigns the excessive death-rate to the following causes:—"The ill-constructed and dilapidated condition of the tenement houses, overcrowding, and the defective drainage of the houses; the accumulation of filth in the middens and ash-pits in the City, many of which are in close proximity to the dwelling-houses, thereby causing the atmosphere to be contaminated with foul gases ; the damp and filthy state of the courts and lanes for the want of proper pavement and drainage ; want of extension of the main sewers, the present imperfect system of public scavengering—the neglected condition of the streets in the poorer localities is especially to be noticed ; the fœtid odour from the channel way in those quarters of the city is at times unbearable, caused in a great measure by the occupants of the tenements casting filth of all sorts into the streets ; in addition, vegetable matter and other objectionable stuff is deposited there by the small dealers.

" The existence of public manure depôts, where street refuse comprising every description of dirt is left, is prejudicial to the public health. The same objection holds good in the case of private manure yards, and also to the piles of manure permitted to remain in lanes and by-ways.

"Little or no facilities are given in Dublin to the working classes in the way of baths or wash-houses ; even in a number of tenement houses there is no water on the premises."

To this Dr. Speedy appends fifteen very valuable and practical suggestions, every one of which could be carried into effect by the Public Health Committee of the Dublin Corporation without the least difficulty, and without any material expense to the citizens if that Committee had any disposition or capacity for the work with which it is charged.

Again, Dr. Delahoyde says :—

" It is my firm conviction that to the filthy condition of most of the wretched tenement house in which the large portion of the labouring and artisan population reside, more than any other cause, may be attributed the state of endemic disease which has gained for our city such unenviable notoriety. These houses, built at a time when the science of sanitation was unknown, and now almost without exception in a ruinous condition, are the fruitful sources in its production and dissemination. In many of them no sanitary arrangements whatever exist, or where such are provided, they are generally of the most rude and imperfect kind. It is easy to comprehend that the basement and foundation walls become soaked in putrescent matter, the effluvia from which soon exhibit their effects in the pallid countenances and shrunken features of the occupier. The district of which I have immediate charge contains within its limited area most of the slaughter-houses and so-called market places on the north side of the City, and in alluding to the subject, I have no hesitation in expressing my belief that much of the unhealthiness at present existing in the City depends on the neglected and wretched condition of these places. The former are mostly situated in the thickly populated portions of the district, and are usually of such primitive and defective construction as to defy the best efforts of their owners to render them innocuous. In the latter, the almost entire absence of either construction or arrangement offers facilities for the disposal of unsound and unwholesome food, which must affect injuriously the health of those who partake of it ; whilst their filthy state, resulting from the want of efficient means to secure the removal and proper disposal of the refuse, which is consequently strewn about the adjoining streets, must necessarily render such places a source of danger which ought not to be overlooked.

"The large number of children who, owing to the carelessness and apathy of their parents, are unprotected by vaccination, is a source of the gravest danger to the community.

"The subject demands most serious attention, for in this district alone they reach a formidable number, and it would be well to discover whether existing means are sufficient to force compliance with the law, and compel people to regard their neighbours' safety by protecting their own offspring from the liability to contagion."

Dr. Ferguson's Report says :—

"The causes of the high death-rate appear to be of imperfect sewerage in the tenement houses, which houses formerly belonged to independent people, each householder then keeping the sewers from their houses, open and clean ; but now, every one or two rooms are tenanted in each house by a family, and the excreta from these rooms are thrown into the common sewer of the house, no one having any particular interest in keeping the sewer *clean and open* into the main street drain.

" I consider damp to be a frequent cause of disease, and many of those new houses in the district are inhabited before they are dry and proper sewerage made. Dung-heaps in lanes, particularly where families live in stables in proximity with them, and where the sleeping rooms are over the stables where the cattle are kept, *is also another cause of disease*, and in the old back-houses in White's Lane, the inhabitants of those dwellings live in close

proximity to the filthiest ashpits, which, in general, remain in a state of filth the whole year round."

Again, Dr. Strahan says :—

"On the unhealthy condition of the district the death-rate depends, and is owing to defective sewerage, defective privy accommodation in most of the houses, which are chiefly tenanted ones, originally intended for single families, but each room now is set apart for one or more families ; the landlords exacting as much rent as can be screwed out of the occupiers, and doing nothing to cleanse or purify the premises. The lanes and alleys, and generally speaking the thoroughfares, require more frequent scavenging, all sorts of refuse being in many instances allowed to accumulate for days."

Without going further into the matter, or occupying space with quotations from the other reports, we may say at once that there is a perfect unanimity of opinion that the excessive death-rate of Dublin is due almost wholly to the state of the tenement houses inhabited by the poor of the city. For that condition of things, of course, the landlords of these houses, who wring from the people the most scandalously exorbitant rents, yet refuse to expend any money in ministering to common decency, cleanliness, or salubrity, are directly responsible ; but the criminal negligence of these landlords and the abominable filthiness of the occupying tenants, the Public Health Committee of the Corporation, and no one else, is responsible. They have had since 1874 the fullest power and the greatest facilities for making Dublin healthy, and that without any material expense to the citizens ; and yet in the face of the clamorous remonstrances and earnest representations addressed to them, they refuse and omit to avail themselves of the authority given them by the Public Health (Ireland) Act. We repeat our former assertion, which any one who pleases can substantiate by reference to the sanitary provisions of that Act, that the Public Health Committee by a brief inspection of any house, and by a notice to its owner which would cost nothing, might if they pleased put that house in perfect tenantable condition within one month, and without the outlay of sixpence of public money upon it. If anyone doubts that the Committee possesses this power we are ready to give the exact words of the Act which confers it upon them.

Whether the Committee withholds its hand from this work because it is too indolent to undertake it, or, as has been hinted, because the owners of these filthy fever dens are men of wealth and influence, with many friends in the Corporation, we cannot say. But, in either case, it is the duty of the citizens to force the Committee to put its authority in action. We assert without hesitation that the pleas for doing nothing which that Commiteee has put forth are absolutely untrue, and that there exists no impediment to their remedying the disgraceful state of the tenement houses if they were pleased to do so.

THE INDIAN MEDICAL SERVICE.

In our present issue we publish some remarks on the Indian Medical Service from a junior officer's point of view. It so happens that a good deal of what our correspondent says on this subject has already been expressed in the pages of this journal, support being given to several points in which by the latest Warrant that service is placed at a material disadvantage as compared with the Army Medical Department. On the other hand, however, the Indian Service still possesses, at least in its civil branch, some important advantages over the latter, as, for example, its stationary appointments, including surgeoncies to political agencies, professorships in colleges, Presidency and district surgeoncies, and so on, none of which can be enjoyed by the purely military medical officer.

Our correspondent shows in a tabular form the number of administrative appointments in India under the regutions of 1867 and of 1880, there being a reduction of eight in the latter as compared with the former date ; thus the chances of promotion to which men naturally look as a reward for arduous duty in the subordinate ranks become diminished to a corresponding degree. The system of keeping medical officers on what is called "unemployed" pay while they are all the time themselves employed is manifestly unfair ; so, also, is the system of what is called "officiating" appointments, the rate of pay of which is less than that given to "permanent" incumbents. It seems to us that the whole system according to which pay is granted to medical officers as to others in India is capable of improvement ; as it is, *pay* is only one item of their income, *allowances* another, the latter granted according to different scales for particular kinds of duty. Rather we should say, have a definite rate of pay for each particular rank ; let it by all means be adequate, but let it be equal, for we cannot say of medical duties that one particular kind is of less importance than another ; nor can we avoid thinking that the system which prevails in India of paying public servants so much for this duty, so much for the other has many disadvantages in so far as the interests of the public are concerned, as it certainly has in regard to individuals. The Indian Medical Department is kept short-handed, according to our correspondent ; young surgeons are "knocked about" at great expense to themselves ; pensions are inadequate, and those who have entered since 1864 are deprived of the benefits accruing from the retiring funds, which then ceased to exist ; no body seeming to know why or wherefore, although, in their abolition, a most serious injury was inflicted upon the service at whose own expense they were maintained.

But there is one remark in our correspondent's letter that is not quite clear to us. It is this : "The present rates of pension will utterly preclude the idea of officers retiring who have not saved a considerable sum of money ; a difficult matter where the appointments are so indifferently paid, *and where there is so little money to be made in private practice.*" It seems to us that a service can scarcely be said to be under-handed so long as its members profess themselves like our correspondent as looking for private practice, doubtless to fill up profitably the intervals between his public duties ; also that it is hardly fair upon medical men not in the public service, but entirely depending upon their private practice for their livelihood, that *officers* in the public service enjoying the income and social status of their position should in a manner thus compete against them.

Notes on Current Topics.

Home *v.* Foreign Supply of Food.

THIS subject was discussed in a practical manner on Saturday, the 24th inst., at Mr. Collinson Hall's, Ditchley's South Weald, near Romford. Mr. Hall bears a name well known in agricultural circles. He farms an aggregate of 22,000 acres, and has at present 750 cows, all in milk for the London market; and his ambition is to make the number 1,000. Mr. Hall has his farm in the highest attainable condition, with steam cultivation carried out to the utmost extent. The problem of the conversion of starch into sugar, or an approach to it, before it is given to the cow, so as to be readily digestible, is worked out practically. Crushed oats and brewers' grains are put together to ferment for twenty-four hours, and given to the cows while sweet, before the mixture goes sour. Minute attention to all these details is essential to success, and Mr. Hall knows it. Foreign stuff for English cattle, Mr. Hall insisted, was necessary to produce milk profitably; and there stood a considerable grist mill to illustrate his belief. A special train from Liverpool Street, with carriages to meet it, conveyed over one hundred visitors round Mr. Hall's farms. A very handsome cold luncheon further prepared his guests for the consideration of the subject of profitable farming by modern lights. Mr. Mechi spoke among others, while Dr. Fothergill pointed out that the English farmer had now another competitor to meet, viz., the Western States milk farmers; and said that he had had several private consignments of cream from west the Mississippi, the last of which was all that could be desired, and this could be put on the English market at a very reasonable price. Among the company were Drs. Hardwick, Tripe, Dudfield, and others. The weather was most propitious, and the company heartily wished Mr. Hall all success in his spirited enterprise.

The Parkes Museum of Hygiene.

IT is now twelve months since this, the first permanent exhibition of materials, designs, and appliances for improving our means and methods of sanitation, was publicly opened in London, as a lasting memorial to that great practical hygienist, Dr. Parkes. The work then begun has opened up so wide a field, that the present *habitat* in University College is found to be too small for the rapid expansion continually going on; consequently, at the annual meeting in connection therewith, held at the Mansion House yesterday, under the presidency of the Lord Mayor, it was decided that as the museum had taken an important position as a centre of technical education, an appeal for funds should be made to the general public to enable the committee to establish it in a position more independent and more accessible than that which it at present occupies. In a building of its own, and in a central position, the utility of the museum would be largely increased, and the dissemination of a knowledge of the laws of health, so important to all classes and both sexes, would be very greatly facilitated. There is little doubt that this appeal, like the initiatory one, will be fully successful.

Sabbath-Day Recreations.

THE efforts of the Sunday League to secure the benefit of intellectual and physical recreation for the great masses of the people have been attended with a success which, though cheering in itself, needs yet to be very greatly multiplied ere the advantages to be gained are to be looked on as satisfactorily secured. The attempts of the Society styling itself the Sabbath-Day Observance Association have all along been directed to opposing the good effected by those who seek to drive the hard-worked labourer into the fresh fields and country air on the one day when he can possibly indulge in these luxuries, or in the intellectual recreation to be found in museums and picture galleries, lecture halls, and libraries. The Hon. Secretary of the National Sunday League is able to announce that in addition to the Grosvenor Gallery, the Annual Exhibition of British Artists, at Suffolk Street, Pall Mall, will be open to the public on Sunday next. Admission will be by ticket to be obtained on application, enclosing stamped addressed envelope to the Hon. Sec., 9 Conduit Street, W. It is satisfactory to find also that the Sunday excursions organised by the Society have been completely successful this season, as also have been the band performances in the park. It may with confidence be anticipated that ere long the reproach will no longer be applicable to England that it alone of European countries tolerates a "dull Sunday."

The Order of St. John.

DR. E. H. SIEVEKING delivered a lecture on the 19th instant, under the auspices of the Order of St. John of Jerusalem, "On the Employment of Discharged Hospital Patients." Few medical men have not, at one time or other, witnessed scenes of keen distress consequent on the inability of patients to settle to work immediately after leaving the ward in which they have undergone treatment during illness. The effects of this latter are often such as to render them thoroughly unfit to pursue their accustomed labour, and it becomes an important and pressing question how best to relieve them in their trouble. If the Charity Organisation Society performed its functions with efficiency, and were not too prone to strain at imaginary gnats, the office of assisting these unfortunate and thoroughly deserving cases might be left to it. Since, however, it is vain to expect any help from the quarter which might justly be looked to for it, it is perforce left to private munificence. The result of Dr. Sieveking's eloquent appeal has been to refer the whole subject for consideration by the Ambulance Department of the Order of St. John. This body may feel that it has with it the practical sympathy of the medical profession, and that all assistance possible to be rendered by hospitals without crippling their own resources will be readily forthcoming.

Dublin Hospital Sunday.

THE managing bodies of Dublin hospitals who desire that their institutions shall participate in this year's distribution of the fund have been informed that their applications must be sent to the honorary secretaries.

Vivisection.

THE attentive reader of ephemeral literature cannot fail to be struck by the rapidly increasing number of journalists who weekly inveigh against the horrors of vivisection. It may be that the anti-vivisection fanatics are blameable for the excitation of popular indignation against a practice of which those most ignorant of physiological investigations consider themselves well able to be judges. The utter nonsense which greets the eye almost daily, and even in papers well informed on most ordinary subjects, though it receives a merited contempt from the instructed reader, is yet calculated to tell disastrously againt the progress of research by stimulating a rabid opposition to scientific needs on the part of the multitude. As the supporters of the anti-vaccination movement have gathered strength from the unwise silence maintained by the profession in regard to truths whose incontestable nature they clearly apprehend, so it is with the vivisection question. In all controversy where fact and science are pitted against ignorance and assumption, the issue has never been nor will be in doubt. But the insidious influence of oft-repeated and uncontradicted assertions will do irreparable injury unless an effort ere long be made to stem the advancing tide of prejudice and ignorance.

The British Medical Association.

INVITATIONS to attend the Cambridge meeting of the Association have been accepted by Professors Brown-Séquard, Marey, and Ranvier, and Drs. Landolt, Lucas-Championnière, and Wecker, of Paris; Professor Busch, of Berlin; Professor Klebs, of Prague; Professor Donders, of Utrecht; Professor Gross, of Philadelphia; Professor Chauveau, of Lyons; and Dr. Toussaint, of Toulouse. At a congregation of the University of Cambridge on June 10, graces were passed by the Senate for conferring the honorary degree of Doctor of Law, on the occasion of the meeting of the British Medical Association, on the following gentlemen:—Dr. C. E. Brown-Séquard, F.R.S., Professor in the College of France, Paris; Dr. Chauveau, of Lyons; Dr. F. C. Donders, Professor of Physiology at Utrecht; Dr. S. D. Gross, of Philadelphia; Sir William Jenner, Bart., K.C.B., M.D., F.R.S.; Sir William Gull, Bart., M.D., F.R.S.; Sir George Burrows, Bart., M.D., F.R.S.; William Bowman, Esq., F.R.S.; the Rev. S. Haughton, M.D., F.R.S.; Joseph Lister, Esq., F.R.S.; Dr. Denis O'Connor, President of the British Medical Association; John Simon, Esq., C.B., F.R.S.; and Andrew Wood, M.D., F.R.S.E. Professor Paul Broca would have been similarly honoured; the intention, however, has been defeated by his death.

A Disgraceful Railway Station.

IT often occurs to us, and probably the same thought passes in the minds of most travellers by the South-Eastern Railway Company, What must foreigners think of the rotten cattle-sheds called London Bridge Station? To them it is the entrance portal to the metropolis, and as they look around at its felt-covered roof, its unpainted timber, and its whitewashed walls and ceilings, now turned black with age and dirt, well may they exclaim on reaching this gateway to the richest metropolis of the world, What a filthy place! And if, unfortunately, their affairs compell them to get out at the station, a second look would certainly confirm first impressions. They would find subterranean passages through which passengers pass almost as black as night, so that gas has to be burned the whole day long, waiting-rooms with huge holes in the ceilings and walls, where plaster will hang together no longer, and the South-Eastern Railway is so bent upon paying big dividends that it has no time or inclination to study the comfort or health of its patrons. Should the weather be stormy or the sun exceedingly hot, the narrow ledges which for years have done duty for a station will be found insufficien tto save them either from a drenching or sunstroke. Verily the whole concern reflects the highest discredit upon Sir Edward Watkin and the management in general. Now if the said foreigners will go a few feet farther, to the London Bridge Station of South Coast Railway, they will hardly find a greater contrast in the way of buildings in London. Here good management and a thoughtfulness for the well-being of others is everywhere observable. South-Eastern papers please copy.

Closing of a House for Recurrence of Fever in it.

DR. CAMERON, Superintendent Medical Officer of Health for Dublin, reported to the Public Health Committee on Friday last that he had compelled the owner of a tenemental dwelling to close it for the following reasons:—The house is a large one, and in each of the twelve apartments a family were lodged. Within a period of twelve months no fewer than eight cases of typhus fever had occurred amongst the inmates of the house, and one of the patients had died. Dr. Cameron found the house in excellent repair and clean, but he determined that it should be forthwith closed on the ground that it was saturated with the virus of typhus fever. It was therefore impossible that the virus of the disease could be extirpated by any process of purification and cleansing possible whilst the house was inhabited. Dr. Cameron stated that any such house, however well kept, could not be healthy whilst every room in it was day and night occupied by a whole family. He would, therefore, not consent to its being reopened until the landlord undertook to reduce the number of separate tenements from twelve to eight.

This is, we believe, the first instance of a tenemental house being closed on the ground of contagious disease having repeatedly recurred in it. We trust now that there is a precedent for such action that very many dwellings the abode of contagion will be closed up no matter what accommodation they may afford.

THE success of "Zoedone" has been so immense, that it had to be turned into a limited liability company with a capital of £100,000. The patentee, Mr. Johnson, receives £35,000 in fully paid-up shares as an equivalent for his services and patents. Probably no modern commercial enterprise has attained to such a gigantic success in so short a time.

Metropolitan Hospital Sunday Fund.

THE Council of the Hospital Sunday Fund met at the Mansion House on Monday last, under the presidency of the Right Hon. the Lord Mayor, to order the payment of the awards made to the several hospitals and dispensaries. The sum available for distribution exceeds by £4,168 that of last year, and is, after allowing a sufficient deduction to meet outstanding liabilities, £29,389 13s. 4d. This amount will be at once divided amongst the 130 institutions of the metropolis, in addition to which the Council are able to set aside £300 for the purchase of surgical appliances during the ensuing twelve months. The actual payments will be £26,646 13s. 4d. to eighty hospitals, inclusive of four institutions which may be classed as hospitals; and £2,443 to forty-six dispensaries. It is also proposed to make an award, as heretofore, to the Hospital of "St. John and St. Elizabeth," although its constitution differs somewhat from that of the general hospitals, but this is only a proper concession to the Roman Catholic clergy, who, as a body, most loyally and cordially support the Fund. It is gratifying to find that the Metropolitan Hospital Fund works year by year so well, and with so little friction to all parties concerned—so much so that in asking for further information from one dispensary and fourteen hospitals, deputations at once attended from nine, and gave the Committee of Distribution satisfactory explanations which secured the recommendation of higher awards than they otherwise would have had. The one dispensary was unable to justify itself, three of the hospitals made no reply, and the remainder expressed themselves satisfied to leave their cases in the hands of the Committee.

The several payments were ordered to be made, with the exception of the Eastbourne Convalescent Hospital, and this was ordered to stand over until some inquiry could be instituted into an alleged attempt at *proselytism*.

The pending dispute between the authorities of St. John's Hospital and their late physician, this, it was thought, should not be made the grounds of suspension on the present occasion. For the second time the Council has issued a valuable statistical analysis showing the number of beds in each hospital, and the number actually occupied; the number of in- and out-patients treated during the year, with the average approximate cost of treating them; the number of home visits from dispensaries; the cost of each midwifery case; the percentage of cost of management as compared with that of maintenance; the average amount of payments by patients; the average gross annual income and expenditure, and other items of information, which, being carefully compiled from returns furnished by the responsible executive officers of the several institutions, will be found well worth the attention of the managing committees, and, indeed, of all who take any interest in the economical and successful working of the several medical charities of the metropolis.

The Society for Relief of Widows and Orphans of Medical Men.

THE Directors of this Society held their usual quarterly court last week; the President, Sir George Burrows, Bart., in the chair. Fresh applications were made from one widow and three orphans and relief granted to them. The amount to be distributed for the half-year among the sixty widows and sixteen orphans now on the list of recipients was £1,317 10s. The expenses of the quarter amounted to £44 9s. Only one new member was elected. The Directors take this opportunity of announcing that under the new bye-law all registered practitioners living within a radius of twenty miles from Charing Cross are eligible for election as members of this Society.

Co-operative Stores as Pharmacists.

AFTER another long trial of patience the question raised by the Council of the Pharmaceutical Society in the prosecution of the London and Provincial Supply Association (Limited), for alleged infringement of the Pharmacy Act, 1868, came before the House of Lords last Tuesday week, and after the arguments of counsel on both sides had lasted during the greater part of that day and Thursday, the decision given has supported the previous judgment of the Lords Justices, against which the Pharmaceutical Society had appealed to the House of Lords.

This litigation is therefore now at an end, and the result is one leaving the Pharmaceutical Society powerless to prevent the continuance of limited liability companies to carry on the business of a chemist and druggist, so far at least as the Pharmacy Act, 1868, is concerned.

Inquest on a Doctor.—A Melancholy Case.

AN inquest was held last week by the Liverpool coroner on the body of Dr. George Davy Kerman, who was run over by a cab on Saturday night during the thunder storm. He was taken to the Bridewell and locked up under the supposition that he was drunk. Afterwards he was bailed out, and died at his father's house on Monday morning. A verdict of accidental death was returned.

Stimulation and Total Abstinence.

THE last annual report of St. George's Hospital, in an interesting table of the daily consumption of stimulants to which patients on their admission had been accustomed, adds that the largest consumer of spirits, æt. 30, took twenty to thirty glasses of gin daily; and that the largest consumer of beer, æt. 35, never exceeded twenty-pints a day. It is added, only one "total abstainer" can be discovered.

THE will of Dr. Alfred Swayne Taylor, F.R.S., the eminent toxicologist, has been proved under a personalty of £60,000.

ENTERIC FEVER is very prevalent at Natal, several officers and privates of Her Majesty's forces have succumbed to this zymotic during the last few days.

THE French Government has allotted to M. Pasteur the sum of 50,000 francs for the purpose of enabling him to carry out his researches on the contagious diseases of animals.

WE hear that the Treasury has sanctioned a grant of

£500 per annum to provide an additional number of Distinguished Service Rewards for the Army Medical Department.

Of the 192 candidates examined at the Royal College of Surgeons, England, during the past fortnight, 78 failed to satisfy the Board, and were referred for three months', and 12 candidates for six months' further anatomical and physiological study.

Fleet-Surgeon R. W. Beaumont is nominated to succeed to the medical charge of Haulbowline Hospital, *vice* Dr. Gordon, promoted to the rank of Deputy Inspector-General. The *United Service Gazette* remarks that "Fleet-Surgeon Beaumont is an officer of long and exemplary service."

In the principal large cities of the United Kingdom the rates of mortality per 1,000 last week were—Portsmouth 16, Leicester 16, Bristol 16, Edinburgh 17, Salford 17, Hull 17, Birmingham 17, Leeds 17, Bradford 17, Brighton 18, Glasgow 19, Wolverhampton 19, Sheffield 19, Newcastle-upon-Tyne 20, London 21, Manchester 21, Nottingham 23, Plymouth 23, Sunderland 24, Oldham 25, Liverpool 26, Norwich 27, Dublin 30.

The fund recently established by the Birmingham Philosophical Society for the endowment of original research, has now reached £820, by donations for investment, with an annual subscription list of about £80 a year. Among the donors is Mr. Darwin, F.R.S., who in a letter to Mr. Lawson Tait, F.R.C.S., writes, "I admire greatly the noble spirit of Birmingham in instituting this fund; I will give £25, and would give more, but, in truth, the claims on my purse are many."

The death-rate last week from the seven principal zymotic diseases per 1,000 in the large towns ranged from 0·7 and 1·7 in Plymouth and Bristol, to 6·3, 7·5, and 9·7 in Oldham, Dublin, and Norwich. Scarlet fever showed the largest proportional fatality in Norwich, Oldham, Bradford, Salford, and Sheffield; and measles in Sunderland. Small-pox caused 3 more deaths in London, 10 in Dublin, but not one in any of the other large towns. The deaths referred to diarrhœa, which had steadily increased in the four previous weeks, further rose to 258 last week, of which 165 occurred in London; they were equal to an annual rate of 2·3 per 1,000 in London, while the rate did not exceed 1·3 per 1,000 in the other towns.

At a meeting of the Metropolitan Asylums Board on Saturday, the clerk was instructed to call the attention of the Home Secretary to the serious inconvenience which has been experienced by the recent failure, without notice, of the supply of water to the Fever and Small-pox Hospital at Stockwell, and to transmit copies of the correspondence between the managers and the Southwark and Vauxhall Water Company on the subject; to represent to the Home Secretary the utter impossibility of carrying on with safety and efficiency the administration of an hospital without an adequate supply of water, and to express the hope that as this was the third time within three years that the managers have had to make a similar complaint the Home Office will take the matter into their consideration.

Correspondence.

THE INDIAN MEDICAL DEPARTMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I shall feel obliged by your publishing the following remarks on the Indian Medical Department from a junior officer's point of view. The Government of India have proved by their recent orders that they do not consider the time for recruiting the Civil Branch of the Indian Medical Department in this country has yet arrived. I believe the time will soon come when Government will recognise the fact that it would be better for them to encourage locally trained men to take employment in India under the uncovenanted Civil Service rules instead of going to Europe to qualify, as they now do.

For many years to come the Government of India will require a considerable number of European officers; if so, I think it is an opportune time for ventilating the different points that are unfavourable to us in the present regulations, which, if continued are likely to render the service unpopular, and the officers discontented.

2. Government have reduced the number of deputy surgeon-generals in the Madras army by two, and have given no equivalent unless the rules regarding the sanitary commissionership counting as deputy surgeon-generalship be reckoned one. In a service like the Madras Medical Department, where there are very few well paid appointments, and where there is little money to be made in private practice, this is a great loss.

The Department generally has suffered very severely by the new changes, as will be seen by the following statement. True, the five sanitary commissioners of Bengal, N.W. Provinces, the Punjaub, Madras, and Bombay, have been allowed to count service as deputy surgeon-generals after they have attained twenty-six years' service, or from the date a junior has been promoted over them, but as these appointments already existed in the service, the concession does not make up for the loss of eight deputy surgeon-generals. Two of the sanitary commissionerships which have been abolished (in Burmah and in the Central Provinces) were held by officers of the Madras Medical Department.

3. We have been precluded from ever attaining the highest rank in the military department, and have been placed in a position in which we may have to serve under officers who have passed an inferior examination at the entrance competition, and who have not had the same opportunities for gaining experience in the tropics. Surely officers who have to organise and manage hospitals throughout India, and who have to treat the European officials of all ranks, gain experience enough to fit them for the post of surgeon-generals in the army, where they are already considered fit to be deputy surgeon-generals.

4. The rules which keep officers on unemployed rates of pay until they are posted to some appointment for which there is a sanctioned staff salary or consolidated rate of pay tell very hardly, especially on junior officers. Before entering the service they have been led to believe that while they are kept on the "unemployed pay" they will not be required to work except to pass the vernacular test. For some years the rule has been that officers have not been posted to permanent appointments until they have completed five, and even over five, years' service. Such officers may be posted to "officiating appointments," but in such cases they rarely draw the lowest rate of pay laid down in the memorandum regarding the position of medical officers appointed to H.M. Indian forces, in par. 10 of which 400 rupees a month is laid down as the minimum. This memorandum is given to each officer on application at the India Office. In several instances known to me officers who have not had permanent appointments have been detailed to do work for which there is no sanctioned staff salary, and have consequently been kept on these unemployed rates of pay. For example, officers in charge of the famine hospitals during the late famine, one of which hospitals was constructed for four hundred sick; again, all the junior officers sent on "field service," either attached as junior officers to regiments, or on general duty. In the last Madras Army List there were nine junior officers thus employed. In some

instances such officers are detailed for duty in the base hospitals, and sometimes had to take charge of sections of the different field hospitals. Medical officers sent into the districts on special civil duty are treated in the same way.

5. Officers of the A. M. D. joining now rank as captains, while officers of the I. M. D. still rank as lieutenants, and receive while at Netley a lower rate of pay.

6. A new rank of brigade-surgeon, combining special privileges, pay, and pension has been created in the A. M. D., and officers of the I. M. D. of equal or greater length of service serving with them will rank as their juniors.

Administrative Medical Appointments in the Indian Medical Department under the Old and New Rules.

	RANK.	Bengal.	Madras.	Bombay.	Total
Under the Rules published in 1864 and 1867.	Surgeon-General; pay, rupees 2,700 a month	1	...	...	1
	Surgeon-General; pay, rupees 2,500 a month	...	1	1	2
	Deputy Surgeon-Generals; pay, rupees 1,800 a month	13	6	4	23
	Total	14	7	5	26
Under the Rules published in 1880.	*Military.*				
	Deputy Surgeon-General; pay, rupees 1,800 a month	5	4	2	11
	Civil.				
	Surgeon-General; pay, rupees 2,700 a month	1	...	...	1
	Surgeon-General; pay, rupees 2,500 a month	...	1	1	2
	Deputy Surgeon-General, with local rank of Surgeon-General; pay, rupees 2,250 a month	2	...	...	2
	Do. do. pay, rupees 1,500 a month ...	1	...	...	1
	Deputy Surgeon-General; pay, rupees 1,800 a month	1	...	...	1
	Total	10	5	3	18

7. The examination for promotion has been done away with in the A. M. D., yet still is retained for officers of the I. M. D. where inferentially it is less necessary.

8. Furlough under the rules sanctioned by Government does not exist, and cannot as long as the department is kept underhanded. This has been the rule for many years, and medical officers nearly always find it impossible to obtain the authorised privilege leave, or any leave except on medical certificate.

9. The Department being kept so short-handed frequently necessitates the employment of junior officers soon after their arrival in the country in responsible positions as to the duties of which they have no experience. Another effect of the department being underhanded is that young medical officers are for some years knocked about from pillar to post, at great expense to themselves; this probably accounts in a great measure for the high rate of mortality and invaliding which has existed amongst the junior for some years.

10. The inadequacy of the rates of pension sanctioned has not been felt owing to the fact that the officers who entered the service before 1864 have their medical funds to keep them, a privilege which has been, unfortunately, denied to their juniors. The present rates of pension will utterly preclude the idea of officers retiring who have not saved a considerable sum of money—a difficult matter where the appointments are so indifferently paid, and where there is so little money to be made in private practice, as in the Madras branch of the I. M. D This must end disastrously for Government by keeping men in the service long after they should have retired. What is most needed is increased rates of pension all round instead of special prizes.

11. Some appointments lately made by the Government of India for which there were consolidated rates of pay sanctioned will only pay a junior officer to take up until he is promoted, or obtains something better. This is a departure from custom established in G. O. G. G., No. 370, of 1867, which made the rates of pay progressive, so that an officer would not be a loser on promotion, and that Government would not lose the advantage of the experience he had acquired.

12. In several instances officers of the Warrant grade have been posted to offices for which pay is sanctioned for a commissioned medical officer, notwithstanding the rules published by the Government of India in November, 1877. Again, it should be noted that one of the best paid appointments belonging to the Madras Department, viz., the post of senior medical officer at Port Blair, has been given to a Bengal medical officer, and several of the civil appointments in Burmah are filled by medical officers of the Bengal Department, although the custom was formerly to fill them from Madras, and the province is entirely garrisoned by Madras troops.

The civil medical administrative officer in the Central Provinces is in future to be appointed from the Bengal Medical Department, although a large proportion of the medical officers belong to the Madras Department. This appears scarcely equitable, and looks as if the influence of the Bengal Department preponderated with the Government of India *Mais les absens ont toujours tort.*

I have the honour to be, Sir,

Your obedient servant,

June 22nd. A SURGEON, Madras Army.

Literature.

DISEASES OF THE SKIN. (*a*)

THIS useful and interesting volume will require brief notice, as the work, from being published by the Sydenham Society, is in the hands of so many of the profession. It consists of three leading subdivisions—1st, ulcers, including those of syphilitic origin; 2nd, cutaneous neuroses; 3rd, parasitic diseases, under which are placed those affections in which vegetable parasites are observed, and all the animal parasites and the diseases caused by them.

The parts of the work which would probably be first consulted by a practitioner are the brief, often too brief, observations under the head, "Treatment." Taking up the remarks offered for our guidance in the section on "Pruritus," the successful removal of which is unfortunately often beyond our power, we may state that lately two highly interesting examples of pruritus vaginæ distinctly due to diabetes mellitus have fallen under our notice, and in these the administration of kreosote was of decided advantage, both in relieving the pruritus and improving the diabetic attacks.

In the pruritus of the aged we have found the local application of oil of staphysagria diluted with olive oil, and the internal employment at the same time of sarsaparilla in its old-fashioned form of sarsaparilla broth boiled with beef or chicken, of marked utility. In these cases also small doses of strychnia and tartrate of iron are usually of advantage. Another indispensable direction for successful treatment is the removal from immediate contact with the skin of all flannel garments, and, of course, as far as possible to insist on scrupulous cleanliness of the skin, a point of extreme difficulty to be accomplished with some elderly people fond of warmth and not over fond of soap and water.

In pruritus ani, of course the first indication always must be to correct as far as possible any hæmorrhoidal tendency and hepatic derangemement. For this purpose euonymin in two-grain doses with some aloetic aperient is of service, followed by a morning dose of some saline and alkaline aperient or a mineral saline water, but for local use the oleum juniperi with soft soap, &c., is very serviceable, and will often prove a reliable application.

Passing to the section on animal parasites we have petro-

(*a*) "Diseases of the Skin." By Hebra and Moriz Kaposi. New Sydenham Society. Fifth Volume.

leum oil diluted with olive oil and Peruvian balsam added, recommended as a successful mode of treatment for pediculi, which it undoubtedly is, but the far preferable application of oil of staphysagria mixed with oil of olives to dilute it is not sufficiently mentioned. Again, we have ample accounts of all miseries caused by the flea, with the happy news for intending emigrants that it is as yet unknown in New Holland (Australia). On this point we would gladly know something additional, and would feel greatly obliged if some of our Australian readers would state whether the good news is true, and, if so, where the fleas die on their journey outwards, and why. Let us add, that the great virtues of Pyrethrum-roseum powder, so well known to travellers in the East, and to many households at home for its valuable property of banishing these minor plagues of existence, is not mentioned. To all who desire a clean house free from their presence, its liberal sprinkling every few months on floors and beds will ensure exemption without emigrating to Australia from these irritating little creatures.

We consider this fifth volume of Hebra's classic work on affections of the skin is well worth ranking with the preceding volumes, and that taken collectively they form one of the best contributions made by the Council of the New Sydenham Society to our stores of English medical literature.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

PRESENTATION TO DR. BEATSON, OF GLASGOW.—In acknowledgment of his valuable services at the accident at Irvine on the 6th March last, Dr. Beatson, at a large company of the officers' mess at the Artillery meeting in Irvine, on Saturday, the 17th inst., was presented with a gold watch.

REGISTRAR-GENERAL'S RETURNS.—According to the weekly return of births, deaths, and marriages for the eight principal towns of Scotland, the death-rate for the week ending with Saturday the 17th July, 1880, was 18·6 per 1,000 of estimated population. This rate is 2·0 above that for the corresponding week of last year, but is 1·8 below that for the previous week of the present year. The lowest mortality was recorded in Greenock, viz., 12·5 per 1,000, and the highest in Leith, viz., 30·2 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·4 per 1,000, being 0·5 above the rate for last week. Acute diseases of the chest caused 58 deaths, or 32 less than the number recorded for the previous week.

SCARLET FEVER AND WHOOPING-COUGH.—The half-yearly meeting of the Scotch Meteorological Society took place in Edinburgh on the 21st inst., when Mr. Buchan read a paper on the relation of the weather to deaths from scarlet fever and whooping-cough, prepared by Dr. Arthur Mitchell and himself. All over Great Britain, he said, with few exceptions, scarlet fever reached its maximum in the end of the year. The exceptions were the towns between Manchester and Hull, across the country, the difference being greatest in the case of Hull, where the maximum of scarlet-fever was in February. In the English and Irish towns the maximum of whooping-cough was in the spring months, and in the Scotch towns in the early summer.

Medico-Parliamentary.

HOUSE OF COMMONS.—MONDAY, JULY 26TH.

CERTIFICATES OF PAUPER LUNATICS.

Mr. HIBBERT, in answer to Sir T. Lawrence, said the attention of the Local Government Board had been drawn to an article which appeared in a medical journal in October last, alleging that a species of black mail was levied in connection with the certificates of pauper lunatics in the Kensington Union, but that the officers of the Union denied that any such charge had been made. The report might have arisen owing to the great number of cases that had been sent to two particular officers of that Union, the reason why they were sent to them being that they resided in the immediate neighbourhood of the infirmary.

UNIVERSITY OF ST. ANDREW'S.

Sir. W. HARCOURT, in reply to Sir T. Lawrence, said the Government would consider during the recess the subject of the embarrassed financial position of the University of St. Andrew's, with a view to seeing, before next session, whether any steps could be taken to relieve the College from its pecuniary difficulties.

INTERFERENCE WITH THE DUTIES OF UNION MEDICAL OFFICERS.

Mr. W. WILLIAMS asked the Secretary of the Local Government Board whether it was competent to relieving officers of Poor-law Unions to disregard or overrule at their discretion the orders of the medical officers in reference to the supply of medical necessaries to the sick poor.

Mr. HIBBERT replied that, while the relieving officers had a certain discretion in such matters, they were cautioned by the Local Government Board to be very guarded in the exercise of that discretion.

Obituary.

DR. RANDAL Y. KENNY, OF KILLESHANDRA,

WE have heard with great regret of the death of an old and esteemed member of our profession, Dr. Randal Y. Kenny, which took place at Killeshandra, co. Cavan, on the 18th inst. Dr. Kenny was Medical Officer of the Killeshandra Dispensary District, and has been in practice for the last fifty years in that neighbourhood, where he held a high place in public estimation, not only as a skilful physician, but as a kindly, warm-hearted man, and an honourable and a high-minded gentleman. Dr. Kenny has been for some years past in failing health, and has consequently been assisted in his practice by his son, Dr. J. B. Kenny. His last illness, however, was comparatively sudden.

Medical News.

Royal College of Surgeons of England.—The following candidates having passed the required examination for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 19th inst. :—

Ashdown, G. W. W., M.B. Ed.
Bentham, Newton, L.S.A.
Bendall, Howard, M.B. Ed.
Bott, Henry Septimus, L.S.A.
Brown, Charles
Chadwick, Wm. Fitton
Cohen, A. A., M.B. Aberd.
Colbourn, Thomas Walter
Hall, Thomas Lambert, L.S.A.
Johnston, Edward Cocks
Jones, G. Job, L.R.C.P.
Pickersgill, Edwin Pulleine
Routh, A. J. McConnel, L.S.A.
Spencer, Bertram, M.B.
Thomson, Arthur, M.B. Ed.

The following were admitted on the 20th inst. :—

Bredin, Richard
Carter, Godfrey
Dester, William Parker
Fraser, James William, M.B. Ed.
Godson, Edwin
Harris, David
Maguire, Robert
Marsh, T. A. Perry
Moore, Stephen H., L.R.C.P. Ed.
Morgan, C. Jeffrey, L.R.C.P. Ed.
Neatby, Edwin Awdas
Pope, W. Wippell, L.R.C.P. Ed.
Roocroft, William Mitchell
Searancke, Nicoll F.
Shettle, Harry W., L.R.C.P. Ed.
Thomas, David John
Twynam, George Edward
Wills, J. P. Budgett, M.B.
Wilson, John, L.R.C.P. Lond.
Winstanley, Robert Wyndham

The following were admitted on the 21st inst. :—

Barron, Alexander
Barrow, Roger William
Bull, G. C. Robins
Crane, Charles Robinson
Donovan, D. William
Garey, John
Honeyburne, Richard
Hutchinson, Jonathan
Laxton, Thomas Lowe
Noding, Thomas Edward
Parke, Charles James, L.S.A.
Parker, C. Barnsdall, M.D.
Payne, A. Bruce
Proffitt, A. Henry
Potts, J. Ashford, M.B. Ed.
Renshaw, Israel J. E.
Stoneham, Thomas George
Wagstaff, E. Hamilton
Wolstenholme, R. Hanson

Royal College of Surgeons in Ireland.—At a meeting of the Court of Examiners held on Monday, the 5th July, and the following days, the undernamed gentlemen passed the several examinations for the first half of the Letters Testimonial, viz. :—

Howard William Achenson, Thomas Arthur Baldwin, Charles Dillon Barrett, Herbert Joseph Bermingham, John George Wright Bullock, Henry Bryant, Francis Philip Colgan, Robert Cochran, Patrick Joseph Dempsey, Charles Ernest Denning, Frederick William Exham, John Seymour Gelston, William Gardiner Jacob, William Walter Jones, Claud Henry McSwiney, Bernard Macguire, John Patrick Nicholls, Francis Randalf O'Brien, Edward Hyacinth

O'Dogherty, James O'Neill, William Kerr Shea, Vetury Alexander John Smith, James Cooper Lloyd Slawell, and James Alexander Swan.

NOTICES TO CORRESPONDENTS.

A STRING OF QUERIES.

X. N. asks:—1. Where can a private practitioner obtain pure vaccine-lymph? 2. Is it likely that a candidate could pass the final written and oral examination for the licence of the King and Queen's College of Physicians on his own reading? I would like very much to go up for it, but I have always heard it said that no one, no matter how well they were read, could pass the examination unless they were coached. I am too far away from a grinder, and could not spare the time to go to one. 3. Would the L. G. B. be likely to again sanction the appointment of a medical man whom they dismissed a number of years ago from a dispensary in a different district for drunkenness and laziness? 4. Has the Victoria University obtained any additional provision to its charter to enable it to grant medical and surgical degrees?

[1. From the vaccine department of the Local Government Board, Upper Sackville Street, Dublin, gratis. 2. A studious candidate may readily pass without "grinding," though to do so is a much more tedious process. The unground student has, however, the subsequent advantage of knowing more of his business if that be considered of any value to him. 3. No; the L. G. B. has allowed dismissed officers to act as temporary medical attendants of dispensaries, but, so far as we know, has not allowed them to be permanently appointed. If the officer resigns under pressure, he may hold office afterwards, but not if he be dismissed by sealed order. 4. No; the power of the Victoria University to grant medical degrees has been suspended by the Privy Council pending the settlement of the general question of medical reform.—Ed.]

Excelsior.—We understand our correspondent to advocate the co-operation of the Poor-law Medical Officers of Ireland with the Irish Medical Association. The organisation mentioned in the letter knows little, and does not care much for the grievances of Irish dispensary doctors.

Holloway.—*Dorvault's Officine* gives the composition of Holloway's pills thus:—144 pills contain aloes, 4 gr.; rhubarb, 1·7 gr.; pepper, 45 gr.; saffron and Glauber salts, 2 gr. of each.

Surgeon-Major Martin will please receive our best thanks.

Studens.—1. Bryant, Gant, or Holmes's Surgery. 2. Foster's Physiology, and Harris and Power's Physiological Laboratory. 3. Leishman's "Midwifery" and Atthill's "Diseases of Women."

SUGGESTIONS FOR A MEDICAL AND SURGICAL BED-DRESS.

To the Editor of the Medical Press and Circular.

Sir,—When writing some suggestions for "a medical and surgical bed-dress" (*Medical Press*, July 14, page 25), I was not aware that Dr. Thomas Joyce, of Cranbrook, had previously made a similar suggestion for "a new form of bed-gown for sickness" in the *Practitioner*.

So far as the principle of our two communications is concerned, the original idea was clearly due to Dr. Joyce, and I hasten to acknowledge this. Had I known of Dr. Joyce's communication in time I need hardly say I should have referred to it in my own "Suggestions."

I am, &c.,
H. Cripps Lawrence, L.R.C.P. Lond., &c.

49 Oxford Terrace, W.,
July 22, 1880.

Job Lot Drug Selling.—The following is from the *San Francisco News Letter*:—The retail drug business in San Francisco, in spite of all we have been saying and doing to improve it, is still in a very poor condition. A friendly druggist has sent us a price-list of articles as he is selling them in his store. We copy a few items which may be of interest to our readers:—"Three emetics, 11c.; two blue pills and a black draught, and a bottle of Lubin's Ylang Ylang, 27c.; a box of itch ointment, a porous plaster, and a green shade for sore eye, 26½c.; a bottle of hair-dye, a box of rat-poison, and a fine tooth-comb, 42c.; an infant's feeding-bottle, a large fly-blister, and a pint of "Mother-in-Law's Delight Bitters," 1 dol. 3c.; a little bottle with a baby in it, a pint of cod-liver oil, and a box of Higgenbotham's Antiphlogistic Skolatoxicum, 95c. Everything else in assorted lots at proportionate prices. With all orders amounting to 25 dols. a stomach-pump will be thrown in."

IMPROVED RAILWAY COMMUNICATION WITH HEALTH RESORTS.

The authorities of the Great Western Railway deserve commendation for the marked improvement made this summer in the train service between London and Malvern—one of the most beautiful and health-giving of our English watering places.

In addition to the ordinary service, there is now an accelerated train from London accomplishing the distance in three hours and twenty-five minutes, leaving Paddington at a quarter before five and arriving at Malvern at ten minutes past eight. It is to be hoped that visitors will be induced to avail themselves of this quicker transit to a place so charming and refreshing to jaded townsfolk.

The beautiful hills of Malvern lie in the heart of some of the most perfect and typical scenery in England. They are green to their summits, breezy, bright, and fragrant; and a stroll over them is in the highest degree health-giving and refreshing. To know the full charm of a drink of pure water, clear, cold, and brisk from the rock, the hill-climber should drink at St. Anne's Well on his or her—for the hills are equally accessible to ladies—way up or down the chief hill. There are excellent hotels at Malvern, notably the Imperial; and pretty lodgings are to be found by those who will make a stay of weeks. For *re-freshment* by English hill-and-woodland-scenery no place equals Malvern.

Dr. Mulholland, Belfast.—A correspondent forwards us a newspaper containing a police-court report, from which it appears that Dr. Mulholland admitted on examination that he was, and is, the owner of several brothels in Belfast, and our opinion is asked upon the matter. Our opinion is, emphatically, that Dr. Mulholland disgraces himself and his profession by encouraging so abominable a traffic, that no respectable house-owner would knowingly let a house for immoral purposes, and that there is no possible excuse for doing so. It was sworn in this case that Dr. Mulholland actually evicted a solvent tenant in order that he might let the premises to the more lucrative, but less decent, occupants. In the course of the case the following conversation occurred:—The prosecuting solicitor, Mr. M'Lean, said that he was anxious that these houses should not be let to other parties for immoral purposes, and he hoped his Worship would make an intimation to Dr. Mulholland to that effect.—Mr. Lloyd thought that Dr. Mulholland should be ashamed of himself for letting the houses for improper purposes; some person should be made amenable. He thought that person was Dr. Mulholland, and if there was a law by which he could be made amenable he would have that law put in force.—Mr. M'Erlean said that on looking into the law he found that a landlord who let his houses at an exorbitant rent to persons who kept houses of ill-fame could himself be punished.—The case was adjourned for ten days, the defendants to leave the town in the meantime.

HYPERIDRÓSIS.

To the Editor of the Medical Press and Circular.

Sir,—Would you or any of your numerous readers give me a hint as to the treatment of an aggravated case of hyperidrosis?

The sweating is almost completely confined to the hands. It is acid. Health good; all functions regular. Purely a nervous affection, but very unpleasant to the patient, and not very amenable to treatment. T. Fox, J. L. Milton, and others are silent as to the best means of cure.

Yours, &c.,
P. Q. R.

VACANCIES.

Buckinghamshire General Infirmary.—Resident Surgeon. Salary commencing at £80, with board. Applications to Mr. Fell, solicitor, Aylesbury, before August 3.

Swansea Hospital.—Resident Medical Officer. Salary, £100, with board. Applications to the Secretary before August 4.

Warneford Hospital.—House Surgeon. Salary, £100, with board. Applications to the Secretary at Leamington before August 9.

Wigan Infirmary and Dispensary.—Junior House Surgeon. Salary, £80, with board. Immediate application to the Secretary.

APPOINTMENTS.

Constable, J., M.D., C.M., Medical Officer and Vaccinator for the Parish of Logie, Fifeshire.

Dunlop, J., M.B., C.M., Assistant Medical Officer to the Woodilee Asylum, Lenzie, near Glasgow.

Goude, H., F.R.C.S.Ed., M.R.C.S.E., Resident Surgeon to the Small-pox and Vaccination Hospital, Highgate Hill.

Haslett, J. C., M.D., M.Ch., Honorary Physician to the Ulster Hospital for Children, Belfast.

Horne, A. J., L.R.C.S.I., L.K.Q.C.P., Assistant Physician to the Rotunda Hospital, Dublin.

Jones, J. R., M.B., L.R.C.P.L., House Physician to the Hospital for Women, Soho Square, London.

Jones, R. R., M.R.C.S., House Surgeon to the Newcastle Infirmary.

Keelan, P., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to the Callon Dispensary, Ardee Union.

McArdle, J. S., Resident Surgeon to St. Vincent's Hospital.

McDonnell, E. P., L.R.C.S.I., Resident Surgeon to Jervis Street Hospital, Dublin.

O'Connor, C. J., L.R.C.S.I., L.K.Q.C.P., Medical Officer to the Clane Dispensary, Naas Union.

O'Dea, P. St. L., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Ennistymon Dispensary, Ennistymon Union.

Price, T., M.R.C.S.E., Medical Officer to the St. Michael District of the Manchester Union.

Spofforth, J., M.R.C.S.E., L.R.C.P., Honorary Surgeon to the Kidderminster Infirmary.

Walsh, J. L., L.R.C.S.I., L.R.C.P.Edin., Medical Officer to the Kilmacthomas Dispensary, Kilmacthomas Union.

Births.

Kennefick.—July 15, at Auburn, Clonmel, the wife of John S. Kennefick, L.R.C.S.I., of a daughter.

Phillips.—July 13, at New Ferry Park, Cheshire, the wife of E. J. M. Phillips, M.R.C.S., of a son.

Deaths.

Domville.—July 22, at Greenwich, Edward A. Domville, eighth son of Inspector-General Domville, M.D., aged 51.

Kenny.—July 18, at his residence, Killeshandra, co. Cavan, Randal Young Kenny, M.D., aged 76.

Morrison.—July 21, at 107 Lower Baggot Street, Dublin, John Morrison, M.D., F.R.C.S.I., aged 75.

Percy.—July 17, at 1 Gloucester Terrace, London, Grace Mary, for forty-one years the wife of Dr. Percy, F.R.S.

Thomas.—July 16, at Wells Street, London, W., W. Edward Stevenson Thomas, M.R.C.S.E., aged 47.

Ward.—On July 10, at 28 Finsbury Circus, London, Stephen Henry Ward, M.B., M.D., F.R.C.P., aged 61.

Wilkinson.—At Clonaslee, Queen's co., Thos. P. Wilkinson, L.R.C.S.I., aged 74.

Wilson.—July 8, at Aberdour House, Fife, N.B., Sarah Liddell, wife of Robert Wilson, M.D.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 4, 1880.

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AN ANALYSIS OF FIVE HUNDRED CASES OF PERFORATION OF THE MEMBRANA TYMPANI. (a)

By GEORGE P. FIELD,

Aural Surgeon to St. Mary's Hospital.

Perforation of the drum head is unfortunately a very common occurrence, and loss of hearing as a rule is the result. Deafness does not always take place, for some patients will be found to hear, perfectly well, even with a perforation of considerable size, while, on the other hand, a small aperture, may occasion very severe deafness. The size of the opening does not seem, in any way, to guide us in giving an opinion as to the amount of loss of hearing we may expect. The position of the perforation however will help us sometimes, for when we find the upper portion (Shrapnell's membrane) perforated, fortunately an uncommon occurrence, hardness of hearing is invariably the result, and necessarily the more the joints of the ossicles are interfered with, the greater will be the deafness.

Just a few words on the action of an artificial membrane and the improvement in hearing which takes place from its use. "If the continuity of the chain of sound conducting ossicles is destroyed, such as when the incus is detached from the stapes, resulting perhaps from a perforation, (as Hinton remarks) the most characteristic symptom of disconnection of the incus and stapes, is an inability to hear except during the act of listening." It is only by artificial pressure, such as that exerted by a moistened pellet of cotton wool, supporting the ossicula and restoring their continuity, that we can hope for an improvement.

I think it is now generally admitted by modern aurists, that the action of an artificial membrane does not depend upon the closure of the hole, thus confining the vibrations to the tympanum, as my predecessor at St. Mary's, Mr. Toynbee, pointed out. I merely mention this, because I think it helps us to understand more clearly, that a patient is not necessarily deaf when he has an openipg in the tympanic membrane, but invariably so, when the perforation, as it usually does, interferes with the proper function of the chain of ossicles.

After this digression, I will go back to my first point, that perforations are not uncommon. In looking through my list of cases, I find that on March 6th of this year, out of 100 cases under my care at St. Mary's Hospital, I had 29 patients with perforations in the membrana tympani, 12 of them double or perforated in both ears, so that taking both ears of the patients I had 41 perforations out of 200 ears.

If I had made notes of every case that came under my care, especially in hospital practice, I should have had a long series to analyze, but I have only taken those patients with a fairly complete history, the others I have considered valueless, for it can be readily understood that large numbers of every age and sex come to hospitals, with chronic discharge from the ears and perforated drum heads, who are unable to give anything like a complete history of their cases.

From my records of 500 cases, 118 had both ears perforated, and 382 openings in one ear, making 618 perforations in 500 patients. These I shall divide into two classes :—

(A) Those resulting from disease 420 patients, 106 of these double, making 526 perforations.

(B) Those caused from injury 80 patients, 12 of these in both ears, making 92 perforations.

To begin with Class A, those resulting from disease—I have no time to go into all the various forms of acute and chronic aural catarrh, their names even are legion, and as one form may run on to another, it therefore follows, that we rarely get similar cases ; just as we never see two people alike, they may be of one race, or even of the same family, with strong resemblance of features, but you never find two exactly identical individuals. And so it is with disease, you get the same class, features of a like kind, but rarely, if ever, the same symptoms. I want especially

(a) Read before the Harveian Society, May 20th, 1880.

to point out, therefore, that we must treat the symptoms of every separate case.

In taking perforation of the membrana tympani brought about by cold, I find I have 76 patients, 7 double, making 83 perforations—not counting those from bronchitis, acute rheumatism, or bathing, these I shall come to presently. Here we may have a multitude of causes and symptoms. A cold in the head may give rise to acute catarrh, which may lead to acute purulent inflammation and so on to perforation, but colds luckily, even in this charmingly variable climate, do not often run this course. Whereas in aural mischief from the exanthemata, we almost invariably get purulent inflammation and so necessarily perforation.

Just a few words on perforation of the drum head, in young children, from earache, which is very often a natural sequence of cold, because I think it is so frequently overlooked, and this neglect may lead, not only to a hole in the drum head, but to chronic otitis. In young children who are unable to speak, the diagnosis is sometimes difficult. Earache may be brought on from teething, whooping-cough, &c., but cold is the principal cause, and I am certain many children die annually from suppurative meningitis and abscess of the brain, brought on in this way, where in the majority of instances teething is said to be the cause of death. The child's gums have been regularly lanced, until death has put an end to its sufferings! And even if the ear mischief is diagnosed, I am afraid "the doctor sometimes stands by, and says to himself, 'It is a common gathering from which we shall get no relief until suppuration is established.'" (*a*) The diagnosis I have said is difficult, but if you touch the tragus the child will scream with pain, and I have found that it always refuses to lie on the affected side. Instillation of warm water into the ear will afford instant relief, and the little sufferer will generally go to sleep. A leech or two in front of the tragus with some calomel at night, and the frequent use of warm water or steam to the ear is the best treatment; poultices should be avoided. The Politzer air-bag should be used, for by inflating the tympanic cavity the secretions are allowed to escape through the Eustachian tube.

Any undue exposure to cold may lead to acute catarrhal inflammation and so on to suppuration and perforation of the membrana tympani.

Besides the 83 perforations I have already mentioned arising from cold, I have had 3 dependent upon acute rheumatism, 1 double, making 4 perforations, 2 in consequence of bronchitis, and 8 from bathing, making a total of 98 perforations out of 618, or nearly 1 in every 6 from cold.

Authors have divided acute inflammation of the middle ear into acute catarrhal and acute purulent inflammation. The catarrhal form may be the precursor of thickening of tissue, for mucus rarely makes its exit through the membrane, but on the other hand, remains in the tympanum, accumulates and lays the foundation to thickening of structures. Mucus, however, usually escapes through the Eustachian tube, and sometimes it becomes absorbed.

If we desire to get rid of the mucus and puncture the membrane, we often give exit to a jelly-like looking substance.

Acute catarrhal inflammation, however, is often a forerunner of the purulent form, and when pus is created, we have a much more destructive type of inflammation, and the membrane nearly always gives way. Thus we get spontaneous rupture of the drum head in the exanthemata. Scarlet fever heads this list with 217 patients, 70 double, making 287 perforations, or nearly half of the whole number from whatever cause. Measles 79 patients, 16 double, 95 perforations, or nearly a sixth of the whole. The symptoms of acute purulent inflammation are important, from its tendency rapidly to destroy the tissues of the ear, and lead to suppurative meningitis, abscess of the brain, pyæmia, and death. It generally begins with a tickling sensation somewhere between the Eustachian tube and the ear, or running from one to the other, deep seated pain increased by swallowing, talking, and sneezing; the pain extending over the whole of the side of the head to the eye, until the patient becomes almost frantic from the intense suffering, but is immediately relieved should spontaneous rupture of the drum head occur. If this does not take place, we sometimes get vertigo and delirium due to the pressure of pus on the labyrinth. The drum head is intensely congested, red, and swollen, and usually found bulging in its posterior half. Should this be so, the surgeon ought invariably to puncture. The best point to perform paracentesis of the drum head, is in its posterior inferior portion, for here the pus will drain away more easily.

It is worthy of note, that mucus in the tympanic cavity does not cause bulging of the membrane, pus invariably does, if allowed to remain long enough (Burnett), therefore, as a rule, if it is seen, puncture. In the *British Medical Journal* of May 8th, 1880, Mr. Robert Torrance, of Newcastle-upon-Tyne, gives us an instructive case of the kind, and shows the advantage of paracentesis of the membrana tympani.

The operation is easily carried out, there is not the slightest risk if it be properly performed, and it moreover immediately relieves the tension and pain, and causes evacuation of the pent up pus. It is an operation that is essential when leeches have been applied freely, and have failed to afford relief.

Local blood-letting if it is resorted to early enough, will generally he found to aid the patient, to alleviate all pain and thus prevent suppuration—just as certainly as the administration of even large doses of opium will fail to ease, without local depletion. In some cases of scarlet fever paracentesis would save the life of the patient, and we should not so commonly get total deafness, if medical men would only perform this trivial operation in time, and thereby arrest frightful destruction of tissue. Mr. Hinton was of opinion that the mortality from this disease might be considerably lessened, if a little more attention were paid to the ears. (*a*) It seems to me that, generally speaking, medical men never think of looking to possible aural mischief, until a discharge is but too evident. And when this has been established, patients are coolly instructed they will "grow out of it." Mothers of totally deaf children have over and over again come to me with four or five little bones—the ossicles—and these have been brought away by an unchecked, unheeded suppuration from the ears. The parents have always been told this same tale; varied occasionally by being advised by no means to allow the discharge to be driven on to the brain. These facts speak for themselves, out of these 500 cases I have had 4 deaths from cerebral abscess, and one very severe case of pyæmia. The latter would in all probability have died, had it not been for the unceasing care bestowed upon the case by my colleague Dr. Handfield Jones. Of the deaths 3 resulted from scarlet fever, 1 occurred after measles, and the pyæmia case originated from a fall on the head. Some of these fatal issues might I feel sure have been avoided, if in the first instance timely treatment had been adopted, and the same may be said no doubt of the complications I am about to relate, all of them being a direct consequence of chronic otitis.

There were 16 cases of mastoid abscess and caries of the temporal bone, some of these have been in extreme danger of their lives; seven of them following scarlet fever, 7 from cold, and 2 from unknown causes.

Forty-one aural polypi—29 after scarlet fever, 2 from measles, 2 from cold, and 7 following injuries.

(*To be continued.*)

(*a*) Roosa, "A Treatise on Diseases of the Ear," page 240.

(*a*) "Questions in Aural Surgery," page 133.

CLINICAL NOTES ON THE SYMPTOMS OF HYDROPHOBIA, AND THE IMPORTANCE OF THEIR EARLY RECOGNITION IN THE LOWER ANIMALS.

By J. CARTER BATTERSBY, M.B., B.Ch., &c.,
Dublin University.

THE following cases of hydrophobia came under my observation within the last two years. Having noted at the time of their occurrence the symptoms that presented themselves in each case, I thought it would not be uninteresting to have them published.

CASE I.—Esther C., æt. 5½ years, a healthy-looking little child, was bitten on the forearm by a dog on April 5th, 1878, the animal being destroyed a few hours afterwards by the police. As nobody claimed ownership to the dog it was impossible to gain (in this case) any knowledge regarding its previous history. A short time after the girl received the bite the wound was cauterised with chloride of zinc, and no bad symptoms occurred until Sunday morning, June 30th, 1878, when the child became peevish and fretful, refusing to eat or drink anything. The wound on the arm became sore, and on the following Thursday morning, July 4th, about 10 o'clock, she was brought to hospital as a case of convulsions which had come on during the night. A few minutes after admission to hospital I saw the child. She was sitting on the mother's lap partly covered by a heavy cloak, and so little at the time seemed the matter, that I was inclined to doubt whether she was really ill. I was not, however, kept long in suspense, for on lifting up the cloak to feel her pulse she was suddenly seized with a violent spasm, but soon became quiet and happy-looking again. The mother now told me that the child had been bitten in April, by a dog, and showed me the sore arm which presented a crescentic-shaped wound about an inch in breadth, the edges of which were inflamed and the surface covered by a scab. The thought of hydrophobia naturally flashed across my mind, and I ordered the child to be put to bed. As she lay in bed, with a peculiarly bright and pleasing expression of countenance, she would suddenly be seized with a violent spasmodic attack, coming on spontaneously, or excited by a slight touch, or current of air, or the attempt to swallow anything liquid. During the attack all muscles, and especially those of the larynx, would become suddenly convulsed, the mouth open, the face distorted, turgid, and the eye-balls protruding from their sockets, different forms of squint at the same time being produced, one eye rotated in whilst the other maintained its natural position, or both being turned in together. The child would toss her head from side to side, staring wildly and anxiously about, now and then crying in a peculiar manner. Soon, however, she would become composed and even laugh, and play with some toys that were given her, the face assuming quite a happy appearance. Suddenly the child would commence crying, being evidently terrified at some imaginary object, but soon every fancied object of terror disappears, and she once more amuses herself with her playthings, laughing and talking pleasantly to herself. Some milk was now given to her to drink, which she tried eagerly to do by filling her mouth, but was immediately seized with another attack, a quantity of saliva which appeared thick and viscid streaming down each side of the mouth. When she again lay quiet, neither the pouring of water from one vessel to another, nor the sight of it, nor the reflection of any bright object would bring on an attack, but the slightest current of air occasioned by lifting the bed-clothes or from a partly opened window (although the day was intensely warm) would renew the spasms, which increased in frequency during the day, the respiration becoming very quick, the lips and tongue dry, and the teeth covered with sordes. At ten minutes after three the same evening the patient died, evidently from exhaustion. At the post-mortem examination made next day, the membranes of the brain and spinal cord were found to be congested. The lining membrane of the fauces, œsophagus, and trachea, was more or less vascular, and the lungs somewhat congested. The brain and spinal cord were sent to London for further investigation.

CASE II.—David M., æt. 70, a strong, healthy-looking man of temperate habits, was bitten on the upper lip and slightly on the nose by a pet terrier dog, on Saturday evening, May 8th, 1880. The wound on the lip bled a good deal, and the patient sucked it for some time. About an hour afterwards the lip and nose were cauterised with nitrate of silver. On Tuesday morning, June 2nd (on the 24th day after receiving the bite) the patient got up in his usual good health, and on pouring the water into the basin in order to wash, he suddenly felt as though his arms were paralysed, and was unable to perform his customary ablutions. He immediately acquainted his family of the fact, and seemed perfectly conscious. Shortly afterwards he sat down to breakfast, and felt afraid to swallow either solid or liquid food, the slightest attempt to do so making him, as he says, "feel too nervous." He now—viz., Tuesday, June 2nd—went to bed, and commenced wandering in the most incoherent manner, imagining that some soldiers and a dog are in the room, his delusions sometimes making him believe that people or animals are outside of the ceiling and that he cannot get at them. When his own people enter the room he thinks them changed in appearance.

The above narrative I was given by the patient's daughter, and my friend Dr. Hewetson, of Clonmel, with whom I saw the case, assures me that on Tuesday, having a strong suspicion as to the nature of the disease, he fanned him with his hat, whereupon he was seized with a violent spasm, all the muscles becoming suddenly convulsed. On visiting the patient this morning (Thursday) two days after the first symptoms appeared, I found him *sitting up in bed* apparently quite rational; he informed me of what the doctor had done and seemed displeased with him, as he said "the fanning made him nervous." After a short time, however, I noticed the patient beginning to speak in rather an incoherent manner, and having entered on some topic of conversation he seemed reluctant to let me leave until I heard it all. Whilst speaking, or even sitting quietly in bed, he would suddenly shudder, at the same time drawing in a long inspiration and seeming afraid to let the air out of his chest, and when so doing would produce a peculiar sound (which is most difficult to describe) resembling somewhat the word *bou*, his cheeks at the same time being puffed out. The same phenomena would be produced by drawing up the window blind. He felt confident that he would be "all right" by the following Monday, never to his recollection having been confined to bed through illness, his only complaint being slight pain over the heart and epigastric region. I now brought him some milk in a cup and asked him to drink it, which he reluctantly did, but little spasmodic action being brought on; about fifteen minutes before he had taken gr. xxv. of chloral hydrat. On Friday morning his condition was much the same as on previous day. He told me he had "slept well during the night and felt greatly better, but the thought of drinking anything made him feel quite nervous." I now noticed that his voice had become hoarse and husky. About 7 o'clock on Friday evening I again saw the patient. His pulse, as on the previous day, was 120 per minute, soft and regular. His respiration was 18 per minute, and temperature 98·7, his tongue was moist, slightly furred, the tip and edges being rather red. His people informed me that during the day they found more difficulty in getting him to take food, "and on several occasions he attempted to bite the cup," an action, however, which I failed to witness. I now tried to get him to drink some whey, but he told me that it would make him "too nervous," and the very thought of so doing made him shudder; however, with a little coaxing I got him to take the cup in his hand, when with a most painful effort and trembling which caused some to be spilt, he got it to his mouth and with a few

gulps swallowed the contents. He immediately seemed much excited, and abused his brother who happened to enter the room for making him drink. Now, as on previous occasions, he got gr. xxv. of chloral hyd., and gr. xxv. of bromide of potash, to try and allay the excitability which on the previous day was so great that on getting his attendant out of the room, he got out of bed and followed me downstairs, but with a little remonstrance I persuaded him to go back, which he did quietly. On Saturday his symptoms were more marked than on any other occasion on which I had seen him. His face had an anxious and bewildered look, his colour was more dusky, the conjunctivæ of both eyes were injected and the pupils contracted, his appearance was not unlike that of a patient in typhus fever. His tongue was quite moist but slightly furred, and now for the first time I noticed his mouth full of saliva, which appeared thick and viscid; he was more excited than when last I saw him. On Sunday I visited the patient at 2, and found him lying quietly in bed; he spoke quite rationally, but soon commenced rambling in a strange manner. I now asked him to take a drink and *he raised himself in bed and prepared to do so*, saying at the same time, as on previous occasions, "that he would rather not, that it made him too nervous." Immediately on seeing the *bright tin vessel* which contained some milk, he was seized with a spasmodic nervous shock (like what one experiences on suddenly stepping into cold water, or having it poured on the back) drawing in several inspirations and turning his face away; the sight of water had the same effect. In about half a minute he recovered, and with his face still turned, seized the vessel with trembling hands, asking at the same time "not to hurry him," and with an evident feeling of dread swallowed a few mouthfuls which he soon after vomited no spasm now being produced after drinking. His pulse was still 120, respiration 18, but his temperature had risen to 103° since previous day. Hyperæsthesia was now well-marked, the patient being much affected by the current of air caused by lifting up the bed-clothes. For the first time he complained of a burning sensation in his mouth, and the muscles on the left side of the face seemed partly paralysed. About 7 o'clock the same evening he got drowsy, and died in a comatose condition at 2 o'clock a.m. on Monday morning, 138 hours after the first symptoms had set in. It was impossible in this case to make a post-mortem examination, the patient being a respectable business man in the town of Clonmel.

It is a fact worthy of no small amount of notice that a peculiar change was recognised in the dog a few days before he bit his master. He became sullen and restless, often running up and down stairs, not remaining long in any particular place, and licking the boards about the house. His appetite failed, but his thirst increased, and he even drank some milk the Sunday evening after the man was bitten. His bark was especially noticed as peculiar, so much so that the children about the town tried to copy it; this peculiarity was thought to be the result of pain, and on Monday morning he was drowned. Through the melancholy ignorance of the importance to be attached to, and the danger of the above symptoms (although fully recognised) the owner took the dog on his knee, when suddenly he snapped and inflicted the wound which caused his master's death. The following symptoms have been described as diagnostic of rabies in the dog. These are, "unusual sullenness, fidgeting, and continual shifting of posture, a peculiar delirium, the dog perhaps springing up and giving an angry bark at some imaginary object. But if his master speaks to him every fancied object of terror disappears, and he crawls towards him with his usual expression of attachment. Then comes a moment of actual vacuity: the eye slowly closes, the head droops, and he seems as though his fore feet would give way and he would fall; but he springs up again, every object of terror once more surrounds him, he gazes wildly around, he snaps, he barks, and rushes to the end of his chain to meet his imaginary foe. The amount of ferocity displayed by rabid dogs seems to vary; some if loose rush out, biting every man and beast in their way, others show an increased fondness and are perpetually trying to lick their owner's hands and face. Another early and constant symptom of rabies is a peculiar change of voice. There are two sounds in particular that deserve notice, one of which is described as a hoarse inward bark with slight elevation of tone, the other a peculiar combination of a perfect bark, ending abruptly and very singularly in a howl a fifth, sixth, or eighth higher than the commencement. Other symptoms observed at the commencement of the disease are, loss of appetite, propensity to lick cold surfaces; there is no dread of water, on the contrary, an insatiable thirst; the mouth is dry, and the saliva exceedingly viscid. The usual duration of rabies is from four to six days."

It is not my intention nor am I at present prepared to enter fully into the pathology and treatment of hydrophobia, an investigation being held in London for that purpose, which doubtless will throw much light on this obscure affection and probably be the means of suggesting remedies other than those which at present seem to have but little effect on this awful malady. However, I hope to show that we have within our power a means which, if carefully carried out and conscientiously practised by the public, would considerably diminish the number of cases of hydrophobia which are now annually increasing, so much so that we can scarcely take up a medical paper which does not record a death from that disease. What I would suggest is that the public should have every opportunity afforded them of learning, and thus being able to recognise, the early symptoms of rabies in the lower animals, and the proper and *immediate* treatment of wounds inflicted by the same. Such might easily be done through the public press, in our daily papers, and by the Local Government Board or other influential body having notices printed in red letters describing plainly the early and prominent symptoms of rabies, and cautioning people when such symptoms appear to have dogs or other animals destroyed, or tied up for six days until further symptoms show themselves or existing ones entirely disappear. That such notices be sent to the different dispensaries or medical institutions, from thence to be distributed and posted throughout the country—villages and towns. By this means, which could as easily be carried out as the distribution of notices telling the country people the different places at which the dispensary doctor will attend to perform vaccination, many a valuable life might be spared the awful death of hydrophobia, arising it may be from the bite or scratch of a pet cat or the lick of a favourite dog which for a few days had exhibited signs of an increased fondness for his master or become notably changed in his ordinary habits.

THE PHYSIOLOGIST IN THE HOUSEHOLD.

By J. MILNER FOTHERGILL, M.D.

PART I.—ADOLESCENCE—(*continued*).

(*Continued from page* 69.)

PROBABLY this is more true of girls even than boys—however revolting the idea may seem to some; and while the boy studies wild adventures, histories of pirates, stories of the Rocky Mountains, or of Eastern travel; the girl is apt to furtively read novels which tell her something about human passions—in a manner the reverse of desirable. The child will learn something on this subject, and the worst knowledge will be seized upon in lieu of something better. Long before the birth of sex there are oscillations of passion felt, and everything that can foster such premature feelings should be carefully avoided: but the existence of passions should not be utterly put out of sight. The restricted life and fettered mind of girls leave them with less to actively occupy their thoughts than is the case with boys. They are studiously taught concealment; and, betwixt the two, a girl may be a perfect model of outward decorum, and yet have a very filthy mind. The prudishness with which she is brought up,

leaves her no alternative but to view her passions from the nasty side of human nature. All healthy thought on the subject is vigorously repressed; so her secret mental workings are carefully concealed. Everything is done to darken her mind and foul her imagination; by throwing her back on her own thoughts, and a literature with which she is ashamed to own acquaintance. Nature cannot be expelled with a pitchfork, the Latin poet insisted; and this too prudish bringing-up of girls is at once stupid and irrational, while it frustrates its own aims. Concealment, as has been insisted upon before, is ever bad; it is a moral cancer which spreads and taints all around it: and it is opposed to a girl's best interests to prevent her from having fair and just conceptions about herself and her nature; and forcing her to seek the information—she is determined to acquire somehow—from sensational and often indecent novels; or, still worse from the vicious works which are advertised freely in newspapers which meet her everywhere. With the reports of divorce cases—where the courts are crowded with women brought up on the old plan here criticised—a girl is familiar with everything she is supposed not to know about. And the fact, however ugly and repulsive it may look, remains; and will not be annihilated by any desire, however strong, upon the part of her parents and instructors. The fact being there, it must be looked in the face, and encountered boldly; shutting our eyes, however closely, will not destroy or abolish it. The fact that a girl has certain promptings, certain subjective sensations, must be entertained by every parent and every schoolmistress. And the wisdom of the course still adopted, of declining to take the matter into consideration at all, is now gravely called in question. No domestic arrangements, no vigilance that can be exercised, can secure a girl from considering the sensations which it has pleased God to give her; they may make her view the matter from its least desirable aspect; but is that a result to be sought after? So far as modern education goes, a girl is left utterly helpless at the mercy of her passions when they are excited. There is no healthy control over them taught her by her educational course; and the most disastrous results follow any failure in the social arrangements which are set up for her protection; she has no inward strength of her own; virtue was preserved once by mechanical contrivances, now it is secured by artificial social arrangements The whole thing is rotten; as rotten as a decayed beam, and just as little to be trusted to or relied upon. That this strong expression is warranted by facts, is borne out by the testimony of our newspapers—accounts of girls running off with their fathers' grooms, to the utter ruin of all their future; of blackguards arraigned at our police-courts for the seduction and abduction of girls of tender age, too commonly seen; and for one that gets into the public prints twenty are hushed up in private, with what amount of family disgrace and sorrow the world little knows. What protection in herself, except the absence of passion, has the carefully brought-up girl of the present; reared in moral corsets, watched with solicitous care: a hot-house plant, forced by a heated immoral atmosphere, made vicious by an unsound system of education; which is as bad and as injurious as if it were the product of deliberate malice or fiendish malignity.

Our scheme of education should be such as to strengthen the moral fibre of a girl, until she possesses a power over herself of her own; which will be a tower of strength to her in the hour of temptation. She should be so trained as to have that power of self-command which is acquired by women of more mature age; and whichis recognised by permitting to older women a freedom of action which society sternly denies, and wisely too, to young women and girls. Many a fair young girl is irredeemably ruined on the very threshold of life, herself and her family disgraced, from ignorance as much as from vice. When the moment of temptation comes she falls without any palpable resistance; she has no trained educated power of resistance within herself; her whole future hangs, not upon herself, but upon the perfection of the social safeguards by which she is hedged and surrounded. What the consequences may be of an accidental failure in these safeguards is suggested by the stringency with which all social regulations are enforced. She is told to keep her body in subjection, and has the vaguest conception as to what is meant thereby; she is drilled into strict discipline as to the observance of social regulations; but she possesses no educated self-control against those times of temptation when the past and the future are as nothing in the balance compared to the imperative impulses of the present. Better far that girls should be educated to meet such temptation by a certain knowledge, even if this be somewhat repugnant to our Anglo-Saxon notions about women; than that she should be left to yield when the hour comes, and her virtue depend upon extrinsic forces, which may be put in abeyance by an accident that may occur at any time. Virtue by the present education is placed in a most precarious positionand; is only secured by the strictest avoidanceof any approach to temptation. Would it were not so! And nothing but entire revision in our educational arrangements for girls can give a girl a sure protection against her own passions. It is easy to be good in ordinary circumstances, as easy as the running of water along a hewn channel; it is those emotional periods, in the midst of conflicting passion and contending forces, when the line of action is like the rift in rocks rent by dynamite—which test the soundness of the character of the individual, and of the educational course to which she may have been subjected.

And now, finally, a few words addressed to the child-readers of this pamphlet. Whenever a child is in doubt as to whether what it is doing is right or wrong, let it ask itself the question, "Is this what I should like my father and my mother to know about?" Whatever their father and mother may not know is wrong—without any manner of doubt. Vice may be concealed, but it saps the moral character, and will leave the mind a shattered wreck; as bodily disease may leave the organism a crumbling ruin. A momentary action which may be curiosity rather than vice may lay in ruin the whole future of a budding child, boy or girl: all the efforts and self-denial of a long after life may be insufficient to efface a blot which perhaps was really rather thoughtlessness than deliberate action. Children have no power to represent in their minds the experience of the adult, or to conjecture all the dire consequences of actions, which scarcely seem important at the time. The future is veiled from them; and they perceive not what may be the consequential outcomes of their conduct—outcomes which are vividly present to their seniors who can look back on a past illumined by a long intense ray of personal experience. Having then no experience of its own, the child must be guided by some substitute for personal experience—it must take the word of those older than itself. Those who have its best interests at heart do not desire to see it marching forward blindly amidst dangers and pitfalls innumerable, unsuccoured and unwarned. This little essay is the result of much consultation by many interested in the welfare of growing children. It has been a difficult matter to write upon; but if one parent finds it lessen the difficulties of talking to his or her child, on the subject of itself, its development, and the birth of its passions, even in the smallest degree, the writer will feel satisfied. But if one single child will ever feel that it has been rescued from imminent peril by the perusal of this essay, he will feel more than rewarded.

Our weekly summary of the death-rate in foreign cities, from the returns of the Registrar-General, show that St. Petersburgh, Berlin, and New York have the highest death-rate at the present time of the cities of the world. Whilst the largest city in Christendom, London, maintains its average rate of mortality, that in the three cities mentioned is abont one hundred and fifty per cent. higher.

Clinical Records.

CASES IN PRACTICE.

Heart Affection Simulating Dyspepsia.

By JOHN W. MARTIN, M.D.,
Sheffield.

THE main interest of this case is centred in the mildness of the symptoms connected with the affection of the heart; these were so silght and so marked by the sense of flatulence and discomfort after food, that the case might easily have been passed over as one of simple dyspepsia, an error which would have led to most unsatisfactory results when the diagnosis was brought to the test of treatment.

Previous to the 8th of November, 1879, J. K., æt. 31, by occupation a butler, had always enjoyed excellent health. About that date he commenced to feel troubled with a slight sense of pain and discomfort just below the ensiform cartilage, and across the region of the stomach, the sense of malaise being greatly increased about two hours after eating. The feeling was one of flatulence, and great oppression in the stomach, only relieved by taking a little hot brandy and water, which caused him to belch wind, and so gave relief. The patient, it is but just to say, was most temperate in his habits.

I first saw him, November 29, three weeks after the onset of the attack. He came complaining of indigestion, and thought his liver was out of order. The first thing that attracted my attention, and caused me to doubt that the stomach was the offending organ, was the condition of the tongue, than which a healthier could not have been presented to my notice. It was firm, clean, and moist. I found that when the patient had fasted for some hours he had a healthy desire for food, the first portions of which were eaten with relish; he was, however, soon satisfied, and the effort to eat the amount he had usually been accustomed to was followed by a great increase of pain and discomfort. The latter, also, were constant, although varying in severity. The bowels acted regularly, the motions being healthy in character. Water, normal in character, was passed freely. There were no acid eructations. Altogether I felt that the case could not be passed over lightly as one of dyspepsia.

On making further inquiry, I found that whilst feeling strong when at rest, yet he was unable to undergo any unusual exertion. Running up stairs, walking against an incline, or attempting to lift heavy weights, induced dyspnœa, palpitations, and slight attacks of vertigo. This history led me to inquire into the state of the lungs and heart. As for the first, I found them healthy in every respect; not so, however, with the latter. Cardiac dulness was much enlarged, measuring three and a-half inches in the vertical direction from the upper border of the fourth rib on the left side, at a point one and a-half inches to the left of the left margin of the sternum; and four inches in the lateral direction from a point mid-sternum, opposite the articulation of the fifth rib, over towards the left side, passing under the left nipple. There was decided *fremissement* on placing the hand over the heart; the impulse of which was weakened and diffused. The character of the heart sounds were altered; *the first* was faint and distant, almost marked by a loud friction murmur, heard equally diffused over the whole area of dulness; this murmur being synchronous with the cardiac systole; *the second* was loudly accentuated. There was neither murmur or friction sound to be heard over the base of the heart. The action of the latter was very irregular, both as to force of impulse and rythm; occasionally intermittent. The patient slept badly and dreamed heavily; he was a married man, with one child, and, as I have already said, exceedingly temperate in his habits; he had never suffered from rheumatism, nor could he give me a history of gout or rheumatism in his family; he never suffered from venereal disease of any description. The most careful inquiry failed to elicit any history of primary chill and rigor, or any marked febrile constitutional disturbance.

I commenced the treatment with grs. viii. doses of iodide of potassium, combined with M x. doses of tr. aconiti every fourth hour, and applied a blister 4 × 4 inches over the præcardiac region, to be allowed to remain on for eight hours from the time of application.

Dec. 2nd.—Felt much better; blister had risen well. The pain complained of was greatly diminished. Heart's action improved, both as regards force and regularity. There was but slight diminution in the area of dulness. Friction murmur not nearly so marked as before. Treatment continued.

8th.—Improvement continues, but progress slow. Applied another blister over the heart, to be left on for six hours, and substituted M xii. doses of tr. digitalis for the aconite in the iodide of potassium mixture.

10th.—Much improved; area of dulness diminished; heart's action much stronger and steadier, capable of enduring a greater amount of exertion without experiencing dyspnœa and vertigo; and the tendency to palpitations had become much less marked. A light but well-marked pre-systolic mitral murmur was heard towards the apex, its point of maximum intensity being at the point of impulse, two inches below the left nipple; this murmur was also heard very distinctly upon carrying the stethoscope a little backwards, and slightly upwards towards the axilla. The friction murmur, previously described as being generally diffused over the area of cardiac dulness and synchronous with ventricular systole, was greatly diminished in intensity, and seemed as if about to disappear altogether. Treatment continued.

17th.—Almost himself again. Suffered no longer from vertigo or palpitations, from which he had suffered so much in the earlier part of the attack in exerting himself. A slight sense of dyspnœa, however, remained; heart's action had become strong and regular. The sense of pain and discomfort after meals no longer felt. Friction, murmur, and *fremissement* quite gone. Area of cardiac dulness was reduced to 2 × 2 inches, which we may regard as fairly normal. The pre-systolic murmur existed unchanged, but apparently caused him no special discomfort, since in every other respect his general health seemed much improved. His subsequent history may briefly be summed up as one of steady improvement and convalescence. I examined him again in June, 1870, with the exception of the pre-systolic murmur, which existed unchanged; his health seemed all that could be desired. I last met him in July, 1874, when he still remained in excellent health. I made no examination, as the meeting was a chance one in the street.

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL MINERAL WATERS, FOR THE GUIDANCE OF THE PROFESSION AND THE PUBLIC.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,
President of the Pharmaceutical Society of Ireland, &c.

WITH NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.,
Lecturer on Materia Medica and Therapeutics at the London Hospital.

(*Continued from page* 73.)

IN our last article we drew attention to the fact that the mineral waters of England and Ireland were very considerably underrated by the medical profession. This undesirable, and we may say, unpatriotic state of things, has been induced, no doubt, by the very proper value which the medical man attaches to climatic influences and change of scene—items which should not, for a moment, be considered unimportant—but now that the bottling of mineral waters has become such a special trade, we see no just cause why English waters should not compete in this direction. The names of many foreign, but inferior waters, are well known in this country, and largely run after.

Candellé, in his useful *Manuel Pratique de Médecine Thermale*, 1879, disposes of the English waters in about six lines. He says, *L'Angleterre est un des pays les plus*

pauvres en sources médicinales. It will be part of our programme to dispell this illusion. His book is instructive as showing that even in the present day faith forms a very important factor in *Médecine Thermale*, as practised on the Continent.

We have now to speak of a class of waters which are often spoken of in medical works as unimportant, that is, of indifferent waters, or waters in which the therapeutic action is not sufficiently pronounced to be used in the direct treatment of disease. Some of these waters may contain infinitesimal quantities of ingredients, which by their constant use might produce remedial effects; but it is their use as potable waters, or for table drinking, that from our view renders this section of mineral waters most important. The great increase in the use of mineral waters in everyday life is desirable, providing we can insure that the water is perfectly free from organic impurities, and providing that the mineral matters are sufficiently definite in character.

The mineral salts in a table water should not, as a rule, much exceed 1,000 grains per gallon. When it exceeds this quantity it should not be indulged in too freely. All waters should be used judiciously, according to the idiosyncracy of the consumer, and the peculiarities of the water. The medical man is the proper person to determine this point: another of the many reasons that the mineral water question should be put definitely before our readers.

The remarks made in connection with the presence of nitrogenous organic matter in sulphurated waters or chalybeate waters, apply with double force in the case of these potable waters—waters which are drunk freely and constantly—and it is absolutely necessary that a water which becomes an inmate of our house should be like Cæsar's wife, beyond suspicion. In the days of Liebig, and even in the early analyses of Fresenius, these points were not sufficiently investigated, and it is our intention to re-investigate analyses of that period. In some waters we find that very full and careful analyses have lately been done by men of acknowledged celebrity. In such cases we will give the most recent and careful analyses, stating at the same time our authority.

Directly we accept the desirability of using a mineral water in its potable sense, we must at once consider it simply as a food product, and, therefore, the nearer it resembles the mineral constitutents of the blood the more generally it may be relied upon.

In the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 20, Bombay 28, Madras 33; Paris 30; Geneva 26; Brussels 21; Amsterdam 23, Rotterdam 21, The Hague 19; Copenhagen 24; Stockholm 29; Christiania 27; St. Petersburgh 52; Berlin 52, Hamburg 24, Dresden 28, Munich 38; Vienna 27, Buda-Pesth 32; Rome 25, Naples 36; Alexandria 46; New York 49, Brooklyn 38, Philadelphia 35, and Baltimore 27 per 1,000 of the populations. Small-pox caused 41 more deaths in Paris, and diarrhœal diseases 506 deaths in Berlin.

Department of Lunacy.

"MEDICAL PRESS AND CIRCULAR" SPECIAL COMMISSIONER'S REPORT ON PRIVATE LUNATIC ASYLUMS.

Introductory.

For a very long time a determined opposition has been maintained against the existence of private lunatic asylums, the leaders of the movement being willingly seconded in their efforts to repress these institutions by ignorant writers of sensational articles in the lay press. It is easy to comprehend the feeling which dictates the action of the general public in this matter, the source of information whence they are enabled to gather opinions having rarely up to the present time been other than that contained in over-wrought and highly imaginative pictures of an unreal condition of things; or in the expressions of those who have by inattention or inaptness long ceased to speak with the authority of unbiassed judges. We have in consequence been in the last few years flooded with a mass of literary productions, dealing with the questions of lunacy law reform, the care and control of the insane, the relative advantages of public and private asylums, and kindred subjects, the whole tendency of which has been destructive of the confidence and trustfulness in the *bona fides* of private proprietors that an intimate acquaintance with their aims and methods convincingly inspires. It is unnecessary to recapitulate here the charges laid to the door of private asylums; enough be it to recall them to the recollection of the reader; their refutation will be wrought out in detail as this series of articles progresses.

Foremost among those who seek to overthrow private asylums, and merge them in the public establishments, which seemingly are alone thought capable of effecting any calculably good results, Dr. Bucknill's name is prominent. This gentleman was for a considerable length of time a Chancery Visitor in Lunacy, and few more than he are by experience acquainted with the workings of our lunacy system, and qualified to estimate their shortcomings and advantages. It is, therefore, the more inexplicable that Dr. Bucknill should show himself so grievously forgetful of the details which render the arrangements he denounces especially beneficial. Impossible as it must be to infer any bias on his part towards any but the most valuable systems of relieving lunacy, his determined attitude of opposition to the extension of plans that have worked admirably in so far as they have been experimented with, remains a very perplexing *crux* in the history of the lunacy question. Dr. Bucknill insists that private asylums are inferior places of confinement for persons of insane mind as compared with Government institutions; that the temptation to maltreat and unduly detain for the sake of profit is one to which private owners are peculiarly susceptible; and in a fashion that exhibits the most ungenerous disposition, he stigmatises private asylum proprietors as rapacious and cruel, regardful of the purses of their patients, forgetful of their true interests, and animated only by sentiments characteristic of brutality and greed. By the sensation-mongers, ready always to accord belief in the lower qualities of humanity, and prepared by the traditions of the past to anticipate the realisation in the present of scenes and horrors impossible to be found under any existing *regimé*, the accusations have been ably seconded with expressions of loathing and horror utterly unworthy of the actual facts. Careless as the unlettered ever are to investigate the truth or falsity of any statement presented to them, rushing headlong to accept the piquant morsel carefully seasoned to act as an agreeable stimulant to morbid curiosity

and crude belief, there is small wonder in the fact of their receiving the nonsense that successfully tickles their expectant fancy. With the other better informed sections of society, however, the case is different. That they should without inquiry lend themselves as parties to the deceit that has been practised, reflects disgracefully on the honesty and truth usually ascribed as the heritage of our cultured classes. It may be argued on their behalf, however, that the blame is less to them than to the teachers who, wilfully or negligently, have omitted to lay bare the truth, choosing rather, so to dress and cloak it, as to induce the most unfavourable judgment in matters of important detail. The universal horror of madness, the fear connected with its consideration—a fear that has been nurtured through generations of ignorance—have combined to maintain the ill-considered and unjustifiable mystery with which the question of asylum management is shrouded.

In the interests of humanity and of justice, the time has come at which it is imperatively necessary that false views hitherto cherished, shall receive a final and decisive blow. The dense darkness surrounding the question of the detention and treatment of lunatics in private mad-houses, is one that involves the comfort and well-being of English society; the shame of it is inseparable from the density which distinguishes it; with the illumination of the one, the magnitude of the other can alone be diminished, and the natural candour and honest impartiality of the British nature can be trusted to discriminate unrighteous persecution and unmerited censure.

In pursuing the plan laid down to be followed out in this report, it will deal with the question under three general heads, viz. :—

I.—Commital.

II.—Detention and treatment.

III.—Inspection.

It will then further proceed to compare the methods under which the treatment of patients is conducted according to existing regulations, and to exhibit the fallacious and untenable nature of the arguments advanced to demonstrate the superiority claimed for "mass" treatment in contra-distinction to the family influences that are principally relied on in the institutions termed private asylums. No effort to allure by sensational descriptions will be made; too much mischief has been already effected by the questionable guise under which a medical contemporary has admitted articles condemnatory of private asylums to its pages. The wisdom of appealing to the excitable among mankind by such titles as "The Power of the Keys," "Why, this is a Certificate," "The Prerogative of Asylumdom," "Under which King, Bezonian?" &c., &c., is at best only an equivocal device for propping a weak and indefensible cause. Throughout the whole of his essays against that to which he personably objects, Dr. Bucknill has exhibited an unfortunate partiality for the employment of sensational writing that goes far to deprive his severest strictures of the force they might else possess in the eyes of an unimpassioned judge. It cannot be too much insisted on that the question now to be decided is no mere personal one, or even one of simple opinion; it has attained a dimension and importance that combine to make it "national;" the ultimate fate of thousands of helpless irresponsible beings will depend on the immediate action of the legislature in relation to them, and the decision that eventually determines the lines on which that action shall be pursued must be watched with the jealous eye of disinterested right. The entire subject is capable of receiving a calm and judicial deliberation, conducted on a basis of scientific accuracy. The attainment of this end is not to be sought by means of rabid invective or indiscriminate abuse. The aim to be steadily kept in view is that which in recent discussions has been too frequently lost sight of—namely, that it is the amelioration of the condition of a distressed class of beings, and not, as is assumed by the opponents of a system, the desirability of retaining or abolishing this or that system. The object of retirement on the part of the insane is that they may recover their mental equilibrium as speedily as possible by being placed under conditions most likely to favour this consummation. On the one hand are displayed the advantages following the discipline and regularity associated with official espionage and official routine; on the other side are exhibited the alleviating influences of a system in which the home life of the individual rules paramount, and friendly and constant association with mentally normal persons is most depended on to secure the desideratum common to both plans, *i.e.*, the restoration of the patient. The absolute freedom of action, the assurance of untrammelled intercourse on terms of social equality, lamentably absent as these are, and must be, from governmental institutions, are a pre-eminent feature of the treatment characterising the private in contra-distinction to the public establishments. The surest mode of convincing the uninformed on this point would be for them to acquaint *themselves* with the truth of that which is asserted, by actual inspection of the condemned asylums. Unfortunately this cannot be hoped to take place, the widespread horror of madness being a fatal bar to the procedure here suggested. A faithful chronicle of that which does occur, *a record* of what has been witnessed during *residence* in more than one private asylum, and of visits paid under conditions that have enabled a true picture to be drawn, will be the best available means of offering opportunities for universal judgment on the question of asylum management. It is a matter of regret that statements so far from the truth should be accepted, as are those which have found their way into the minds of the people. The future of asylums rests with them; the only object held in view in these papers is the encouragement of truth—*magna est veritas et prevalebit*.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 7TH, 1880.

Dr. W. S. PLAYFAIR, President, in the chair.

UTERINE FIBROID.

Dr. CHAMPNEYS showed the uterus of a woman aged 69. The posterior wall was occupied by a fibroid which had extended into the posterior lip of the cervix and far below the level of the os externum. The rest of the uterus was not thicker than a double sheet of blotting paper, this atrophy affecting the cervix also. In the right broad ligament was a fibroid calcified "*en coq*," the size of a large tennis ball.

RUPTURED TUBAL FŒTATION.

Dr. GODSON showed the uterus and appendages of a woman aged 22, mother of two children. While sitting at work she was suddenly seized with violent pain in the lower abdomen, and became faint and pallid. Mr. Henry Thompson, of Hull, who saw her in the course of an hour, found her in a state of collapse, and almost pulseless, and she died in eight hours. At the autopsy Mr. Thompson found the abdomen full of blood, amounting to at least six pounds. The specimen showed the right Fallopian tube distended by what seemed to be a fibrous clot, and in this situation a rent had taken place. The uterus was lined with decidua, and a mucous plug occupied the cervix. The woman had menstruated six weeks previously.

Remarks were made by Dr. Wiltshire, Dr. Savage, Dr. Rogers, Dr. Champneys, and the President.

REPORT OF COMMITTEE ON DR. CHAMBERS' CASE OF HYSTERECTOMY.

The tumour measured 9 by 8 by 4¾ inches, and on section was found to be a large fibroid uterus. The fibroid was situated above the cavity, into which it bulged. In its lower third it was intimately connected with the uterine tissue.

In reply to Dr. Potter, Dr. CHAMBERS stated that the patient had done well.

LADIES SANITARY TOWELS.

Dr. GALABIN showed the new sanitary towels manufactured by Messrs. Southall and Barclay, of Birmingham, as a substitute for the ordinary diapers, for use during the catamenia and after confinement. They contained a pad of absorbent cotton wool, rendered antiseptic by boracic acid, as being less irritating than other antiseptics. The advantages were that they could be burned after use, and so were especially valuable for the lying-in room, and that they were very soft and absorbent. The retail price was 3s. a dozen, and it was believed that the cost would not much exceed that of the washing of ordinary diapers, since they could be worn longer. The wholesale agents in London were Messrs. Sharp, Perrins, and Co., 31 Old Change.

ADJOURNED DISCUSSION ON DR. GRAILY HEWITT'S PAPER, "REPORT ON SIXTY-SEVEN CASES OF UTERINE DISTORTION OR DISPLACEMENT TREATED DURING SEVEN YEARS AT ALL SAINTS' INSTITUTION FOR LADIES."

Dr. BANTOCK expressed his high estimate of the value of the paper, and considered not its least merit to be the prominence given to the doctrine that deviations of the uterus are directly or indirectly the cause of much, though variable, constitutional disturbance as well as local suffering. It was an encouraging fact to those who accept this doctrine, that, however determined was the opposition ten or fifteen years ago, it had gradually got less and less as time had advanced. It was still maintained by some, as by Scanzoni, that flexions and versions are of no importance, unless complicated by an alteration in the texture of the organ. The evidence adduced by Scanzoni, in favour of this view, was of the weakest kind, and, moreover, the chief result of displacement was that very alteration of texture, to which so much importance was attached. It was admitted that sudden displacement of a healthy uterus generally produced marked symptoms, and he had never seen a case of well-marked retroversion, retroflection, or anteflection without some symptoms referable either to the menstrual periods or intervals. He thought that the distinction between version and flexion was not always maintained by the authors of standard works, as Dr. West and Dr. Barnes. He could not, however, follow Dr. Gervis in his classification of cases of retroversion into three varieties, since he thought it could serve no useful end in practice. It was more important to recognise the difference between retroflection and retroversion, and he was in the habit of regarding the position and direction of the cervix as the chief test. If the os pointed towards the pubes, or even toward the vaginal outlet, the case was essentially one of retroversion, though there might be a bend whose concavity looked backward. In his own practice, out of 149 cases of uterine displacement, 72 had retroversion, 51 anteflection, 21 anteversion, and only 5 retroflection. He believed that Hodge's pessary had no direct action on the body of the uterus, but acted by drawing the cervix backward. This was the only appropriate treatment for retroversion. Retroflection, on the other hand, could only be treated satisfactorily by some such instrument as Meadows' compound stem. In some cases of retroflection, also, in which the flexion was very pronounced, some form of intra-uterine stem was ultimately required. Dr. Goodell, of Philadelphia, had recently withdrawn his condemnation of the intra-uterine stem.

Dr. ROGERS remembered one of their past presidents stating that he never used a pessary of any kind, believing them to be dangerous instruments. He had himself found pessaries, especially the Hodge and Zwancke, of great use in displacements and fallings of the womb. Our greatest authors were gradually admitting that flexions and their consequences play a most important part in the causation of dysmenorrhœa and other chronic sufferings. He thanked Dr. Graily Hewitt for pointing out the necessity of treating displacements. He thought it an evil, however, to keep patients so long recumbent. He had also long ago been obliged to discard the cradle pessary, on account of the mischief it caused, especially in married life. Adopting careful preliminary treatment, he had found Dr. Greenhalgh's elastic stem, as well as that of Dr. Wynn Williams and others, give great relief. Up to this moment he had not had a fatal case, and only one or two where the instrument was not well borne.

Dr. SAVAGE said that argument was scarcely needed to show the propriety of using stems for uterine deviations, when they really were the cause of suffering, which often was not the case. Pessaries without stems merely kept the uterus out of the vagina. But on a former occasion he had brought to the notice of the Society nine cases of death caused by stems, death in each case being due to rapid peritonitis. The stems then in use were certainly coarse, ill-fashioned things; yet stems after the modern fashion had been the cause of much mischief. He mentioned a typical case, in which a young married lady, vainly sighing over her unfruitfulness, was treated by a stem. Gradually increasing pain, with nausea and rapid loss of flesh, followed. Only tardy and somewhat incomplete recovery took place after cessation of the treatment. Practitioners forward in advocating treatment of this kind never seemed aware of disasters of the above sort, and not one of the deaths before mentioned had been recorded. Congenital uterine deviations invariably defied mechanical treatment, but no one could diagnose between congenital and acquired. Examination for displacement should be made with a single finger, the patient standing, and those chiefly counted important which caused partial inversion of the vagina.

Dr. MATTHEWS DUNCAN was not prepared to make any lengthened statement of his views, as he would have wished to do, but he would not let the opportunity pass in absolute silence. The paper and speeches in support of it were of great value, but he agreed with neither the substance nor the tenor of them. It was advantageous to consider displacement without descent, and he would confine his remarks to this limited subject. Displacement without descent was, so far at least, an uncomplicated affection. Descent, in addition to displacement, introduced no new kind of disease, but a changed set of conditions not so simple as those of displacement without descent. Now he regarded the morbid importance of displacement as being much exaggerated. It would be nearer the truth to say it had little or no importance. Then the wide range of symptoms attributed to displacement he considered quite unjustified by clinical facts. The treatment of displacement without descent, whether it was desirable or not, was an utter failure; and displacement was never cured, in the sense that the uterus afterwards remained in place, without a pessary.

Mr. THORNTON thought that if uterine cases could always be treated under such favourable conditions as those related in the paper, the results would be as good without the use of either special posture or special pessaries. He agreed with Dr. Duncan in distinguishing displacements without descent from those with it, and in believing that the latter cases alone gave trouble or required aid. He did not believe that stem pessaries ever really cured, but that they often did incalculable mischief. He had some years ago a fatal case from the use of one of Meadows' stems, though every care was taken in preparing the uterus for its introduction, and it was only in 24 hours.

Dr. CORY had this year a case similar to that mentioned by Dr. Thornton. A stem was introduced with every precaution for the treatment of anteflexion in a patient æt. 22, and removed after 24 hours on account of pain. The patient died from peritonitis 96 hours after its removal.

The PRESIDENT expressed his conviction that Dr. Hewitt's careful and long continued studies of the effects of uterine flexion had done much towards advancing our knowledge of an important class of disease. He was himself more convinced of the importance of flexion than he had been previous to a study of Dr. Hewitt's opinions. But he was very far from granting Dr. Hewitt's contention that flexions were the "fons et origo mali" in all forms of uterine suffering, and formed the key to gynæcology. Against such a theory of uterine disease he respectfully protested as being unscientific and unproved. It seemed to him totally impossible that in anything like the number of serious cases of uterine disease as those tabulated, such affections as endometritis, uterine catarrh, and the like, could have been absent. Those who neglected these conditions deprived themselves of an important aid in treatment. He protested against the adoption of a one-idea theory, and pleaded for a Catholic and broad view of the subject.

Dr. GRAILY HEWITT, in reply, said, in reference to the

remarks of the President, that he had not in his work assigned that exclusive importance to flexions which he seemed to imply, but all along insisted on the co-existence of an abnormal condition of the uterine tissues. By using the word mechanical he did not mean that pessaries were necessary in every case. Dr. Gervis had misunderstood him in reference to the amount of rest enforced in the cases related. It was only in patients actually bedridden that such prolonged rest had been required. No doubt the removal of pessaries from time to time was necessary, but he considered that a pessary acted like a splint in case of fracture, and therefore continuity of action was essential. He considered the use of stems a valuable means of treatment, but he felt bound to say that he preferred other methods. He could only understand the failure of the cradle pessary in the hands of others, by supposing that the instruments were not made on his own model. He often found the base of the triangle made too long and the height too little. As to the necessity of using them in retroflexion, he had cured very many cases of severe retroflexion by the combined use of the Hodge pessary, and repeated unbending of the uterus by means of the sound. He was surprised to hear Dr. Duncan's opinion as to the absence of symptoms in case of flexion unless associated with descent of the uterus. His own experience was that descent was almost universally present in cases of flexion, and formed an almost essential part of the disorder.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, AUGUST 4, 1880.

WHO IS TO TEST THE GENERAL EDUCATION OF THE STUDENT?

IT has been for a long time, as most of our readers are aware, one of the unheeded "recommendations" of the General Medical Council that the examinations in general education preliminary to ingress to our profession should be dropped by the licensing corporations and entrusted exclusively to Universities; and that the Council is perfectly serious upon this proposition is evidenced by the fact that at the last meeting of the Council, upon the motion of Mr. Simon, a proposal was anxiously debated by it that the whole of the examinations held by licensing corporations should, at one swoop, be refused recognition by the Council. The speech of Mr. Simon, in introducing his motion, and the discussion thereon, illustrate very forcibly the want of knowledge of the existent arrangements, and the want of capacity to provide a practical remedy, which has characterised the Medical Council in many other of its debates. Mr. Simon is anxious that preliminary examination should be altogether independent of medical teaching, and absolutely free from the inducement to the examining body to make easy the access of students to the profession for the sake of catching their fees. So are we; for we fully believe that the general education of medical students will never be what it ought to be until it is tested by an examining board which cares nothing for schools, colleges, or universities. But Mr. Simon, who proposed that Colleges should be forbidden to examine in general education because they are supposed to be interested in passing the student, does not seem to be aware that certain of the Universities, to whom he proposes to transfer the duty of preliminary education are, as teaching bodies, just as much interested in catching the pupils as the Colleges can be. Is it reasonably to be supposed that teaching or licensing institutions will consent to a formal introduction of all the students into a rival teaching or licensing institution just at the moment when their minds and the minds of their parents are on the balance as to where they will study and where qualify? In Ireland, for instance, the two Universities are teaching bodies, and are as anxious as their competitors to attract students, and it would surely be unreasonable to expect the other Irish licensing bodies to hand over to these Universities the opportunity of annexing the student to their own schools. But presuming that an absolutely reliable and independent examining body in general education were available to which the students of every school might be sent without the fear of their being kidnapped, we would venture to join Professor Humphry in his pertinent inquiry as to what the Medical Council knows either to the credit or discredit of the existing preliminary examinations. Mr. Simon has asked it to abolish as insufficient and prejudicial to medical interests a number of examinations which it has never visited and of which it knows nothing but by hearsay, and this at the moment when the Council accepts without question a crowd of trans-pontine examinations, of which it hardly knows even the name. The suggestion was obviously impossible of acceptance, and it was with difficulty permitted to be withdrawn; but the fact that it has been gravely debated shows how little appreciation of what is needed exists in the leading minds of the Council.

There is but one method by which Mr. Simon's object can be obtained and that is the erection of an examination

in general education of sufficient standard and uniform throughout the kingdom, perfectly independent of all licensing bodies and schools, and subject to frequent supervision by the Council itself. No doubt when we achieve conjoint professional examination we shall also achieve this very desirable object, and until then the profession must, we presume, be content that the *pot pourri* of seventy-two examinations, some of which the Medical Council has accepted without a shadow of evidence as to their sufficiency, shall continue to be the educational means of ingress to the profession. Mr. Macnamara's proposal to wipe out these unknown and unknowable examinations from the recognition list must commend itself to everyone, and we content ourselves with the postponement of that proposal only because we are certain that the existing state of things in regard to this and other matters is likely to die a natural death before the General Medical Council could be expected to make up its great mind on the subject.

ENTERIC FEVER IN THE ARMY.—I.

THE Army Medical Department Report for 1878 contains several references to *enteric* fever both at home and abroad; and considering the nature of the discussion now taking place on that subject, we propose to follow it up for a little. In the United Kingdom we are told that the admissions by this disease were at the rate of 1·11 per 1,000 strength, the deaths, too, attacked 205·4; also that while the rate of admissions was higher than in the preceding year, that of deaths was lower. If we endeavour to ascertain what is the precise form of fever designated under this name, we shall be disappointed; that is, whether it is of a specific nature, or idiopathic, with a particular complication, or presenting a particular *condition* of the patient. We find, however, at pages 148 to 160 a series of what are called "sanitary reports." These contain accounts of latrines, sewers, drains, and so on, in connection with barracks and stations; but as far as we can find, not a word as to pythogenic causation of the disease so named; hence, we presume, the term *enteric* is applied in this portion of the Report to a fever of *non-specific origin*. In the portion of the Report having reference to Gibraltar it is stated that the admissions for enteric fever were 18; for simple continued fever 251; and for febricula, 186; also that cases of these diseases occurred in every season, but were more numerous in the latter half of the year than in the first. Still no details are given as to the precise points held by reporting officers as differentiating the forms or conditions of febrile disease severally intended to be thus indicated. The important remark occurs, however, that in two companies of Royal Engineers that arrived at "the Rock" from Papho in Cyprus, cases of paroxymal fevers presented the remittent type, attended by diarrhœa and dysentery. At Malta 920 admissions by febricula, 157 simple continued fever, and 94 by *enteric* fever, with a mortality in the latter of 32—very heavy indeed. Cases occurred in every month except March. More than half the above number were admitted in the months of October and November, but the *type* was less severe during the last three months of the year than during the three immediately preceding them. According to the Blue Book "the cause of the outbreak does not seem to have been clearly ascertained." There is no doubt that the search for specific causes of a disease looked upon as itself specific, failed to discover them at the same time that the attention, it is natural to believe, was thus withdrawn from *influences*, general and particular, operating upon individual states, habits, and tendencies of the soldiers affected. The reporting medical officer writes: "I have referred to the deaths among the civil population (Malta) and find that those for *typhoid* (synonym for enteric?) fevers furnished a percentage of ·04, whilst among the military it was 1·5. During the year 392 deaths from *enteritis* (?) occurred among the civil population, a significant fact when considered with the number of cases of enteric fever among the troops. "In some cases of this fever," well-marked diphtheritic membranes were observed in the tonsils after death along the course of the intestinal canal, covering, in many instances, the ulcers. (Why then, were not these cases returned as of diphtheria?) Simple continued fever and febricula are said also to have been "unusually prevalent." As to *enteric* fever at Cyprus, some very interesting particulars are given. Thus we learn (page 45) that "the earliest case was recognised only after death, and then doubtfully. The patient was under treatment for debility succeeding an attack of malarial fever, but the prominent symptoms became gradually those of supposed *intermittent* dysentery." It does not appear why this case was looked upon as *supposed*, rather than actual dysentery, more especially as about 30 small ulcers existed in the large intestine. In the next fatal case at Larnaca, "ulcers *typical* of enteric fever were found in the lower part of the ileum." "In the other cases returned as enteric fever the diagnosis was not unequivocal; the nature of the disease was *inferred* from the presence of some of the symptoms deemed pathognomonic of this fever, notably that of eruption of rose-coloured papules (not always present in specific enteric fever, and found also in other forms of fever, and in other diseases than fever), and from the pathological conditions found in the bodies of two men who died, rather than determined from the whole course of illness." As to Canada, we are informed by the Report that "enteric fever caused *one* admission. One occurred by febricula, and these two include all that happened by continued fevers among our troops in the Dominion. At Bermuda "enteric fever caused 9 admissions, and one attack was fatal, the case *being complicated with tuberculosis.*" The insanitary condition of the town of St. George was by the medical officer considered a prominent factor in the causation of this disease. In turning to page 164 of the Report the further statement occurs that "enteric fever is endemic in St. George, and during the past year several cases of diphtheria occurred" in the West India command and one admission by enteric fever, namely, at Trinidad. "It was complicated with pneumonia, and terminated fatally." Would not, then, the term *pulmonic* fever have been the more appropriate in this instance? only that it has not yet been admitted into the official nomenclature of diseases. In the Cape of Good Hope Command, which also includes St. Helena, out of 594 admissions by continued fevers, enteric fever supplied 115, and 31 out of the 34 deaths returned under thi

general heading. This fever is described as a *typho-malarial* fever; no definition appears as to what is exactly intended to be conveyed by the expression beyond its most natural significance, namely, that it represented a low or typhoid condition, occurring in the course of malarial, that is, climatorial fever. In an endeavour to follow the history of this disease among the British troops in that command, the Blue Book informs us that in January, 1878, those in the field during the Galeaka-Gaika war suffered, to some extent, from *diarrhœa;* the affection being attributed to chills, difference between night and day temperature, and to the streams from which drinking water was obtained, being more or less impure. Later on in the same month it is stated that "several cases of enteric fever now occurred at Quintana. The medical officer, a civilian, *supposed* the disease to have originated *either* from the polluted state of the air, *or* contamination of the water by carcases of Kafirs, and cattle left unburied since a late action." At the same time, we read, page 243, that a great increase of sickness occurred in the force, due principally to diarrhœa, dysentery, and fever, generally of the continued type, caused, *probably*, by exposure to the sun, and exceptional heat arising from the absence of the usual thunderstorms that occur at this season (that is, to meteorological conditions), by fatigue consequent upon long and arduous marches under such circumstances. This form of fever was also prevalent in King Williamstown, and at the Sheep Wash; the lower part of the the town was in a wretched state of sanitation, and infection was traced from a certain pool close to the camp, although good water was daily brought for their use from the Buffalo river, and they were warned of the consequences. Among the colonial troops it also increased; they had to bivouac night after night in the Pirie bush, their rations were bad, little care was bestowed upon the men, their physique thus lowered by privations and hardships (p. 246). Then we read of further increase of sickness among the troops, regular and irregular; diarrhœa, dysentery, and *enteric* fever the chief diseases; their causes, exposure to damp and cold at night, want of waterproof sheets, the continuance of great draught, and lateness in occurrence of rains (*i.e.*, to general conditions.) At page 255 we read that "undoubtedly the most serious disease that occurred during the late war was this continued fever, designated variously as enteric, malarious enteric, and typhoid malarial. From reports received from three medical officers who were at different stations *many* miles apart, it appears in the first instance to have been imported into the ranks from outside sources (and yet, as we have seen, local meteorological and individual conditions capable of inducing it were enumerated.) As to the *peculiarities* of this fever, one medical officer (p. 255), enumerates the frequent presence of dusky discolouration of the skin (a condition found in fevers generally), the frequency of coma and stupor, with suffused eyes and countenance (the latter are not among the usual symptoms of specific enteric), the presence *of rashes other* than rose-coloured lenticular spots, the *frequent absence* of diarrhœa, or of pain or gurgling over the cæcum (in fact, of phenomena different from those of *typical* enteric fever). A second medical officer says: "Most unquestionably in this epidemic the absence of the usual rose-coloured lenticular spots on the abdomen, of gurgling in the iliac fossa on pressure, and in diarrhœa, was in no period of the disease sufficient, even when combined, to negative the diagnosis of enteric fever. On the contrary, surely it was so, in so far as the specific disease so named is concerned. At the same time, does not the remark indicate a desire to refer the prevailing disease to one particular set of influences, instead of such as are general and necessarily incidental to a campaign? In many instances (p. 256) the symptoms on admission pointed to pneumonia; congestion of the lungs was present in almost every case; in not a few the men complained of sore throat. All very natural, after bivouacking, fatigue and exposure; but why give to the illness another name than is here indicated, namely, pneumonia? In effect, to a case of fever with *pulmonic* complication the term *enteric* is applied! Following this, however, is the remark (p. 256) that "the manner in which diseases of malarial origin led up to the recent outbreak of enteric fever adds considerable weight to the opinion rapidly gaining ground *that this epidemic is something more than* enteric fever; that it is, in fact, a typho-malarial or true *pythogenic* fever, with *malaria* superadded." The post-mortem appearances enumerated (p. 256) were "peculiar patches of congestion in the stomach, and more continuous congestion of the duodenum," in "addition to the usual lesions of enteric." In Mauritius three admissions were recorded by enteric fever, two of the cases fatal; the origin of the disease obscure in all instances, nor could they be attributed to any sanitary defect. In Ceylon, of four admissions under this head, two occurred at Galle, of which, one fatal, and two at Columbo; at neither station could the disease be traced to any sanitary defect. At Hong Kong, two cases, one of which fatal.

THE FEVER IN THE WEST OF IRELAND.

We have not, as may have been observed, concerned the *Medical Press and Circular* as to the controversy respecting the alleged existence of famine fever in the west of Ireland, because we perceived that the dispute was a purely political one, and that the existence of famine fever was as much a part of the parliamentary programme of one party as its denial was necessary to the policy of the other. We think it right, however, to notice the able Report of Dr. Nixon, who was sent down by Government to inspect the fever district, because it puts in commendably plain language the real facts as to the sanitary state of a great part of Ireland. Here is his description of what he saw:—

In most of the cabins cattle and pigs are kept in the room that is occupied. The sewage matter is partly carried off by an open drain which runs through the centre of the floor, whilst stagnant pools containing all sorts of offensive matter lie in front of the cabins. In this village there is no sewerage of any kind, and no road for car within more than a mile's reach. The food of the people here consists almost exclusively of Indian meal without milk.

I had the honour of forwarding Dr. Burke's report to you in my last letter. I visited with him a patient, æt. 20, living in Collaghagh, 2½ miles from Foxford. This patient had been ill of typhus fever for some seven or eight days, and had not sent for medical relief. Two of his brothers had passed through the disease recently, one in Swineford

Fever Hospital, the other at home. The family consists of six members, and no precautions whatever were taken to prevent the spread of the fever. The cabin in which these people live is situated high up on a mountain side, and only accessible by crossing a wide stream and walking through an extensive bog. There is no road leading to the place. I mention these particulars to show the difficulties which exist in dealing with such cases. No ambulance could be brought here, the patient was too ill to be carried to the nearest road; and, moreover, no assistance of *any kind* was sought for. Nothing would be known of this case but for the fact of his brother having had fever at home.

On to-day I proceeded to inspect the cases of illness reported in Swineford and Kilkelly dispensary districts. . . . In a third house I saw a patient suffering from typhoid fever with serious disease of the lungs. Nothing could exceed the complete absence of sanitary arrangements in this village. There were fully eight inches of manure in one cabin, in the room where seven persons lived, and the woman of the house explained that she could not clean it out, as then she would have no manure. A large pond, filled with greenish water, and containing all kinds of sewage matter, was in front of the house, and the sewer in connection with it had its mouth closed by a large stone put against it. Yet, although illness existed in three families in this village for over two months, it was only on the preceding day that the medical officer of the district was sent for.

I consider that in these cases the disease was induced by the prolonged use of improper food, Indian meal without milk or flour, and defective sanitary arrangements. In Ballintadder five members of a family had been ill for some weeks, and at the time of my visit three were still confined to bed from typhoid fever. The cabin in which these persons lived was extremely offensive, and on entering it the smell from the excessive amount of organic matter in the air was almost overpowering. In the small single-roomed cabin in which the three patients, the mother and two children lived, I counted at the time of my visit three cows, a number of chickens, three cats, and a large dog. The food of these people was meagre, and consisted almost entirely of Indian meal; yet they had 13 or 14 acres of land. In an adjoining house three boys were lying, one of them since June 1st. Two of the patients were suffering from typhoid fever, one from dysentery. The water used for drinking purposes by both families was taken from a well in a neighbouring field. On examining the well I found it was merely a pit, which was enclosed by a stone wall, and into which opened the drains from the field, and, in wet weather, the washings of the roadway. The field had been manured during the winter with guano. The well had been cleaned about a month previously, when a quantity of slimy foul-smelling matter was removed from its bottom. The water looked dark and muddy, and it had a greasy scum upon the surface.

I have already, in a former report, referred to some of the cases of fever which occurred in the town; nearly all those cases, and many in other districts, owe their origin to a woman who died of typhus fever, and in whose house a wake was held. So many facts have come to my knowledge respecting the relation of this case to the epidemic in certain districts, that I cannot too strongly urge the necessity of early isolation and removal to hospital in cases supposed to be typhus. I have no doubt but that insufficiency of food, or food of an unvarying nature, strongly predisposes to the spread of every infectious disease. The habit of using food cooked always in the one way leads to a quantity being taken only sufficicient to appease hunger, not to maintain nutrition or impart strength; again, the mental distress which privation engenders must also tend in the same direction, as one of the agents which lessen the resistance power of the individual to infection; so also disregard of sanitary precautions, I believe these conditions capable of converting a disease ordinarily endemic into an epidemic. But I consider it is mainly to contagion and overcrowding that we must look for the immediate exciting cause of the spread of typhus fever, or of its generation *de novo;* hence, the special indications for its prevention. Very great difficulties exist in this union in meeting these indications. The effect of overcrowding can only be palliated by regular sanitary inspections of the cabins in the different districts of the union. There is some unreasonable unwillingness on the part of the patients, or of their frends, to seek admission to the fever hospital, notwithstanding the arrangements made for their reception, and treatment there. I have no hesitation in suggesting that the provision in the Public Health (Ireland) Act relating to the removal of infected persons to hospital by order of a justice should be rigidly enforced.

In presence of such a state of things as that which Dr. Nixon divulges to Parliament, but which most workers in the Irish poor-law knew all about long since, it is proper to ask why the population of these districts are allowed to live like unclean beasts, and to spread to their neighbours the diseases propagated by their noisome mode of life. Has there been no attempt made by the rulers of these people to raise them from the misery and degradation of this life to respectability, cleanliness and health? Yes, there has; a Public Health Act which provides a remedy for all this, has existed in Ireland since 1866, was re-enacted and improved in 1874, and made compulsory, and in 1878 was again re-constructed and re-affirmed. If, then, the legal powers, the money and the means exist for changing the state of abomination which Dr. Nixon unfolds into a better condition of things, some one must be to blame that these means are not put in action. Who? The Irish Local Government Board itself, the Public Department which sent down Dr. Nixon to see and make known to Parliament the fatality which has resulted, and which results every year from the policy of the Board itself.

How has this Board administered the sanitary law entrusted to it? We assert, without hesitation, and we appeal for proof to the pages of this journal within the last five years, that the Irish Local Government Board has done everything in its power to obstruct the progress of sanitary reform in Ireland. It has encouraged with warmth the disposition which needed no encouragement of the Boards of Guardians throughout Ireland to turn their backs upon every effort in favour of cleanliness, and it has steadily resisted the entreaties of sanitarians and the medical profession, and has turned a deaf ear to the representations of those who told them the same story as that which Dr. Nixon tells now. Will anyone in Parliament ask Mr. Forster, who is the President of the Local Government Board, to state what that Board has ever done to induce activity in Irish sanitary authorities, and whether they have not only tolerated, but encouraged the making of the public health organisation the disgraceful sham which it undoubtedly is?

Notes on Current Topics.

Special Hospitals.

At the recent distribution of prizes to students of the Dental Hospital of London, Mr. Sibley, the chairman, in his address referred at length to the subject of the education of dentists and other specialists, and among his remarks the following upon special hospitals are worth quoting as the opinion of a highly representative member of the profession. We have no doubt that Mr. Sibley's views on this subject are shared by the vast majority of the profession, and we think thanks are due to those who, like Mr. Sibley, avail themselves of the opportunity of expressing their opinion:—

Little apology is needed to justify the existence of

this special hospital (the Dental Hospital). Almost, but perhaps not quite in the same category, stand the Ophthalmic Institutions. To a great extent the objects of these might be as well performed in a department of a general hospital, but the good work done at these institutions justifies their existence.

For obvious reasons mental affections and lying-in cases require separate establishments. So also consumption is, unhappily, so common and so extensively spread a disease, that it would be impossible to take such cases into a general hospital. They would fill and overflow all the available beds to the exclusion of other cases. It is, therefore, necessary to have separate institutions in which such patients can be properly cared for.

Small-pox and fever cases require isolation, and therefore must be treated in separate institutions. Children's diseases have some claim to separate management, but most of these cases can be cared for in a children's ward of a large hospital.

This short catalogue includes almost all necessary establishments. The multiplication of special institutions is not calculated to confer proportionate benefits upon the poor. The expenses of management, as a rule, are out of fair relation to the amount of good done, and the affairs of these smaller institutions are not sufficiently looked into by responsible and independent managers.

Another very great evil resulting from this system of multiplication of special hospitals is that medical education is seriously interfered with. The young medical men sent out into the world from the great hospitals, have their opportunities of studying various special forms of disease sadly curtailed, and the result must be that the public will be supplied with doctors who have not had sufficient opportunities of studying special but common forms of disease. This may be of little moment to the public living in the great centres of population where specialists are numerous, but it is of importance to any one who may happen to be in a more remote district, or in distant parts of the world. These evils would be to a great extent remedied by the establishment of more special departments at the general hospitals, affording the opportunities of studying and treating various specialities to the fullest extent, but controlling the conduct of these departments by the general principles which govern the parent institution.

The Naval Medical Service.

The *United Service Gazette* of 24th July has an article on the Naval Medical Service, with which we, to a great extent, agree. Like our contemporary, we trust that to such medical officers as may be compulsorily retired, a sufficiently liberal scale of pension will be granted to deprive them when in private life of all just grounds of grievance against "the authorities," for as experience has amply shown, the grumblings and complainings of men who have been, or imagine themselves to have been, badly treated, exert a most evil influence upon all with whom they come in contact, and induces a spirit of discontent among the juniors. But, on the other hand, may we not with propriety express our opinion that the system of clearing away the seniors in order to give promotion to the juniors "has increased, is increasing, and ought to be diminished?" This system is by no means limited to the medical service, but extends, or is about to extend, to all branches, so that the tax-payer has the prospect at no distant date of having to support a larger non-effective than effective list of officers of all kinds and grades, while, at the same time, a number of junior officers in experience and age are paid for performing the very duties that the seniors and more experienced are also paid, on the retired list, for *not* performing. As in the army, so in the navy it is fair and reasonable that old officers should have the the option of retiring on such pensions as they have earned by long and faithful service; but we doubt the propriety, alike in the interests of the public as of individuals, of drawing a hard and fast line, by which let, a man be in good or ill-health, fit or unfit, willing or unwilling to serve, he shall, on attaining a particular age, be shelved. With regard to medical officers the question has an important bearing upon the management and treatment of our troops and sailors abroad; nor will the looked-for *run* of promotion among themselves be more than very temporary, for as a necessity, after the clearance authorised by warrants have taken place, the block in promotion will take place farther down the several lists, and men get tripped up by the age clauses before they shall have attained administrative rank.

Can it be True?

In a late number of this journal we alluded to certain occurrences said to have taken place on board H.M.S. *Newcastle*. On that occasion we wrote hesitatingly regarding them, for the reason that so very unusual were they in their nature that we looked for further particulars than we were then in possession of, to enable us to take the subject up as we should have wished. Such particulars have, however, not yet reached us, so that as the matter stands at present time we can only look upon it in the light of a personal rather than public grievance. No doubt it is quite possible to so stretch regulations as to render their action extremely unpleasant, but then a medical officer, like any other officer, has it in his power to represent to his superiors any grievance under which he considers himself to labour; and as a rule—certainly by no means without exception, but still *as a rule*—he is sure to have justice done to him. The instance we refer to is clearly one for representation to the Director-General of the Navy Medical Department, and by him, should he report it, to the Lords of the Admiralty.

Since we first drew attention to this subject several of our contemporaries have alluded to the circumstances. It appears to us that the episode on board the *Newcastle* involves the questions of the existence or otherwise of preventible causes of sickness; that of the medical officers in charge to discover those causes; and that of discipline as between the officer commanding that ship and certain officers serving under his command. The "quarrel" is no doubt a "very pretty" one as it stands, and we shall probably hear more about it by and bye.

Salicylate of Soda in Petechial Typhus.

According to Dr. Gregorianz (*La Presse Médicale Belge*), the effect of this salt is very favourable; it lessens the tendency to delirium, lowers the temperature, and prevents renal complications. The progress of the disease also is influenced—it developes more rapidly, and convalescence is hastened. An inconvenience is its depressing effect on the heart, but this may be obviated by giving it in small doses (5 grammes), and adding a stimulant, such as sherry or brandy, to the mixture.

Anæsthesia during Sleep.

A most important papar was read by Dr. Quimby at the recent meeting of the American Medical Association, which seems to have settled the question whether a sleeping individual could be brought under the action of chloroform without being awakened. His attention had been drawn to the subject by a case which occurred in Jersey city, in which a woman was accused of participating in the murder of her husband as she was in bed with him when this was perpetrated. She held that she had been chloroformed during her sleep, but it was contended that this was impossible, as the fumes of chloroform would have awakened her from a natural sleep. Dr. Quimby was examined as an expert; but he declared that he had never administered chloroform during sleep, and that the books were silent on this point. Since then he has made three experiments—one upon a gentleman, who, by means of three drachms of Squibb's chloroform, he transferred from natural to artificial sleep in seven minutes without awakening him. In the two other cases he performed minor operations upon boys, having chloroformed them when asleep. He concludes—(1) that minor surgical operations may thus be done with perfect safety and much more agreeably than in the ordinary way; and (2) that an individual somewhat skilled in the use of chloroform might enter a sleeping apartment and administer chloroform with evil intentions to a person while asleep.

Superannuation—The Medical Officer of the Crossgar Dispensary.

Mr. Meldon, M.P., asked the Chief Secretary last week if it is the case that the medical officer of the Crossgar Dispensary District in the union of Banbridge, having after forty years' service applied for superannuation on the ground of broken-down health, a meeting of the guardians has been summoned to consider such application, and to pass a resolution "to record on the minutes their approval of the manner in which the medical officer has filled such office for a period of forty years, but that the guardians cannot add to the rates by granting any retiring allowance." And, if the Government will promote or support a measure to make the superannuation of Poor-law medical officers, in proper cases compulsory on boards of guardians?—Mr. Forster pointed out that the resolution had not yet been passed, and therefore the question was somewhat premature. He would defer any answer for the present.

The case alluded to by Mr. Meldon is that of Dr. Davison, and the attitude of the board of guardians towards him may be judged from the fact that one of the roughs of that conclave—on the application for a pension being read—insulted Dr. Davison by inquiring whether "he wanted out-door relief."

At a meeting of the General Committee of the International Medical Congress, recently held at the College of Physicians, Dr. West proposed that ladies should be admitted as members of the Congress. Mr. Gant seconded the resolution, and at the division nineteen voted in favour of and twenty-six against.

The Treatment of Diphtheria.

Dr. George Hill, of Hughesville, Pa., strongly advocates the following treatment of this disease in the *Med. and Surg. Reporter*. As a mixture, he prescribes in varying strength of dose, according to the age of the patient, aquæ chlorinii., sodii sulpho-carbolat., glycerinæ, of which two examples will suffice:—

℞ Aquæ chlorinii, ℥v.;
Sodii sulpho-carbolat, gr. xv.;
Glycerinæ, ℥iss.;
Aquæ, ad. ℥ij.;
M.

℥j. every two hours, for a child æt. 10 months:—

℞ Aquæ chlorinii, ℥iij.;
Sodii sulpho-carbolat., grs. clx.;
Glycerinæ, ℥j.;
Aquæ, ad. ℥vj.
M.

℥iij drachms every two hours—to be held a moment before swallowing—for a girl æt. 18.

In combination with this form of mixture he gives sulphur sublimatum, in fifteen-to twenty-grain doses every six hours to adults, until an apparent effect is produced. Locally, purely pulverised tannic acid is applied to the exudation growth with a moistened swab, every four hours, and as a gargle—

℞ Sulphurated sol. sodium chloridi, ℥j.;
Glycerinæ, ℥j.;
Aquæ, ℥iij. M.

Or, glycerate of tannic acid, ℥j. glycerate of carbolic acid, ℥ij., mixed and reduced one fourth with water, and applied every four hours.

Where the disease extends into the trachea he strongly urges the use of lime steaming, for which purpose an ounce and a half of quicklime, fresh from the kiln (not air slaked), is put into a tin cup, and covered with a pint and a-half of cold water. Over this is inverted a funnel, not so closely as to exclude the air. To the top of the funnel is attached a tube with a suitable mouth-piece. The rising steam is to be inhaled for half an hour; if the steam fail, to be quickly renewed. An intermission of half an hour is allowed, and then the steaming to be resumed as before, and so on day and night with the utmost perservance. Emetics of syrup of ipecac. occasionally required to expel detached fragments, and averting the impending suffocation that necessarily tends to occur in such cases. Ice to be allowed freely. Whisky to be avoided, only where there are strongly marked symptoms of failing vitality. The patient must be carefully watched and treated during convalescence, and should be seen at least once a week until a normal state of the throat has been fully established. Dr. Hill condemns tincture of iron, tincture of iodine, and nitrate of silver applications to the throat. Under this treatment Dr. Hill has not lost a diphtheritic case for a period of five years, the same successful result being experienced by Dr. G. A. Hill in his practice whilst carrying out the above line of treatment. The cases published in support were typical in their nature, and most interesting in the record of their progress towards recovery.

Dr. Matthews Duncan has accepted the invitation of the Council to deliver the Inaugural Address of the Midland Medical Society for the ensuing session.

Sewage.

On Monday, July 26th, a large number of gentlemen interested in the treatment of sewage accepted the invitation of the chairman of the Native Guano Company, Limited, to inspect their works at Aylesbury, a special train conveying them to the scene of operation. The various processes whereby the thick murky stream from the Aylesbury town sewer was deprived of its injurious elements, and the effluent stream transformed to an innocuous and almost pure water, were viewed and explained in succession by the officials present. The process is that known as the A B C; the inflowing current circulates through a series of tanks in which the solid constituents are deposited, their separation being aided by the addition of a precipitant, and with such completeness that the excrement water is clear, odourless and tasteless, the perfectly healthy nature of which is testified by the presence of a large quantity of agile fish in a pond supplied by it. The deposit in the tanks is submitted to treatment, drying, pressure, and admixture with animal charcoal, &c., whereby it is made of great value for manuring purposes. The daily average flow of liquid through the tanks is about three hundred thousand gallons, and the weekly output of "native guano" from ten to fifteen tons, for which a ready sale is always obtained. Though the day chosen for the demonstration was eminently unfavourable, being very wet, unanimous approval was expressed, and much surprise at the simplicity and excellence of the arrangements. At the lunch which followed the inspection, the sewage question was considered in a series of speeches by the Chairman, the Hon. W. F. B. Massey-Mainwaring, Colonel Siller, Mr. Clare Sewell Read, Captain Bedford Pim, R.N., and others.

The Guy's Hospital Scandal.

The fact that a jury has found a nurse at Guy's Hospital guilty of the crime of manslaughter will create little surprise in the minds of those who have feared the evil consequences likely to follow from the changed system introduced by the reforming school. All along during the dispute we have pointed out the possibility of some such result as has been published in the recent proceedings; and being the first of the weekly medical papers to insist on the dangers to be apprehended, we likewise feel that an early attention to the measures we recommended would have prevented the sad realisation of our forebodings the past week has witnessed. That the verdict pronounced against Nurse Ingle will have the effect of settling matters in a way conformable to the frequently uttered opinions of the medical staff can hardly be doubted, but our regret will be universally shared that the end should have been brought about in a manner likely to bring extensive discredit to a great institution. In connection with this subject it will be well to recall the uncompromising expressions of members of the staff of Guy's who have repelled the charges brought against the former management of the charity, by the self-elected champion of the new *regimé*. It was scarcely politic for this young scribe to re-enter the lists when she had already been previously routed; and we would hope the severe discomfiture she has again experienced will tend to convince her of the folly of persisting in defence of a system emphatically condemned by those whose experience and position lent authority to their words.

The Parkes' Museum of Hygiene.

The Lord Mayor presided at the Mansion House, on the 27th ult., over the first annual meeting in connection with the Parkes' Museum. The report announces that since January 1st over 2,000 visitors have been registered, and that the winter demonstrations to artisans and others were largely attended, evidence being also forthcoming that these had been attended with benefit to the hearers. The committee appeal for subscriptions to enable them to carry out the aim in view by its originators, and they urge as a first necessity "the establishment of the museum in a position more independent and more accessible than that which it at present occupies." Sir Wm. Jenner, Sir Joseph Fayrer, Mr. Edwin Chadwick, C.B., Professor Erasmus Wilson, and others, were present at and participated in the proceedings.

Illness of the Premier.

After leaving the House of Commons on Friday last, Mr. Gladstone got a severe chill, the symptoms assuming a somewhat grave character, the following day he was unable to attend the Cabinet Council, and Dr. Andrew Clark was immediately sent for, who, finding his distinguished patient in a severely feverish state, deemed it prudent to remain with him through the night. On Sunday morning Dr. Clark issued a bulletin to the effect that the Premier was suffering from exhaustion, with congestion of the base of the left lung, and fever. During Sunday the case was considered critical, and her Majesty and the Prince of Wales were constant in their inquiries by telegraph and otherwise. Absolute repose, however was strictly enjoined by Dr. Clark, and no one beyond the members of the patient's own family were allowed to see him. At the time of our going to press the fever had subsided, and the danger passed; but much care will be required to prevent a recurrence of the local symptoms.

Arsenic in Chorea.

According to *Bouchardat's Ann.* we find that, from observations made in the service of M. Siredey, by M. Pomel, upon the treatment of chorea, the following deductions are made:—

1st. Of all the remedies employed in chorea, those which are the most rapid and sure are the arsenical preparations; particularly arsenious acid, which at once produces rapid amelioration of the symptoms, and brings about a speedy cure.

2nd. Grave cases of chorea that have resisted other treatment yield, frequently with promptness, to arsenic.

3rd. To obtain the full benefit of the arsenical treatment, it is necessary to administer the medicine in such doses as to produce, as speedily as possible, the constitutional effects or signs of arsenical saturation.

4th. Even in children affected with chorea, no hesitation should be felt in giving strong doses of arsenic, in order to reach the point of saturation quickly.

5th. Without denying the possibility of danger in the use of arsenic in the treatment of chorea, yet no case has thus far been recorded to establish the fact.

Benzoate of Soda in Gonorrhœal Ophthalmia.

Lyon Med. tells us that Dr. Dor, who for the last two years has used the benzoate of soda with great success in the purulent ophthalmia of infants, has recently had the opportunity of treating a well-marked case of gonorrhœal ophthalmia, recovery taking place in a few days, without any opacity being left. He kept iced compresses constantly to the eye. The benzoate of soda was employed in a 20 per cent. solution, and tannin in a 10 per cent. solution, ten drops being instilled every three minutes. All secretion which issued from the eye was removed by means of a wash consisting of 100 per cent. solution of benzoate.

Pilocarpine in Uræmic Convulsions.

LEVEN (*La Presse Medicale Belge*) advocates the use of subcutaneous injections of pilocarpine in uræmic convulsions. A young girl, affected with albuminuria, was seized with convulsions with complete anuria. Two injections of hydrochlorate of pilocarpine had no effect, but at the third the remedy produced its ordinary effect. The patient, who was comatose, gradually came to herself, at the same time profuse perspiration and abundant salivation were produced. After a fourth injection the convulsions ceased and the patient recovered. The temperature oscillated between 37° and 38° C. The saliva contained 10 per cent. of albumen.

Professor Spence, of Edinburgh.

A MOVEMENT has been set on foot to present Professor Spence with his portrait, and to offer a copy of it to the Edinburgh College of Surgeons for hanging in their hall. There is a universal feeling that Professor Spence's services to scientific surgery have given him a prominent claim to professional recognition and gratitude. It is hoped that the number of guinea subscriptions will be such as to enable the committee to give each subscriber an engraved copy of the work.

Eucalyptus Spray in Pharyngeal Diphtheria.

DR. MESTER (*Berlin Klin. Wochen.*) employs from six to sixty drops of the following solution for each spray inhalation:—Essential oil of eucalyptus leaves, 5 grammes; rectified spirits of wine, 25 grammes; water, 170 grammes. Previous to inhalation the mixture should be shaken. Where the inhalation has to be repeated hourly, the solution must be diluted. The odour being agreeable, does not cause headache, in this respect being superior to turpentine or carbolic acid.

Transposition of the Viscera.

A CASE of complete transposition of viscera was recently observed in a young girl, æt. 17, who died under the care of Dr. Dumont at the Hotel Dieu at Caen. At the autopsy all the viscera, both thoracic and abdominal, though perfectly normal in form and structure, were completely transposed, those usually on the right being on the left side and *vice versâ*. Their relative positions however were perfectly maintained, so that there was no interference with the functions.

The Harvey Statue.

THE full-sized clay model of the statue of Harvey, which is to be erected at Folkestone, has nearly approached completion, and the sculptor, Mr. Joy, invites the subscribers to the Tercentenary Memorial Fund to a private view of the model (upon presentation of address cards), on Wednesday, August 4, from eleven to half-past five, at his studio, 8 The Avenue, 76 Fulham Road, S.W.

Dangers from Hydrophobic Patients.

BY inoculation of rabbits with the saliva of a hydrophobic patient, M. Raynaud has found that the rabbit took the disease in five days. Two other rabbits inoculated with hydrophobic saliva also became hydrophobic. The conclusion drawn is that the saliva of hydrophobic patients is virulent, and that this fact merits more attention than is now generally given to it.

The Select Committee on Contagious Diseases.

THE Select Committee of the House of Commons appointed to inquire into the operation of the Contagious Diseases Acts held a private sitting on Monday week, when it was decided that the examination of witnesses should not be proceeded with during the present session. The Committee will not meet again before the prorogation of Parliament.

Dr. Tanner's Fast.

DR. TANNER'S continues in his determination to complete the forty days' abstinence from food to which he has pledged himself. The condition of the experimentalist is one varying between excitability and depression, and the latest reports indicate that he may successfully complete his self-imposed task. The result will be—what?

LIVERPOOL has accomplished in a few weeks the self-imposed task of raising £80,000 to endow a university college for the town. This result reflects the highest honour upon the energy and liberality of its citizens.

DR. DIXON has been presented by the nurses of the Newcastle-on-Tyne Infirmary with an elegant silver-mounted decanter, as a mark of esteem, on his resignation of the senior house surgeoncy of the institution.

A COMPLETE list of the Army Medical Service to be sent out to Afganistan is not yet published, but amongst those who go by the first ship, the *Orontes*, to-day, are:—Surgeon-Major Mansell and Surgeons Corven and Clark, besides four members of the Army Hospital Corps.

THE *Philadelphia Reporter* says that there are over 700 drug stores in Philadelphia, and not one of these could exist on its legitimate business of compounding prescriptions. The superfluity is due to the profits of patent medicines and counter-prescribing.

IN the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Nottingham 14, Plymouth 14, Newcastle-upon-Tyne 14, Hull 16, Bradford 17, Brighton 18, Portsmouth 18, Bristol 18,

Birmingham 19, Manchester 19, Edinburgh 20, Sheffield 20, Leeds 21, London 21, Oldham 22, Norwich 22, Glasgow 23, Salford 23, Sunderland 23, Leicester 24, Wolverhampton 25, Liverpool 26, Dublin 30.

THE death-rate last week from the seven principal zymotic diseases per 1,000 in the large towns ranged from 0·7 in Plymouth, to 7·0, 7·3, and 7·6 in Dublin, Brighton, and Leicester. Scarlet fever show the largest proportional fatality in Sheffield, Norwich, Salford, Dublin, and Bradford; and measles in Leicester. Small-pox caused 3 more deaths in London, 9 in Dublin, but not one in any of the other other large towns. The deaths referred to diarrhœa, which had steadily increased in the five preceding weeks rose still higher last week; the mortality from this disease showed the largest excess in Brighton, Leicester, and Salford.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE FINANCIAL DIFFICULTIES AT THE UNIVERSITY OF ST. ANDREWS.—Notwithstanding the brisk trade carried on in the sale of degrees by the University of St. Andrews and the gifts of the notorious Dr. Beaney of Antipodean celebrity, this ancient seat of learning is at present in serious financial embarrassment. Considering the gravity of the situation, it is certainly to the credit of the professors that so little has been heard regarding it. We understand that, speaking generally, not less than a third, and in some cases nearly two-thirds of their previously very modest incomes have this year disappeared. Nor is there any probability, when we take into account the permanent reduction in the value of the lands from which they derive their incomes, of this state of matters being improved. Under these circumstances the Home Secretary was questioned on the matter by Sir Trevor Lawrence. Sir William Harcourt said that the Government would consider the matter during the Parliamentary recess, and would state early next session any proposal they had to make regarding St. Andrews. It is to be hoped that the Government will make a suitable provision in the forthcoming estimates.

THE UNIVERSITY OF GLASGOW.—The ceremony of capping the graduates in Medicine, Law, and Arts, took place in the Lower Hall of the University, on the 29th ult. The Very Reverend Principal Caird presided, and there was a considerable attendance of the public to witness the ceremony. Professor Robertson presented the graduates in law, and Professor Gairdner presented the graduates in medicine. Seventy-nine received the degree of M.B. and C.M., and nine the degree of M.D. After the ceremony of capping Professor Cleland delivered an address, the subject of which was "Truth, Pathology, and the Public." In the course of his address Dr. Cleland said that "it is palpable that in all professional education there is a large mass of fact to be learned, but obvious also that the facts will be of little use without the art of handling them and turning them to account. More especially is this the case in medicine. I do not doubt that you have all learned a great number of details of treatment which you will use to the advantage of patients yet unborn, as well as others, it is to be hoped. But remember the changes which take place in treatment are perpetual, and that there is nothing reliable in any treatment which is not based on science. This lotion and that operation, O young surgeons; this plaister and that panacea, most promising physicians, will be superseded, it may be, in a very few years; but if you have learned the scientific method you will help, by patient and accurate observation and thought, progress which shall endure when much crude innovation known by the name shall have been abandoned and forgotten. The physician is set face to face with nature; and all correct treatment of disease must be founded on an accurate knowledge of pathological changes. If your practice be not so founded, it will be quackery; and the public and the State are to blame that the opportunities of arriving at a correct pathology are not what they ought to be. There are two senses in which pathological anatomy is the foundation of correct practice. In the first place, the profession, as a profession, could have no knowledge at all of any pathological change without studying morbid conditions after death. That is to you self-evident; but the general public have never caught hold of the idea properly, or they would take more care that the greatest possible facilities should be given for the prosecution of inquiries on which their own health ultimately depends. But let the public listen to this further statement, which you will all recognise as true, though some of you will forget it as time rolls on—that the practice of each individual practitioner is trustworthy only when he makes use of frequent opportunities of examining after death to verify and supplement his judgments where they have been right, to test his guesses and suppositions that he may see how far they have accorded with fact, and most of all to correct the numerous errors into which the wisest and the most experienced continually fall."

REGISTRAR-GENERAL'S REPORTS.—According to the weekly return of births, deaths, and marriages for the eight principal towns of Scotland, the death-rate for the week ending with Saturday, the 24th July, 1880, was 20·6 per 1,000 of the estimated population. This rate is 3·2 above that for the corresponding week of the last year, and 2·0 above that for the previous week of the present year. The lowest mortality was recorded in Aberdeen, viz., 11·6 per 1,000, and the highest in Leith, viz., 29·7 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·3 per 1,000, almost the same as the rate for last week. Acute diseases of the chest caused 69 deaths, or 11 more than the number recorded for the previous week.

GLASGOW ROYAL INFIRMARY.—An announcement appears in the Glasgow newspapers inviting candidates for the offices of physician and surgeon to the Institution in room of Dr. Scott Orr and Dr. Watson, whose term of office expires next month. It has been the rule hitherto to re-appoint physicians and surgeons who *thus retire*, and we think, with the utmost respect for these gentlemen, that a limit should be placed to the term during which hospital appointments can be held. Matters were much better under the old *regimé* at "the Royal."

NORTH OF SCOTLAND MEDICAL ASSOCIATION.—The annual meeting of this Association was held in the Medical Society's Hall, King Street, Aberdeen, on Saturday, the 24th ult. Dr. Mellis, Fraserburgh, was appointed chairman for the ensuing year, and gave a short address in which he urged the importance of students of medicine being trained as skilled general practitioners rather than scientific specialists. Some discussion took place with reference to a proposal to unite with the local branch of the British Medical Association, but no definite resolution was come to. The members afterwards dined

the Palace Hotel, along with the members of the Branch of the British Medical Association.

ABERDEEN UNIVERSITY MEDICAL SUMMER SESSION.—This Session was concluded on the 23rd ult. Certificates of merit distributed to the successful students.

THE WESTERN GENERAL INFIRMARY.—The annual meeting for the distribution of the awards gained by the successful students in clinical medicine and surgery was held last week, at the Western Infirmary. Mr. Thomas Watson, chairman of managers presided, and after a brief address, distributed the following prizes and certificates: Clinical Medicine—Medal, Alexander Adam; honorary certificates (in order of merit) James Kerr Love, C. Fredk. Pollock, W. F. Panmar, Donald Macleod. Clinical Surgery—Medal, John Ritchie; honorary certificates (alphabetical order) Charles Gray, James Kaye, William Morrison, William Patullo, John M. Young.

THE IRISH MEDICAL DIRECTORY FOR 1881.

WE are requested to remind the profession throughout Ireland that the issue of their Directory for 1881 is now in course of compilation, and the Editors earnestly beg for the immediate return of the circular which has been sent to each medical practitioner—*whether or not there be any correction necessary therein*. It is hoped that those gentlemen who have not yet sent back the circular will, by doing so at once, relieve the Editors of the expense and trouble of a second issue, and contribute their quota to the general accuracy of the work.

A NEW LUNG FOR DUBLIN.

WITHIN the past week Lord Ardillam—better known and respected as Sir Arthur Guinness—presented a most beautiful and valuable contribution to the solution of the Dublin sanitary difficulty, in his princely donation of a new free park to the citizens. St. Stephen's Green—now a handsome and health-giving place of recreation for all those who need free breathing space—was for about sixty years the close garden of the nurse-maids and children of the inhabitants of the Square, and it was Lord Ardillam who cut with liberal hands the Gordian knot of legal and personal obstruction to its being declared free to the citizens. In doing so he has earned for himself the honour due to a philanthropist and the gratitude due to a benefactor, and—we may add—has done more towards amending the insalubrity of South City denizens than all that the legal guardians of their health have ever attempted.

REGISTRATION OF BRITISH DEGREES IN CANADA.

THE attempt of the Canadian Medical Council at Ontario to compel all persons who desired to practise in Canada to qualify there has come to an end. They attempted to effect this purpose by imposing a registration fee of four hundred dollars on all persons who sought to register and practise upon a British qualification. Dr. Mallory, a Canadian graduate, who subsequently qualified and registered in England, recently applied to the Council for registration. This was refused, and the doctor issued a process in the Court of Queen's Bench calling upon the Council to show cause why he should not be registered. The case was heard before the Chief Justice, who gave his decision in favour of the plaintiff. The learned judge was severe upon the Council, and warned that body not to attempt to extort a four hundred dollar registration fee from duly registered British graduates who desire to practise in Ontario.

Literature.

THE SURGEONS' POCKET BOOK. (a)

IN MEMORIAM.

SINCE this work appeared its talented author has succumbed to the fatigues and trials incidental to war—stricken down by disease while serving as principal medical officer in charge of the Cabul force. Surgeon-Major Porter was a perfect type of the regimental surgeon. Some of the illustrations in the volume before us bear upon them the number 97, that of the regiment he loved so well, and in which he was so much beloved by all ranks composing it. It was while serving *in* that corps, during the Indian Mutiny, that he obtained much of that experience in the surgery of war and in administration, which his rare capacity enabled him subsequently to turn to such valuable account. We who write this notice first made the acquaintance of Dr. Porter while giving aid to the wounded under fire on the occasion alluded to at page 81 of his "Pocket Book." He there describes the operation in which we were concerned namely, raising a piece of bone that a fragment of exploded shell had depressed upon the brain of a soldier, and he mentions the circumstance that although consciousness was restored for a little while, yet the subject of the wound shortly afterwards died. After death an extensive counter-fracture along the base of the skull was discovered; but the operation we had performed served an important purpose in that it restored sensibility for a little time—quite sufficient, had its subject been an officer, to make arrangements, it may be, regarding his family affairs; and this to our mind showed clearly the propriety of its performance. Like all military surgeons of considerable personal experience, Dr. Porter is opposed to the "feverish practice of bandaging places," and to performing operations at the dressing stations. Volunteer and other fashionable *aides* have in some recent wars done much to foster this very *feverish practice* which he so strongly condemns, for, as he observes, "the rapid firing of recent weapons provides us such a crowd of wounded that ambulances are immediately thronged, and reliable diagnosis between the cases suitable for operation and for conservative surgery is rendered impossible." In fact, under such circumstances, as in others, the difference soon becomes apparent between experience and sensationalism; the one only does what is absolutely necessary, and that quietly and methodically; the latter, able really to do but very little, performs that *little* with as much demonstration as possible, and very much to the inconvenience of individual wounded and to the more steady-going and *collected* of their assistants. Dr. Porter's work before us is so complete that for the army surgeon in war it supplies every information that he can possibly require; but, alas! it shows too how great a loss the public service has sustained in the death of that most estimable of men, and pattern of what his successors in the Army Medical Department should aim at becoming.

Special.

INDIAN ITEMS.

HEALTH OF THE TROOPS IN AFGHANISTAN.—A correspondent of the *Manchester Guardian* describes the suffering of the troops, whether native or European, from the heat and the excessive labour necessitated by the weakness of the various garrisons, and he states that if the occupation is to be prolonged through another winter it will become a very serious question as to how the troops are to be provided. The mortality and invalidings consequent upon the terrible cold of the last winter were very great, and the difficulty in obtaining recruits from India to fill up the gaps thus formed in the fighting line becomes daily more marked. It has become necessary to look to Madras for our Sepoys instead of to the fighting races of the Punjab and Upper India, and a bounty of 50r., or nearly £5, has been sanctioned for all recruits. For a native soldier to receive this

(a) "The Surgeons' Pocket Book." By Surgeon-Major J. H. Porter, late 97th Regiment; late Assistant Professor of Military Surgery, &c., &c. Charles Griffin & Company. 1880.

amount on enlistment is equivalent to a bounty of £50 being offered to a recruit in England.

"British" Cholera in Simla.—The *Times of India* of June 26 says that "At Simla everybody, including Lord Lytton and his family and the Viceroy, and most of the members of his staff, are suffering from an epidemic which is said to somewhat resemble British cholera." What is the cause of this outbreak? Is it the water again?

The Medical Institutions of Calcutta.—The report for the year 1879 on the Medical Institutions of Calcutta has been published, and contains many facts of general interest. The general health condition of Calcutta during the year in question was better than in 1878, the municipal returns showing the death-rate to be in 1879 30 per 1,000, and 38 per 1,000 in the previous year. Except during the first quarter of 1879 there was no exceptional prevalence of small-pox as there had been the year before, and the great fever mortality of 1878, which was evidently connected with dear food, was not repeated. This improvement in the general condition of the city naturally led to a falling off in the numbers requiring hospital treatment, the total number of patients treated being 265,018, that is some 21,500 less than in 1878, and 34,500 less than in 1877. Mahomedans and Hindoos are, of course, the classes of the community from whom the great bulk of the patients are drawn, but the Surgeon-General remarks that the table showing races is not of much value as a test of the prevalence of disease among the different classes of the community, owing partly to the indefinite way in which Eurasians and native Christians are returned both in the hospital books and the census papers, but chiefly because hospital admissions, being regulated by the available accommodation, cannot be a safe guide to the health conditions of the classes represented by the patients received. Malarious fevers proved less fatal than in 1878, as well as less prevalent. Diseases of low condition and debility were of equal prevalence, but much less fatal in 1879. Cases of dropsy presented themselves in unusual numbers, but were very fatal. Respiratory affections, though equally prevalent, were less fatal than in 1878. Cases of dysentery and diarrhœa were less numerous than in the former year, but showed a very high death-rate. On the whole, it appears that although there has been a slight relative improvement in 1879, Calcutta has, since 1874, become more unhealthy, as regards serious fevers, than it was in 1871-73. With reference to the above, we can only add that the circumstance of the capital city of India having increased in unhealthiness furnishes a very remarkable commentary upon the *sanitary* improvements which at great cost have lately taken place in connection with it.

Fever at Mhow.—Malarious fever is said to have broken out among the British troops at Mhow, a large military station in Central India. We can understand that this designation really represents the actual nature of the fever which, in reports from India, has for some years back been described as *typhoid*, leaving the conclusion uncertain whether by that term be indicated a low adynamic form or stage of endemic fever, or a specific form due to pythogenic causes. The past history of Mhow teaches us that outbreaks of "malarial" fever occur at intervals there, and that on some occasions they are of great severity.

Indian Medical Officers.—Surg.-Major Hunter Adam, of the 10th M.N.I., proceeds on two years' sick leave to Europe. Surg.-Major Bilderbeck is to succeed him as senior medical officer in charge of the Rumpa Base Hospital, and Surg. D. S. E. Bain has been directed to proceed to Rajahmundry and take charge of the 10th M.N.I.

Designation of Surgeons-General.—At the suggestion of the Surgeon-General with the Government of India, the following designations have been assigned to the officers concerned:—Surgeon-General with the Government of India; Surgeon-General with the Government of Madras; Surgeon-General with the Government of Bombay; Surgeon-General, Bengal; Surgeon-General, North-West Provinces and Oude; Surgeon-General, Punjab; Deputy Surgeon-General, Central Provinces.

Two cases of sunstroke have occurred at Simla—Dr. Hannan, Officiating Deputy Surgeon-General, Umballa Division, and Dr. Young, of Meerut. We regret to learn that Dr. Hannan died at Simla on 14th of June.

Deputy Surgeon-General Van Someran and Deputy Surgeon-General Theobalds, both of the Madras Army, were recently promoted to Surgeon-General by brevet, on retirement. Surgeon-Major Frances Day, F.L.S., of the Madras Army, and formerly Inspector-General of Fisheries in India, who retired from the service in 1876, has, after an interval of four years, been granted a step of honorary rank, and gazetted Deputy Surgeon-General in recognition of his services to science.

Manufacture of Quinine.—According to a Darjeeling paper the Government will soon be in a position to manufacture all the quinine required for the public service in India on its own plantations, as Mr. Gammie has succeeded in manufacturing quinine at Rungbi fully equal in colour and general appearance to any produced by European manufacturers, and what really is of as much importance to the country, at an almost nominal cost. The present retail price in England of Howard's quinine is from 13s. to 14s. per ounce, and the price has been as high as 16s. to 18s. The cost of the Rungbi is estimated at 2 rs. per ounce.

Movements of Medical Officers in India.—Surgeon-Major W. H. Colvill, Bombay Medical Service, in medical charge 21st N.I., is allowed furlough to Europe for 2 years, on medical certificate.—Surgeon-Major W. H. Harris, Madras Medical Service, is granted extension of leave for six months, on medical certificate.—Surgeon-Major D. V. Smith, Indian Medical Service, Bengal, to Hills in India, from June 8 to Dec. 8, on medical certificate.—Surgeon-Major J. J. Durant, principal assistant to opium agent, Benares, is allowed leave for forty-four days, from July 17.—Dr. P. J. Freyer is appointed to act as principal assistant to opium agent, Benares, during absence of Dr. J. J. Durant.—Surgeon J. S. Gunn, M.B., medical officer, 4th Bengal Cavalry, is appointed medical officer, Lawrence Military Asylum, Sanawar.

Correspondence.

ENTERIC FEVER AT NATAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your journal of 28th July, 1880, a paragraph informs your readers that "enteric fever is very prevalent at Natal, several officers and privates having succumbed to this *zymotic* during the last few days." With reference to the discussion now taking place on the subject of enteric or typhoid fever, will you kindly give me space in your columns to suggest that it may be clearly stated what is the precise sense in which the term *enteric* is made use of in that paragraph? What are the grounds upon which the prevailing fever is looked upon as *zymotic* in origin or nature?

According to Surgeon-Major A. Clark, many of the cases of "typhoid" fever which prevailed in Natal and Zululand in 1879 "occurred in healthy camps on ground previously unoccupied (virgin soil), and in bodies of picked men." He further states that several medical officers "maintained that it was *not* typhoid as commonly understood in England, but bilious remittent with *typhoid symptoms*, as seen in India. Others nailed their colours to the mast that it was genuine *enteric*." Surgeon-General Wolfreys, C.B., describes this fever as typho-malarial, and expresses the opinion "that it is climatic, the true autumnal fever." Also that "in fatal cases the lesions of Peyer's patches are well-marked." Sir Joseph Fayrer, K.C.S.I., commenting upon the above remarks, observes: "These facts seem to show that enteric fever cannot be always ascribed to a 'filth' cause, but that *climatic*, or what is embraced in that unknown word malaria, may give rise to it, as it undoubtedly does to intermittents, remittents, and possibly cholera." According to Surgeon-Major Down, "in the late Zulu war cases of enteric fever occurred in detachments of our young soldiers, which no theory of specific contagion could explain, and which were usually vaguely accounted for on the pythogenic theory of foul drinking water. In short, I think there can be no doubt that enteric fever cases constantly crop up in hot climates, the causation of which is inexplicable, either by the theory of propagation or of pure pythogenesis."

Thus the pertinence of the two questions submitted in the opening paragraph of this communication is, I trust, made apparent.

I am, sir, yours, &c.,

C. A. Gordon, Surgeon-General.

70 Cambridge Gardens, W.

THE NEW OPHTHALMOLOGICAL SOCIETY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I feel that it would not be just to Mr. Vose Solomon that those ophthalmic surgeons who are of his opinion respecting the metropolitan exclusiveness of the new London Ophthalmological Society should remain silent; and I therefore beg to say that I entirely concur in the view expressed by him that it is greatly to be regretted that an attempt at scientific fraternisation amongst British ophthalmologists should be marred by the deliberate exclusion of the profession outside London. Without venturing upon an assertion which the exclusive majority of the Society would consider audacious, that the ophthalmic specialists of the large towns throughout the kingdom are as well worthy of confidence and consideration as their London *confrères*, I think that at least they hold generally a scientific position which should entitle them to toleration; and I am sorry that the majority of those present at its inaugural meeting have thought it desirable or necessary to record a contrary opinion.

I am, sir, yours, &c.,

ARCHIBALD HAMILON JACOB, M.D. Dub., F.R.C.S.I.,
Oculist in Ordinary to His Excellency the Lord Lieutenant.

Dublin, July, 1880.

Novelties.

BENHAM'S STEAM ANTISEPTIC SPRAY PRODUCER.

THE hitherto invented apparatuses for the production of antiseptic spray during surgical operations have been in one way or other defective; but we can confidently recommend the instrument introduced by Messrs. C. Wright and Co., of 108 New Bond Street, who are the sole manufacturers. The engine is wholly of metal, and provided with a gauge for ascertaining the water level in the boiler. It is fitted with an improved handle to facilitate easy holding, and will produce an uninterrupted spray for above an hour continuously. It is, moreover, exceedingly cheap, being supplied for 15s. 6d. in a box, and is in every respect eminently fitted for the purpose it is intended to serve.

CHRISMA.

UNDER the name "Chrisma," Messrs. Allen & Hanburys, manufacturing chemists, of Lombard Street, have introduced a substance for use in the preparation of unguenta, &c. It is a pure hydro-carbon, the product of petroleum, and is admirably adapted to replace the old-fashioned and less dependable bases of the Pharmacopœia, answering as it does the requirements of consistency and cheapness, and especially because it possesses neither taste nor smell. Kept for a long time it retains its bland characters, does not become rancid, and even in warm weather can be used without many of the disagreeable experiences to which the employment of lard introduces the dispenser. Chrisma is undoubtedly one of the most perfect substances of its kind with which we are familiar.

THE KEPLER COMBINATIONS.

THE Kepler brand of Malt Extract is now so well known that little need be said in recommendation. The manufacturers have, however, introduced recently some combinations, in the shape of cod-liver oil, citrate of quinine, beef and iron, the hypophosphites, and pepsine, the efficacy of which some of our readers will doubtless be glad to test. We have lately tried the kepler and pepsin combination in a case of almost chronic dyspepsia, with emaciation from mal-assimilation of food, with excellent results.

SYMINGTON'S COFFEE PREPARATION.¶

OF the many preparations of coffee before the public, those prepared by Mr. T. Symington, chemist, Edinburgh, rank foremost. Especially the essence of coffee and the combination of coffee and milk are deserving of praise; with the former a cup of most delicious coffee can be immediately prepared by the addition of boiling water; and the latter though a little more troublesome to make ready, forms an excellent and refreshing breakfast beverage. These articles are pure, palatable, and cleanly, and will be of great service in all cases where coffee is desirable for patients' use. For travellers, also, these concentrated essences will be found very handy. There is also made by the same firm a compound of dandelion and coffee. In the treatment of dyspeptic and bilious cases it is an admirable preparation.

AN EPILATORY FOR USE IN FAVUS.

IN an article on the treatment of the different forms of tinea, Dr. Claudat in his thesis proposes the following epilatory application in favus:—Prepared lard, 25 grammes; glycerine, 5 grammes; carbonate of soda, 4 grammes; powdered quick-lime, 2 grammes; powdered charcoal, ½-gramme. After a variable time, but rarely more than ten or twelve days, the skin assumes a rosy tint, sufficiently intense to assure us that we may commence the process of epilation. We may now seize with the fingers the hair which we have previously had cut short (about two centimetres long) and draw them out without the least pain. A lotion of corrosive sublimate may now be applied for eighteen days, and then an ointment of araroba.

Royal College of Physicians of London.—The following member was admitted Fellow of the College on July 29:—

Fox, Cornelius Benjamin, M.D. Edin., Ilfracombe.

The following candidates were admitted Members on July 29:—

Biss, Cecil Yates, M.B., Cantab.
Colquhoun, Daniel, M.B., Lond.
Gabbett, Henry Singer, M.B., Dub.
Horrocks, Peter, M.D., Lond.
Ludwig, G. H. W. R., M.D. Leipsic
Maclean, L. H. J. M.D. Heidelberg

The following were admitted Licentiates on July 29:—

Acland, Theodore Dyke
Adam, Caleb Denovan
Atkin, Charles
Capon, Herbert J., M.D. Brussels
Cree, William Edward
Davies, Morgan, M.B., Aberdeen
Dingley, Allen
English, Thomas Johnston
Faithfull, R. L., M.D., New York
Falla, Walter
Hamerton, George Albert
Hanson, John Edward
Hudson, Theodore Joseph
Lawford, J. Bowring, M.D.
Perkins, George C. Steele
Pilkington, Francis Sergent
Porritt, Norman
Richardson, Charles Boards
Ross, J. F. W., M.B., Toronto
Routh, Amand Jules McConnel
Sanders, J. W., M.D., Brussels
Stansby, Charles John
Sutcliffe, John
Ware, John William Langston
Warren, Henry Guy Seymour
Wigg, Alfred E., M.D., Brussels
Wilson, John

Royal College of Surgeons of England.—The following candidates for the Diploma of M.R.C.S. having passed the required examinations, were admitted Members of the College at a meeting of the Court of Examiners on July 22:—

Briscoe, J. Frederick
Clark, William
Corbould, H. Francis
Elliot, E. A. Savage
Ford, L. Frederick
Hendley, John Lupton
Hockin, George Treverno
Hoets, Alton Kingsley
Hills, A. Phillips
James, Charles Alfred
Jones, A. C. Brett
Morris, E. F. Griffith
Newnham, W. H. Christopher
Lloyd, Rickard William
Stansby, Charles John
Steeves, George Walter
Taylor, Henry Herbert
Wakefield, Horace

The following were admitted Members on July 23:—

Acland, T. D., L.R.C.P. Lond.
Batterham, John Williams
Coronado, D. E., M.D. Paris
Lane, Alexander
Milnes, George Hutchinson
Phipps, E. V. Ayre
Pizey, G. F. Price
Risk, E. J. Erskine
Street, A. F., M.B. Cantab.
Tucker, Joseph
Westcott, Sinclair
Wilson, George John

The following were admitted Members on July 26th:—

Barnes, George Frederick
Chitty, Alfred Goldney
Duncan, Duncan
Fenton, H. A. Hill
Grayling, Arthur
Lerew, Frederick William
Quicke, William Henry
Richardson, Richard Tippetts
Silk, J. F. William
Terry, Henry George
Weston, George Edward
Wood, Edward Archer

The following were admitted Members on July 27th :—

Clarke, Ernest
Clarke, William Jenner
Doyne, Robert Walter
Dobrsahian, Gabriel Sukias
Field, James William
Howard, Eaton Clark
Jackson, Mark
Jay, M. H. Hindmarsh
Jessop, W. H. H.
Nichols, F. P.
Taylor, Thomas Percy
Volckman, Ronald
Woodhouse, Tom Percy

The following were admitted Members on July 28th :—

Battiss, William Sullivan
Bradshaw, O. G Dix
Burton, F. H. Merceron
Carpenter, Arthur Bristowe
Carr, Alfred Alexander
Collins, William Job
Hayward, John Davey
Macnamara, Hugh Winckworth
Neumann, J.
Shepard, Ernest William
State, Alfred
Thompson, Charles Emilius
Welch, George

King and Queen's College of Physicians.—At the July examinations the following candidates obtained the licences in Medicine and Midwifery of the College :—

MEDICINE.

Beattie, James Henry
Beattie, Robert Ettingsall
Broadbent, George Harry
Butler, Fanny Jane
Cosgrave, Alexander
Dennehy, Patrick Richard
Dickenson, Augustus Newton
Elliott, Geo. Philip
Fitzmaurice, William Henry
Flanaghan, Hubert
Gibbon, William
Gilbert, William Frederic
Hall, Henry Wilson Stocker
Harricks, John Hugh
Kernan, James
M'Cullagh, John
Magee, William Joseph
Morgan, Anthony H.
O'Donaghue, Patrick
O'Dwyer, James Joseph
Renner, William
Sharp, Samuel
Tate, John Whittake
Wilson Henry Clark

MIDWIFERY.

Beattie, James H.
Beattie, Robt. E.
Broadbent, Geo. H.
Butler, Fanny Jane
Cosgrave, Alexander
Flanaghan, Hubert
Gilbert, William Fredk.
Hall, Henry Wilson Stocker
Harricks, John Hugh
Kerman, James
M'Cullagh, John
Manning, George Henry
O'Dwyer, James Joseph
Renner, William
Sharpe, Samuel

The following were admitted Members of the College on July 9th :—

Bridgford, Charles Trussell
Croly, Henry Gray
Elmes, Robt. R. King
Pendleton, Richard Warren
Robinson, Charles H.

NOTICES TO CORRESPONDENTS.

MR. WILSON.—See reply to another correspondent under the head of "Obscene Advertisements."

SWEATING OF HANDS AND FEET.—A correspondent sends us some leaves of the common plantain (*Plantago Media*), which he says are effectively used in his neighbourhood for the cure of sweating of the feet. They are placed inside the shoes and are said to harden the skin, and cure the excessive perspiration in a few days.

MR. J. F. P.—Our "Student's Number" will be issued on Sept. 22.

SURGEON-MAJOR CURRAN.—With pleasure.

DR. PILCHER, Brooklyn.—We cannot add further to our Exchange List.

DUBLIN SANITATION THREE-QUARTERS OF A CENTURY AGO.

A CORRESPONDENT sends us the following extract from a paper called "Ireland's Mirror," published in 1805. Knowing that Dublin scavenging cannot be much worse than it is, we offer to the Dublin corporation the entreaty of our common enemy. It may be assumed that the writer of the letter is about the same as he was in 1805, and experience of Dublin streets makes it obvious that the scavenging authority are also still unchanged, so that the letter would seem quite appropriate to Dublin as it is, and therefore not unsuitable for publication at the present time :—

"TO THE RIGHT HON. THE L—D M—Y—R.

"MY L——D,

"I understand your L——ds—p intends cleansing and purifying the streets of this city; although this has for some time occupied your L——ds—p's mind, I have not seen it put into practice, at which I rejoice exceedingly, and ask it as a favor that your L——ds—p will be so obliging to me as not to carry it into effect; and the result of your gracious compliance in this shall be, a most glorious plague will break out thro' the whole city next summer; hundreds, nay thousands of the inhabitants will then be swept home to my nefarious kingdom; and should you cleanse the streets my dominions must remain unpeopled a considerable time longer.

"Do, my dear L——d M—y—r, suffer the dunghills to increase and enlarge, and the filth to abound. When summer arrives then the baleful pestilence shall surely go forth. I shall have the diabolical pleasure of seeing all the streets darkened with the solemn processions of the dead; every house shall resound with the sweet harmonious notes of dying groans; my kingdom shall be greatly enlarged, and Dublin depopulated. "I am, my L——d,

"your L——ds—p's sincere Friend, &c.

"March 9th, 1805. "OLD NICK,"

DR. SHOEMAKER, Philadelphia.—See reply to Dr. Pilcher.

A MEMBER.—We shall be duly represented at the meeting.

OBSCENE ADVERTISEMENTS.—A correspondent draws our attention to the persistence of some of the leading Dublin papers, notably the *Irish Times*, in inserting advertisements of the filthy literature of the quacks. Our opinion has been oft expressed on this distasteful subject, and we can but reiterate our protest against the encouragement given to vice by the acceptance by journals which ought to be above it, of the ill-gotten gains of quacks of the type of the notorious Dr. (!) Henry Smith, of 8 Burton Crescent, or the nameless "Vital Regenerator" of Berners Street, London. On one occasion we made the discovery that, under the cover of an innocent-looking advertisement which was current in the Dublin papers, a book of a most obscene and immoral character was being circulated amongst the youth of both sexes in Ireland. We thereupon wrote to the editors of the Dublin papers stating the facts, giving proof, and suggesting the withdrawal of the advertisement. The *Daily Express* alone complied, and for months afterwards, and we believe to this day, the *Irish Times* continued to print the advertisement in question. So much for newspaper morality in Dublin!

RAISING THE WIND IN A NEW WAY.—The subjoined advertisement, taken from the *Bazaar*, has been forwarded to us from more than one source :—"W. Alfred Johnson, M.D., L.R.C.P. (Edin.), L.S.A. (Lond.), Member of the General Council of St. Andrews, Author of 'Practical Economy,' now running every Wednesday in the *Bazaar, Exchange and Mart*, will be pleased to answer any questions, medical or surgical, or on natural history, 1s. each letter.—Hereford Road, London, W."—"The clerks of Dr. Johnson, Author of 'Practical Economy,' now running through the *Bazaar, Exchange and Mart*, every Wednesday, will be pleased to answer any questions referring to housekeeping, furniture, decorating, repairing, &c., all kindred subjects, also photography, painting, and electro-plating at home, &c. Price 1s. each letter.—Hereford Road, London, W."

VACANCIES.

Chipping Sodbury Union.—Medical Officer. Salary, £35, with the usual extra fees. Applications to the Clerk of the Union before August 11.

St. George's Hospital, London.—Surgeon and Assistant Surgeon. Honorary. Candidates, who must hold the F.R.C.S. of England, to send in their applications to the Secretary before August 12.

Warneford Hospital.—House Surgeon. Salary, £100, with board. Applications to the Secretary at Leamington before August 9.

APPOINTMENTS.

BEATTY, W., M.B., Resident Surgeon to St. Mark's Ophthalmic Hospital.

GRIMWOOD., H. C., M.R.C.S.E., Medical Officer for the First District and the Workhouse of the Pontefract Union.

HININGS, J. W., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer of the Knightwick District of the Martley Union.

HORNE, A. J., L.R.C.S.I., L.K.Q.C.P.I., Assistant Physician to the Rotunda Lying-in Hospital.

HUGHES, T. J., M.D., M.R.C.S.E., Medical Officer for the West Woolwich District of the Woolwich Union.

JACKSON, G., F.R.C.S., Hon. Surgeon to the Plymouth Public Dispensary.

JONES, T., M.B., F.R.C.S., Hon. Surgeon to the Royal Manchester Infirmary.

MACAULAY, R., M.D , Medical Officer to the Ballina Union Workhouse.

MCCLURE, H., M D., M.Ch., Medical Officer for the First District of the Romford Union.

MOORE, H. C., M.B., House Surgeon to the Lancaster Infirmary.

O'SULLIVAN, S., M.D., M.Ch., L.R.C.S.Ed., Visiting Surgeon to the North Infirmary, Cork.

O'SULLIVAN, M. U., L.R.C.S.Ed., Medical Officer to the Mohaliff Dispensary, Killarney Union.

PHILLIPS, J. W., M.R.C.S.E., Medical Officer for the Cowbridge District of the Bridgend and Cowbridge Union.

SLOMAN, S. G., M.R.C.S.E., Medical Officer for the South District of the Farnham Union.

SOUTHAM, F. A., M.A., M.B., F.R.C.S.E., Hon. Assistant Surgeon at the Manchester Infirmary.

WARE, J. W., M.R.C.S.E., L.R.C.P.L., House Surgeon to the North Devon Infirmary.

WATSON, G. S., M.B., C.M., Medical Officer for the Thaxted District of the Dunmow Union.

Births.

ARMSTRONG.—July 26, at Hazlehatch, co. Kildare, the wife of Deputy Surgeon-General W. Armstrong, of a son.

ARNOTT.—July 29, at Walworth, the wife of Sandford Arnott, M.R.C.S., of a son.

MACDONNELL.—July 24, at The Glen, co. Sligo, the wife of Hercules MacDonnell, M.D., Dundalk, of a son.

ROCHE.—July 26, at Mount Clarence, Kingstown, the wife of Surgeon J. Roche, M.D. (retired Bombay Army), of a son.

STACK.—At 10 Westland Row, Dublin, the wife of R. Theodore Stack, M.D., of a son.

Deaths.

DODD.—July 23, at Kenmare, co. Kerry, Henry F. Dodd, L.R.C.S.I., aged 27.

PHELAN.—July 23, at his residence, Rock Ferry, Cheshire, Wm. Bernard Phelan, L.R.C.P.E., L.R.C.S.E., &c.

SAUNDERSON.—July 22, at Union Lodge, Scarva, co. Down, William Saunderson, M.A., M.B., T.C.D.

TREVAN.—July 18, at Padstow, Henry Trevan, F.R.C.S.E., Fleet-Surgeon, R.N. (retired).

WALSH.—July 24, at Whitechurch, near Dublin, Albert J. Walsh, F.R.C.S.I.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 11, 1880.

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Abstract of Two Lectures

ON THE

ETIOLOGY OF TRUE LEPROSY.

Delivered at the Royal College of Surgeons, June 25th.

By Professor JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital.

LECTURE II.

MR. PRESIDENT AND GENTLEMEN,—In my last lecture I passed in review the principal facts connected with leprosy, and these facts seemed to lead to the conclusion that the disease must be due to some article of food; at all events I endeavoured to exclude other causes, and I hope succeeded in proving that we could not otherwise account for its former wide distribution, gradual disappearance, and present continuance in certain districts. We found that it occurred in very different climates and in persons of very different habits and positions in life, so that it could not be accounted for merely by hard living or bad food. The disease is said to be hereditary, but it is not simply hereditary, it can be induced in persons born and bred in England, but who have gone to reside for a comparatively short period in an infected district. Yet it does not affect all who are thus exposed—it picks out one here and another there—it may be only one in a family. We must now ascertain, if possible, what special kind of food it is which induces the disease.

Very various articles have been thought to have a share in the production of the disease. The use of milk in a state of decomposition has been suggested as a cause. Milk is used in excess in some districts where leprosy prevails, but not in all; and then one would expect to find the disease at least as common inland as on the coast; but, with some apparent exceptions, to which I shall refer presently, the disease is most common on the coast. The Norwegians are certainly fond of decomposed cheese, but so are the inhabitants of some parts of Germany where no leprosy exists.

Pork is another article of diet which has been thought to be a cause. But the Jews who eat no pork, are not exempt from leprosy, nor are Mohamedans who also abstain from this meat. It has been said that my theory—that fish is the cause—cannot be true because Jews and Mohamedans do not eat fish; but this is a mistake, they do eat fish—that is, certain kinds of fish.

The excessive use of *maize* has been thought to account for the prevalence of the disease; but leprosy prevails where maize does not grow. The same has been said of rice, but there is the same objection: a person writing about the disease in India may be pardoned for coming to this conclusion, but anyone reviewing the whole subject here in London can see at once that these views are untenable.

The use of *bad corn* has been suggested as a cause, but bad corn is eaten in places where leprosy does not prevail. Pellagra is certainly due to the use of diseased maize, but this is not leprosy.

I need, however, scarcely mention all the articles of diet upon which suspicion has fallen, but will at once proceed to state the conclusion at which I have myself arrived and that is, that fish is the one sole cause of leprosy. I do not mean to assert that the use of fish always causes leprosy, but that some poison generated in connection with fish causes the disease. How does this hypothesis agree with the chief facts relating to the natural history of leprosy We find that nearly everywhere the disease is most common on the seashore, and that when it spreads inland it generally occurs on the shores of lakes, or along the course of large rivers; we find also that fish is largely eaten wherever leprosy prevails. I don't believe that any other article of diet has any influence whatever on the causation of the disease; this is so special in its character that it seems evident that it must have one special cause. I believe, however, that certain conditions greatly modify the action of this cause. We see that draymen drink an enormous quantity of wholesome beer before they suffer from gout, but others who obtain their beer under less favourable conditions get gout though they drink but little. And so with the fish: in some places we find that a large quantity is required to produce leprosy, in others a small

quantity will suffice. Fish bred in warm waters seems to be more dangerous than that found in cold; fish in a state of decomposition is more dangerous than fresh fish, and fish in a special state of decomposition is very dangerous; the crustacea, although strictly speaking not fish, are also very dangerous. As regards the history of the disease we know that the Egyptians, amongst whom leprosy prevailed at a very early date, were large eaters of fish. The Hebrews, we are told, wept over the memory of the fish they had eaten in Egypt: they acquired the habits of the Egyptians, and they acquired leprosy. The same cause probably prevailed among other old races.

But we find that leprosy faded away before the advance of agriculture, and that now it is only met with in certain districts; that it prevails amongst the well-clothed and the ill-clothed, in cold countries and in hot, and that the only constant factor is the diet. I may remark that amongst a rude people the first food available in any large quantity is fish; it is easier to catch fish than to kill wild animals, and besides a supply of fish is accessible at times of year when nothing else can be obtained. Then we find that savage people like decomposed food: the only article of diet which we now eat in a decomposed state is game, but our forefathers liked many other things "high" which we should now consider unfit to eat; decomposed fish used to be considered a delicacy.

As the population increases fish becomes scarce: the seaboard remains the same, and the available supply has to be divided amongst a greater number. At the time of the Reformation, when the eating of fish on certain days ceased to be obligatory, the fishermen were afraid that their living would be gone, and laws were passed for their protection. Who would think of such a thing now? The constant cry is that fish is so dear, in spite of increased enterprise and improved transport the supply cannot equal the demand. Then, as might be expected, the consumption of the coarser kinds of fish diminishes as other kinds of food become accessible: this especially applies to inland districts—as the population increases fish becomes a luxury inland, and so we find that, as a rule, leprosy disappears earliest in inland districts, and lingers longest on the coast.

As civilisation advances roads are improved, and there are increased facilities for transit. This acts in two ways in checking the prevalence of leprosy—first, it increases the area over which the supply of fish is spread, and increases the demand, and secondly, the fish is delivered in better condition, and is less likely to become decomposed before it reaches its destination.

Next, how does the fish theory accord with what is known about the present distribution of leprosy?

First, in Europe: in Norway leprosy is most common at Bergen, a town which boasts of the largest fish market and the largest leper house in the kingdom. At Christiania the disease is unknown, except from imported cases. Leprosy begins to be endemic at the point where the Gulf Stream strikes the coast; here the fiords do not freeze in winter, though further south they do. As we go north the disease gradually becomes less common. The land in this part of the country is poor and rocky, and the inhabitants live almost wholly on fish. Dr. Danielssen, a Norwegian physician, gives the following account of their diet, I quote from Dr. Liveing's book:—

"Herrings are generally used in a salted state, rarely, if ever, are they eaten fresh. The peasant of the western coast is so little delicate about this article of food, which forms so large a proportion of his daily sustenance, that he often devours it in a putrid state. When the herring fishery happens to be in places where assistance is not at hand, as is often the case in North Bergen, a large number of herrings are thrown on shore and left for many days waiting for purchasers. Should these not appear, the peasant appropriates the fish to his own use, and adding a small quantity of salt to the half-rotten herrings, conveys them home. After the lapse of some weeks these herrings are in a manner pickled, that is to say, they are in a state of decomposition, and then they become the daily food of the whole family. Each week, until they are consumed, they become more and more decayed, but nevertheless the nauseous food is eaten till not a herring is left. Nay, so constant is this hateful custom among the peasantry that they will not touch fresh fish, but prefer to leave it for some days till incipient decay gives a zest to their coarse palates."

"The truth of the latter part of this statement," adds Dr. Liveing, "I can fully bear out from my own observations." If disgusting and half-rotten animal food has any influence whatever on the development of leprosy, the west coast of Norway is, of all countries, the most favourably circumstanced for its production."

In the Faroe Islands leprosy has been rapidly disappearing since the inhabitants gave up the herring fishery and took to agriculture, and in Sweden, where it once prevailed extensively, it also died out after the cessation of the herring fishery at the beginning of this century, and now only lingers in one fishing village.

In Russia leprosy is met with only in two districts, one in the north and the other at the extreme south, both on the seaboard. In the rest of Europe it exists only in the part of Norway to which I have referred, in Iceland on the side which is washed by the Gulf Stream, but not in the north and east, and the headquarters of the disease is a fishing town. It is met with also in a few places on the Mediterranean: when I was at Bergen I saw a vessel in the harbour, which had brought a cargo of copper ore from one of the Spanish seaport towns where leprosy is still seen, and it was being loaded with a return cargo of fish.

In Madeira the disease is thought to be due to poverty with uncleanliness and unwholesome food. Yet, though four-fifths of the inhabitants are very poor and live badly there are only eighteen lepers on the island, and of these one is a clerk in a wine store who has not been subjected to any privations. But if you should visit the island residents will warn you if you meet a peasant carrying a basket up from the shore to keep to windward of him, as it may probably contain stinking fish which is a recognised, and with some a favourite, article of diet.

In India leprosy is very prevalent, and it is here that the apparent exceptions to the fish theory are most numerous. The disease prevails to some extent everywhere: it is most common in the neighbourhood of Calcutta, next on the banks of the Ganges, and next in order comes Nepaul. The facts collected in the Report on Leprosy of the Royal College of Physicians respecting the conditions under which the disease prevails in India are very valuable. With some exceptions it is found that leprosy prevails most in districts where the population is poor and fish diet is common, as along the course of the larger rivers, and in places where much preserved fish is consumed. In opposition to the fish theory mention is made of a Somali tribe who suspected that fish-eating caused leprosy, and accordingly have for a long time abstained from fish entirely; yet a few cases of leprosy still occur among them. But I don't think that this tells against my theory but rather in its favour; for it is evident that leprosy must have been formerly very prevalent amongst these people or they would not have thought of submitting themselves to such a restriction of diet: now the disease is slight. I may add that the same suspicion with regard to fish was current in Cornwall, and in other places where the disease occurs.

Then we have found that it is incurable where it originates, but is curable elsewhere. I have mentioned the case of the lady from Jamaica who had suffered severely from leprosy, but was cured after a residence of twenty years in England, and I mentioned also the case of the Norwegian immigrants in America. I suggested that this incurability must be due to a persistence of the cause. What is the diet in the leper houses? At Bergen I found that the patients had fish three days a week. In British Guiana we are told that they have fish every day, and in Barbadoes "salt fish daily!"

One of the principal objections which has been brought against this theory is, that leprosy prevails inland, in places where the consumption of fish would not be sup-

posed to be great. It is true that the disease does prevail in inland districts to a certain extent, but it is not so common as on the coast, and wherever it occurs fish, either fresh or preserved, is easily accessible. Some of the statements made in opposition to my explanation of the etiology of leprosy have certainly been very reckless. Thus Dr. Day, who holds high position as a naturalist in India, and is especially an authority on the subject of fish, tries to confute me by saying that, although the Burmese consume large quantities of nga'pee (preserved prawns), yet he had never seen a leper in Burmah, and that the disease is as common in the inland districts of India as it is on the coast. As to the latter statement I have already admitted that the distribution of leprosy in India does show some remarkable exceptions from the general rule that the disease is most prevalent on the coast, but as regards the first assertions that leprosy does not exist in Burmah, I find on turning to the Census return that the proportion of lepers to the rest of the population is larger in British Burmah than in India, and it is stated with reference to this prevalence of the disease that the inhabitants are neither dirty nor underfed, but that they are much given to the use of unwholesome fish. Colonel Yule, a high authority, says that 13,500 tons of nga'pee are consumed in Burmah every year. A patient of mine who had travelled in Burmah informed me that lepers swarmed all over the oountry, they were so numerous that the government did not know what to do with them. Dr. Day seems to have some peculiar ideas on the subject, for he speaks of "congenital leprosy"—there is no such thing as congenital leprosy—and says that he looked for the contraction of the fingers and toes which is seen in the children of lepers, a sign which has never been observed by me or, so far as I know, by any other observer.

This prevalence of leprosy in Burmah may I think throw some light on the cause of its prevalence in the interior of India. As we have seen elsewhere the danger from the consumption of fresh fish is comparatively slight, but from decomposed fish the danger is great. The prevalence of the disease inland is then probably due to the consumption of a small quantity of highly poisonous fish.

But I must pass on to say a few words about the disease in immigrants. One of my patients was a girl who had been born in the West Indies: her parents had been comfortably situated, and she had suffered no privations of any sort. Another was a boy who had lived some years in India in a comfortable home; I asked his mother if they had much fish at their table, and she answered that they constantly had it, for her husband was exceedingly fond of fish, and added of all the children this boy was the only one who resembled him in this respect. Another patient had been a common soldier: when I asked him if he had eaten much fish, he answered that he ate it whenever he could get it. Another was an officer who had held a command in the Straits Settlements. He said he did not care for fish, but was particularly fond of preserved prawns, and had had exceptional opportunities of indulging his taste. I might multiply these examples if I had time.

I know that leprosy has of late years invaded countries where it was not previously known, and that it has spread under conditions which at first sight do not appear favourable for it. Thus it appeared in the Sandwich Islands in 1848, and since then it has invaded California and Australia. It has followed the course of the Chinese: wherever they go the disease appears, and the explanation seems to be that wherever they go they carry their habits with them, and especially that they establish themselves everywhere as *cooks:* they are skilful cooks, and they can make use of many things which no one else would look at: decomposing fish and potted fish are amongst the delicacies in which they deal.

In conclusion, I can say truly that I shall be quite ready to hear any objections to this theory, and to discuss the subject fairly with anyone. At present I hold that all apparent exceptions can be accounted for, but if any one can bring stronger evidence against me than I can adduce in support of my argument I shall be quite ready to yield. But I must add that if this hypothesis can be disproved, I know of no other which can take its place.

ON FEVERS IN INDIA.

By Surgeon-General C. A. GORDON, M.D., C.B.,
Hon. Physician to Her Majesty the Queen.

With a view, if possible, to reconcile differences of opinion regarding the nature and etiology of what has of late years been termed synonymously *enteric* or *typhoid* fever as affecting British troops in India, I beg to submit the following remarks having reference to a paper on this subject that I had lately the honour to read before the Epidemiological Society, and to comments thereon in the *British Medical Journal*, of June 26th, 1880.

a. It has been said that in China "enteric fever was recognised as a distinct disease in 1859, but as no history of its incidence upon the natives prior to that date could be *ascertained*, it was *inferred* that it had been generated among the British forces who at that time were exposed to local conditions of excremental poisoning." I italicise the words *ascertained* and *inferred*, thus the better to indicate their relative force. The grounds are unstated on which the *inference* is based, but the following remark occurs at page 18 of my first special Report on Enteric Fever in relation to British troops in the Madras Command, namely: "Surgeon Mallachy, R.N., describing cases of enteric fever in the China station in 1874, alludes to the resemblance often seen between enteric and the low forms of malarial fevers on that coast, and is disposed to think that the distinction between these two diseases *is somewhat artificial.*"

b. It was stated that at Mediterranean stations "simple climatic causes did not lead to enteric fever unless indeed in special localities where fœcal influences also obtained." At page 18 of my first Report I quote from a paper which is given at length at page 205 of my second. According to that paper "in 1861 *epidemic* typhoid fever at Malta was considered due to bad sewage, overcrowding, defective sanitary arrangements *superadded* to miasmatic influences." Thus, in effect, the latter were the principal factors according to observers on the spot; but then, the disease so-called was epidemic, a special occurrence, while the conditions of sewage and general sanitation were constant. It is further added that "at Gibraltar, in 1868, remittent fever, common continued, and the enteric types were not always easy to distinguish." Here the exact sense in which the term enteric is used does not appear, yet from the context it seems to imply the fact of intestinal *complication* being present as opposed to the expressions "remittent" and "simple continued," in which that particular complication was not present. At page 82 of my second Report further details occur with regard to fever at Malta. Thus, "so far back as 1822, a fever to which the appellation *typhoid* was applied, was recorded as having prevailed among the troops on the island of Malta;" "previous to the rains the fever was of an ardent type," "after the rains the fever took in what was designated the *typhoid* type, and the cases then became less prevalent." On that occasion, Dr. Lightbody, of the 80th Regiment, thus indicated the exact sense in which he applied the term *typhoid:* "I apply it to cases of fever where there is no permanent symptom to guide the judgment of the practitioner, yet evidently great constitutional derangement, without perhaps any complaint save of lassitude and debility." In that sense the term was generally accepted until subsequently to 1859; since that date, as expressed at page 244 of my second Report, a *name* has been "applied in a specific sense in accordance with one particular complication out of many," namely, intestinal or enteric *complication.* But I must refer to page 82 of my Report, here quoted, for further details regarding fever at Malta.

c. It has been observed with regard to my paper "that attempts seemed to be made to identify a disease, now by means of some anatomical characters, now by means of clinical symptoms, or thirdly, by an appeal to considerations of cause;" also that the last means of identifying disease appear questionable. On these points, as more particularly detailed at page 236 of my second Report, I adopted the nosology officially laid down for my guidance, and in accordance with which the investigations undertaken by me were only a part.

As to considerations of cause, I observe that, as detailed at pages 3, 4, 6, 7, 240, and elsewhere in my second Report, the cause or causation of the form of fever I was called upon to investigate formed an important item of the definition laid down for my guidance. I observe, further, that although in civil practice, to quote from an authority named at page 15 of my first Report, that "the causation is so little understood that it gives us no help in the diagnosis of this disease," yet such investigations become a very important part of the duty of the army surgeon, involving as they do questions of general sanitation and of finance in connection therewith. In India the causation of diseases affecting British troops must ever be held as of the highest importance in relation more particularly to sanitary measures to be taken against their recurrence.

d. It has been said that in England, "Given, a continued fever with more or less diarrhœa and spleen enlargement, with special characters of temperature curves, with successive crops of rose-spots on the skin, and with certain anatomical characters in the fatal cases, we now know it as enteric fever." Granted, with regard to England, but with the remark that I beg reference to the long list of definitions of the disease so designated at pages 241 to 244 of my second Report, and to my remarks thereon in the latter, namely: "Here, then, I submit, in the enumeration given above, views are expressed with regard to causation and phenomena of so-called enteric or typhoid fever, absolutely differing among themselves." That the diagnostics thus enumerated do not apply to the cases recorded in my two Reports is stated in paragraph 10 of the paper read by me. Diarrhœa was neither constant in, nor characteristic in the cases recorded in my Reports; spleen enlargement in India is one of the most frequent results of malaria, and in the case of children is by no means seldom present without fever having manifested itself at all. As regards temperature curves, three different *standards* of these are given at pages 5 and 6 of my first Report; in my second Report a series of charts are given in connection with the cases recorded in that document, and from the whole I hold that the conclusion No. 14 of my paper on the subject is completely justified, namely, that "in three so-called typical charts severally extracted from the works of recognised authorities on enteric fever, the line markings differ from each other absolutely in their character; similar differences occur also in the temperature charts attached to reports of particular cases described as of that disease." As to rose-spots, I refer to the following extract from Deputy-Surgeon-General A. Smith, at page 104 of my second Report, namely, "as regards the information to be derived from the presence of eruptions on the bodies of men suffering from fever in a warm climate, it should be borne in mind that this form of evidence must be received with extreme caution, as it is well known to everyone who has had charge of European troops that it is the rule in India to find the body of every man suffering from any form of severe disease during the hot weather,—and it is in the summer and early autumn months that the majority of the more serious forms of fever occur,—covered with a heat eruption in one form or other, which might, perhaps, be mistaken for one of more serious import." Further remarks occur, not only in that paragraph, but at page 3 of my first Report, which seem to me to justify my conclusion 15 of my paper, namely, "that in the cases recorded of so-called enteric fever in Madras different kinds of eruption took place, but their relation to disease of Peyer's glands was not demonstrated by statistics; also that eruptions, precisely similar in nature, occurred in other forms of disease, and in the absence of any apparent disease whatever." On the subject of anatomical characters, I remark that this important point obtained very careful consideration in paragraphs 13, 16, and 39 of my first Report, and 27 of my second. As observed in the latter, pages 68 and 69, "the phenomena usually believed to be characteristic of enteric or typhoid fever are found during life and after death in various forms of intestinal inflammation, which result from non-specific causes;" also "Surgeon-Major Curran, A.M.D., adverting to Peshawur fever, says experience has taught him that morbid anatomy is not always to be trusted as a guide to the cause of death; very similar textural changes are produced by widely different systemic diseases." Further particulars to the same effect are given at the places quoted; they are too long to be here reproduced, but I consider that they justify my seventeenth conclusion in my paper alluded to, namely, that "specific pathological conditions of Peyer's glands, and of the mesenteric glands are (by some authors) described as constituting the distinctive character or *essence* of enteric fever; according to other authors, conditions undistinguishable from those found in the bodies of persons who have died by specific typhoid or enteric fever occur also in those who have died by other diseases and by certain poisons; further, that cases of *typhoid* fever are recorded as occurring in persons at an age beyond that in which Peyer's glands are present."

d. "It was perfectly permissible to regard much of the described fever of India as being identical with European 'enteric fever.' It was modified no doubt by circumstances of Indian life, yet did not appear to differ more from our own enteric fever than one outbreak might differ from another case, or from another outbreak of this multiform disease when it was witnessed in Europe." If the nomenclature of a disease be permitted to be so enlarged as to include *multiform* types, then in that case it is easy to comprehend how it is that the one hundred and four different *standards* of typhoid or enteric fever enumerated at pages 241 to 244 of my second Report have come to be adopted by different men. But, as already observed, the particular disease I was directed to investigate was "a specific form of fever due to the presence of filth in air, earth, or water" as distinguished from endemic climatorial fever attended by *enteric*, that is, *intestinal* complications. On this point, and as to the results of recent theories as compared to old, I give the following quotation from paragraph 19, page 244 of my second Report, premising that, as in other respects, so in respect to theories it is, I think, fair to judge of them by their results: "According to views expressed in the works of (the older) Indian medical officers, soldiers, and particularly those who were young and full-blooded, suffered from a fever, sthenic in its early stages, but in its later complicated with visceral derangement, intestinal, that is, enteric among others, accompanied by a low, typhoid, or adynamic state in those of weakly frame, asthenic from the first. That fever was formerly looked upon as the result of endemic and climatorial conditions acting upon individual constitutions and habits, and treatment was applied in accordance with those theories of its causation and nature. On the other hand, a *name* has been of late years applied in a specific sense in accordance with one particular complication out of many; that name, theoretically held to imply the presence of a particular type of disease, asthenic in nature, the result of a particular set of causes connected with filth, while in accordance with both theories remedial measures have been employed. According to the literature of this question, the present set of opinions with regard to India have been for some time back more and more discouraged, the latter more and more encouraged." And now for the result. It is thus officially expressed, namely: "It hence appears that of late years the proportionate *fever* mortality has increased nearly a fourth, and that the proportion of fatal

cases entered as enteric fever to all other fatal fevers has nearly quadrupled." Such being the case, I believe myself fully justified in writing as I do in continuation of the same paragraph—"Surely the circumstance thus stated is of itself sufficient to indicate the urgent necessity there is for a reconsideration of the whole question of pythogenic as against climatic and other endemic causation; that is, of the new *theory* as against the old *practice* regarding Indian fevers."

f. I am said to have stated that the continued fevers of India were but one single form of fever, whereas, at once I proceeded to divide them into as many as twelve groups. The divisions referred to occur at page 71 of my first Report; but surely the circumstance is plain enough that the distinctions there drawn are not with reference to *species* in the sense in which the terms *typhoid* or *enteric* are used; in fact, that they are so many expressions of *conditions*, not of species.

(To be continued.

Clinical Records.

MATER MISERICORDIÆ HOSPITAL, DUBLIN.

Case of Popliteal Aneurism treated by Ligature of the Superficial Femoral Artery.

Under the care of Mr. P. J. HAYES, F.R.C.S. Ed.,
Surgeon to the Hospital, &c., &c.

THE following case is published as an addition to the numerous instances which prove the value of carbolised catgut for the purpose of ligaturing arteries affected by aneurismal dilatation.

A farmer, æt. 55, was admitted to hospital December 5th, 1879. He presented the appearance of a stout healthy man, but in reality his constitution had been impaired by rather intemperate habits. According to his own account he enjoyed good health until about fourteen months before his admission, when he observed a slight swelling in the left ham. This swelling appeared, or at least attracted his attention, some short time after his leg had been hurt by the kick of a young horse. He soon began to experience inconvenience whenever he walked for a length of time, as then the affected region became rather painful and the limb below increased in size. Six months after the appearance of the tumour the patient noticed pulsation in it, of course its enlargement was progressive, and distressing tension of the limb became notable after exercise. Early in the month of November, when walking through a field, he slipped or stumbled over a stone, immediately he was seized with a violent pain in the ham, which, however, gradually subsided, and disappeared within twenty-four hours. The man now consulted my friend and former pupil Dr. C. Segrave, who at once diagnosed the presence of popliteal aneurism, and asked me to see the case in consultation. At our meeting we agreed that as the patient could not submit to regular treatment for some days, the then enormously swollen leg should be bandaged with Dr. Martin's rubber rollers, and every attempt made to protect the weakened vessels from undue strain. It is not necessary to write any lengthened description of the aneurism. The tumour was about the size of a small orange situated in the upper or femoral portion of the popliteal space. Pulsation was strong, bruit distinct, and the sac was judged to be rather thin-walled. Martin's bandages were productive of good, inasmuch as venous congestion was very much reduced by the pressure, and when the patient presented himself for admission at Hospital, the volume of the left leg was but little in excess of the normal degree. Before being subjected to systematic treatment the patient was carefully examined, he seemed free from organic disease, but the heart's action was found to be both feeble and slow. The man was of a fidgety anxious disposition, very urgent in his demand to be treated by the most expeditious method possible, and soon it was discovered he did not bear the exhibition of opiates in a satisfactory manner. As regards treatment instrumental compression of the femoral artery was the first employed, then digital pressure, next flexion, and for a short time Esmarch's bandage was applied. I must say fair trial was not given to any one of the above measures. The man would not tolerate the use of such for a sufficient period. Twice he broke Cartes' compressor, he loosened the bandage, and, indeed, declared in very positive terms his desire that the artery should be tied.

On December 16th I proceeded to operate. The patient was brought under the influence of ether by my colleague, Mr. Kennedy, and I was assisted by Dr. Nixon and Mr. Coppinger. The artery was easily exposed near the inferior angle of Scarpa's space; then, having carefully opened the sheath, I grasped the outer edge of the small aperture between the blades of a forceps, and gently slipped the artery needle from without inwards behind the vessel. At my request, Mr. Coppinger, in like manner, drew inwards the inner edge of the sheath opening, and at once the point of the needle appeared. I then brought forward one end of the catgut ligature with which the instrument was armed, and before withdrawing the latter I compressed the vessel against it, whilst one of my colleagues ascertained that such pressure arrested all pulsation in the aneurismal sac. The ligature was tied securely, but without disturbing the connections between the vessel and its sheath. The wound was well washed with solution of carbolic acid (1 in 40). The edges were brought together by sutures of silver wire, and covered with lint squeezed out of carbolic oil. The limb was enclosed in suitable layers of cotton-wadding and flannel; position, heating, &c., were attended to, and the patient, who had not been removed from his bed, was allowed to recover gradually from the influence of the anæsthetic.

The only untoward consequences of the operation were, firstly, a slight blush of erysipelas, which appeared about the upper end of the wound, but which soon subsided without causing disturbance of the reparative process; and secondly, an attack of bronchitis which affected the patient during the second week after operation. Fortunately, he recovered so rapidly that he was able to return to the country Jan. 17th in the present year, one month after application of the ligature. Last April I heard from Dr. Segrave that the patient was quite well, but careless in his mode of living.

I have abstained from all needless description of operative details, but I wish to offer a suggestion or two, which may, perhaps, be of use to some of my junior *confrères*. In the first place, when it becomes necessary to raise the fibrous coverings of an artery, in order that they may be safely touched with a scalpel, I advise operators to seize the structures between the blades of a forceps at right angles to the course of the subjacent vessel, the raised tissue will then form a fold, transverse in direction to the axis of the artery, and all risk of including any texture other than the fibrous membrane will be avoided also. As the edge of the fold is the part to be incised, when the grasp of the forceps is relaxed, the length of the little wound will lie parallel to the vessel, and there can be no difficulty about the introduction of such an instrument as a director or an artery needle. I strongly recommend surgeons to employ Durham's retractors for holding aside the margins of the large wound. These retractors will be found far handier and more effective than are the old-fashioned bent spatulæ.

Translations.

DEAFNESS:

ITS DEGREES, CAUSES, AND THE VARIOUS MEANS RECENTLY DEVISED FOR DIMINISHING ITS INCONVENIENCES. (*a*)

By DR. LADREIT DE LACHARRIERE.

Translated by W. DOUGLAS HEMMING, F.R.C.S.ED.,
Bournemouth.

WE give the name deafness to a weakening or total loss of the faculty of perceiving sounds. Simple diminution of hearing has been called dysecia (δυς, difficult, and ακουειν, to hear), and complete abolition of the sense, cophosis (κωφος, deaf).

No infirmity brings with it more serious consequences. It not only deprives man of the delights of music and all the delicious sensations it provokes, but it condemns him to isolation. In the child it prevents the development of language or causes it to be forgotten. It arrests the pro-

(*a*) "Annales de Maladies de l'Oreille du Larynx," &c. 1880.

gress of the intelligence and places the child in a position of inferiority which he will feel ever after. If, in fact, sight enables us to appreciate and understand everything invested with form, all moral ideas and conceptions of the mind are transmitted by the sense of hearing.

Later on, when the child has conquered a language, which may be speech, mimicry, or writing, social life is in some measure brought within his reach; but what a time is necessary for the acquisition of the precious instrument! The child does not profit by the intellectual life which surrounds him. The man who has lost his hearing at a certain age does not resign himself to the isolation in which his infirmity places him, but the old man whose vision is enfeebled so that his powers permit only moderate exercise is buried in the silence which reigns around him. Life for him has no more charms. Man only appreciates the immense loss of hearing for which he will never be consoled when his misfortune is an accomplished fact. He does not trouble himself about a simple impairment of the organ, and generally only seeks for relief when the infirmity has become manifest. A wise hygiene would often have warded off an infirmity which science will frequently be powerless to remove.

Deafness may be congenital or acquired, the former always entailing deaf-mutism; with this important question we shall not now occupy ourselves. Deafness acquired during the first eight years of life places the child in similar conditions. Loss of speech is always the consequence unless the parents apply themselves with unceasing care to preserve the precious function of language to the child.

Sometimes deafness manifests itself suddenly and completely, but more often is slow and progressive in its march, which is in relation with the importance and degree of the lesion which causes it.

Patients usually appear little concerned at first, they do not attach much importance to impairment of the sense of hearing as long as there seems to be enough left; it is only when they are unable to follow a conversation, when they require things to be repeated, when in fact their infirmity becomes evident to all that they come under our care.

The disease sometimes attacks only one ear. While the affected ear is only impaired no great importance is attached to it, the sound ear sufficing to supply all needs; but when the loss of the sense is complete on one side whilst the other remains healthy, a phenomenon is produced which shows the importance of bi-aural hearing; persons so affected lose their notion of the direction of sounds. The double sense is absolutely necessary in man for the appreciation of direction. The auricle is not mobile as in most animals who turn it to receive all sounds, and who by this motion can recognise whether a sound comes from the right or from the left. The auricle of man has but very limited movement, and when one of the two ears is lost the whole head must be turned to recognise the direction exactly. This requires attention, and if the sound is momentary and is not repeated, it is impossible. I have proved the loss of this notion of the direction of sounds in many people. Hunting men are those who most often complain of it, as they are no longer able to recognise in a wood the direction of the chase or the sound of the passage of the game if they have not seen it.

The loss of an ear is not always a ground of exoneration before the courts of revision (for conscription). It should be always an obstacle to a military life, for the soldier will mistake in the night the direction of noises; what confidence, then, could be placed in his vigilance?

Diminution of the sense of hearing presents itself in very various degrees. *Apropos* of this I should mention the perversions of the auditory sense sometimes perceived. I have often found that some persons have lost the exact perception of certain sounds. I was consulted by a distinguished musician who heard the note "ut" a semi-tone too high, all the "uts" appearing sharp. I have also had under my care a lyric artist who, having had a transitory diminution of hearing power, had lost the idea of the correctness of sounds, and took all his notes too high or too low. I was happily able to cure him and enable him to pursue his career. These cases are exceptional, and most often the sense is simply enfeebled. Even in these conditions it should be remembered that some persons lose absolutely the appreciation of non-musical sounds, although they hear speech well, and can follow a conversation or a discourse. They are struck with the fact that they cannot hear their watch, for example, or any other equally slight sound whilst they continue to appreciate music as before. We must guard against this in measuring different degrees of deafness. It is indeed the watch which we first make them listen to, but it is the most insufficient instrument, if not the most faithless.

According to Von Tröltsch, in order to have an exact idea of the degree of hearing which a patient has preserved, we must take account of two things—viz., the distance at which the patient hears speech, and that at which he perceives the sounds of various instruments.

The human voice would certainly he the most natural means of appreciation if it were always alike. But are there two people in whom the tone, quality, intonation, rapidity or precision of speech are always the same? The human voice then can give us little help in the exact determination of the amount of deafness. Doubtless the physician might train himself to speak to his patients always in an almost uniform tone of voice, but how could he indicate the exact data which would make it useful to the many? How could he determine the extent to which low sounds or high sounds are perceived if there were some voids perceptible in the scale?

Not being able to utilise speech for determining with precision the amount of deafness, we have made use of the uniform sound of the watch and of certain instruments which have received the name of acoumeters.

The instrument most in use is the watch because it is always handy, and because it enables the patient himself to appreciate the progress of his infirmity. We ascertain whether it is heard only on contact with the ear, or at a certain distance. In order to appreciate with exactitude we must first determine the distance at which it is heard in the normal state, for there are no two watches whose sound is exactly similar in tone or intensity. There is another reason against the employment of a watch—viz., that there is no constant relation between the hearing of the tick and the hearing of speech. There are some people who hear speech well but who scarcely hear the sound of the watch at all. Von Tröltsch (*a*) thinks that, as a rule, those whose deafness dates from infancy hear the watch better than speech, whilst those in whom the lesion of the ear has only supervened at a more advanced age are more sensitive to speech. This rule, which is in the main true, nevertheless shows some exceptions.

A good acoumeter should fulfil the following very complex conditions according to Guerder. (*b*) It should be easily and quickly managed, should allow the appreciation not only of the intensity of sound, or the number of vibrations produced per second, but also the tone-quality and height, and the rapidity with which different sounds succeed each other.

Let us briefly notice the apparatus and methods which have been designed for this purpose.

Itard thought that his acoumeter would realise the conditions desired. It consisted of a metallic circle of uniform dimensions, which was struck by a ball of ivory fixed at the extremity of a metallic handle, the other extremity of which terminated in a needle traversing a graduated quadrant. This sonorous body being always the same it was possible by regulating the numbers traversed by the needle to produce a blow always of the same force, and consequently a uniform sound. The patient kept his eyes shut and raised his finger each time he heard the sound. It is needless to remark that this instrument, giving only one sound, it was impossible to appreciate with it all the modifications which the hearing might undergo. Von Ceuta (*c*) modified the conditions of the problem by seeking not at what distance a sound could be heard, but for how many seconds it was heard. He placed in the patient's ear an india-rubber tube, into the other extremity of which was inserted the stem of a vibrating tuning-fork. The tuning-fork being set in vibration by striking on the knee produced varying sounds; the instrument, therefore, was not always identical with itself.

Magnus (*d*) thought to avoid this inconvenience by fixing the tuning-fork and striking it with a small wooden rod. The sound-waves were collected by a sort of trumpet placed above,

(*a*) Von Tröltsch, *loc. cit.*, p. 255.
(*b*) Guerder, "Annales des Mal. de l'Oreille," &c. Vol. iii., p. 358.
(*c*) Ceuta, "Arch. der Ohr." Vol. i., p. 107.
(*d*) Magnus, "Arch. der Ohr." Vol. v., p. 127.

which transmitted them through the tube to the ear of the patient.

Politzer (*a*) thought that by using materials absolutely identical to make an entire series of tuning-forks whose constituent parts should have the same form and the same weight we might obtain a sound the same for all. The acoumeters of Politzer vibrate, in fact, in unison. They are composed of a small metal cylinder encased in india-rubber, which allows us to examine the mode of transmission of sound by the cranial bones; the intruments sound "do," and the harmonics which accompany the fundamental are so feeble that they have no influence on the appreciation of the hearing power. Politzer thinks that by the aid of his acoumeters we might express the degree of hearing by a fraction the denominator of which would be equal to the normal hearing power which experience shows to be fifteen metres. The same objection applies to Politzer's acoumeter that it gives only one sound.

Kessel (*b*) had an apparatus constructed, the mechanism of which resembled that of a musical box; it had a cylinder furnished with points which struck against small metallic tongues which, in vibrating, gave a scale of sounds equal to that of the sounds of the human voice. The transmission of the sound was made to the ear by an india-rubber tube, and through the cranial bones by the aid of a metal shank. This instrument is not easily managed, and is only of use in the physician's consulting-room. Its author states that he obtained with it very exact indications.

We find in the Memoir of M. Guerder an analysis of Blake's (*c*) method. Its object was not to measure auditory acuteness, but to determine the part played by the nervous apparatus, and that appertaining to the apparatus of transmission. Blake made use of König's vibrating rods. The difference of the perceptive power between a sound of 100,000 vibrations and more always perceived by the normal ear, and the sound heard, gives the measure of the obstacles presented by the middle ear to the transmission of very high musical sounds. An elevation or a depression indicates increase or diminution of the obstruction in the apparatus of transmission.

Latterly it has been proposed to utilise the microphone for determining the degree of hearing power. Electric currents have been employed more and more feeble in order to arrive at the limit of auditory perception. By previously determining the normal condition we arrive at an appreciation of the degree of impairment of hearing. This very ingenious method belongs more to the physicist's laboratory than the physician's consulting-room. The appreciation of deafness from a clinical point of view, does not require such precise instruments. A similar objection may be made to this as to others, that it acts only in one way, and consequently is useless for appreciating the aptitude of the ear for certain sounds, whilst others of equal intensity give no sensation.

Such are the principal apparatus which have been constructed for the appreciation of auditory sensibility. The problem is a very difficult one, but we must recognise that the question is not yet certainly solved.

It is very necessary in seeking the causes of deafness to ascertain whether the obstacle is situated in the conducting or the perceiving apparatus.

Capdeville concludes that, first, whenever the watch is heard better on the cranium than at a distance of 30 centimetres, and *à fortiori*, when at a less distance, we have to do with an affection of the conducting apparatus. Secondly, whenever the watch is as badly heard on the cranium at 30 centimetres, or is not heard at either of these two points, we have to do with an affection of the deep parts—viz., the internal ear, the auditory nerve, or the nerve centres.

Some deaf people affirm that they hear much better in a noise than in quiet. Von Troltsch (*loc cit.*, p. 259) thinks that this is an illusion, and believes it is due to the fact that, in a noise we raise our voices; that, on the other hand, the deaf person, accustomed to give great attention, profits more easily by a conversation which we do not listen to. He reports, nevertheless, the case observed by Willis of a man who could only make his wife hear him whilst a servant was beating a drum. He also relates the case of a shoemaker, reported by Fielitz, who could only hear whilst beating his leather with a mallet.

To be continued.

(*a*) Politzer, "Arch. für Ohr." Vol. v.
(*b*) Kessel, "Arch. der Ohr." Vol. x., p. 273.
(*c*) Blake, Transactions, American Otological Society. 1873.

Department of Lunacy.

FRACTURED RIBS IN THE INSANE.

In the Annual Report of the South Yorkshire Asylum reference is made to the case of Benjamin Harrison, which was the subject of a question by Mr. Mundella—now Vice-President of the Council—in last Parliament, and regarding which a special inquiry was held by the Commissioners in Lunacy under the direction of the Home Secretary. This man died in the asylum, and at the post-mortem examination of his body, and not sooner, it was discovered that he had in his life-time, and in the asylum, sustained a fracture of the sternum and three ribs. The investigations which have been held by the medical superintendent, the visiting magistrate, and the Commissioners in Lunacy, have not thrown much additional light upon the matter, nor guided to any safe conclusion as to the manner in which these serious injuries occurred. The Commissioners think they may possibly have been produced at an accident, which the deceased met with on the 22nd of June; but as no description of this accident is given, we are unable to say what value attaches to their supposition, the force of which is considerably weakened by a reference in their Report to another fall, which the deceased sustained in a struggle with an attendant. Several of the conclusions at which the Commissioners arrive are far from satisfactory. They say, for instance, that the fractures accelerated, but there is no proof that they caused, his death, which resulted from inflammation of the lungs, which suggests the observation that it would take a good deal of evidence to convince a medical tribunal that death from inflammation of the lungs in a man, with fracture of the sternum and three ribs, was not in direct causal connection with the injuries. Again, the Commissioners remark that the general treatment of the patient while in the asylum was as good as it could be in a large public asylum, when a special attendant in each single room for every restless case is an impossibility; which provokes the criticism, that if a broken breast-bone and three broken ribs be compatible with good treatment, it would be desirable to know what bad treatment amounts to. If in a general hospital a patient after an operation got up in his delirium, tore off his bandages and bled to death, a coroner's jury would, probably, not think it a sufficient answer to a charge of negligence, to be told that in a large public hospital it was impossible to provide a special nurse for each bed. The rejoinder to such a statement would be that it was quite unnecessary to have a special nurse to each bed, and that a staff of one nurse to every six or eight beds would be quite adequate to provide special nursing for each case requiring it. And so in an asylum, there is, can be, no justification for saying that a special attendant is necessary in each single room. A staff of one attendant to every six or eight patients will make it quite practicable to give constant and special supervision to each restless case—the restless cases being always but a small percentage of the total number of patients under treatment. But whatever the staff needful for the purpose may be, this much is certain, that restless patients in asylums whose habits place their lives in jeopardy must have special and unremitting supervision. Humanity demands no less; and asylums will become but costly encumbrances if they cannot ensure personal safety.

The nature of the case of Benjamin Harrison is not indicated, but it is clear that he was a recent admission, and it is therefore probable that he was labouring under some form of mania, or under the excitement of general paralysis or organic disease of the nerve centres. In the latter case it is not un-

likely that his bones were preternaturally brittle, and we are surprised that this fact is not alluded to in the Commissioners' Reports. It is indisputable that the nutrition of bones and joints depends on the anterior grey matter of the cord, and that disease in that region retards the growth of the bones. In posterior sclerosis, as is well known, a painless joint affection, with friability of bones, comes on late in the disease. If this condition existed in Benjamin Harrison it would account for very disastrous results from a comparatively trifling accident.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Annual Congress of this Association was held on the 30th July at the Royal College of Physicians of London, under the presidency of Mr. Mould, Medical Superintendent of the Manchester Royal Lunatic Hospital. There was a very full attendance of members from all parts of the United Kingdom. At the morning sitting a hearty vote of thanks was accorded to Dr. Lush, the retiring president, and the usual routine business was transacted. In the afternoon the President read a carefully-prepared and exhaustive address, introducing among other topics for discussion the question of providing detached cottage and villa residences for lunatics apart from the asylum proper, and Dr. Boyd read a paper upon "The Simplification of Admission Formalities." The members dined together in the evening at Willis's Rooms, where they were joined by the Earl of Shaftesbury, Mr. J. T. Hibbert, M.P., and other distinguished guests. Lord Shaftesbury's health having been enthusiastically drunk, his lordship in feeling terms, expressed the great pleasure which it gave him to meet a body of medical and scientific gentlemen of whose services he could speak with the greatest gratitude. Referring to the length of time during which he had been connected with lunacy work, he favourably contrasted the present state of things, both in public and private asylums, with that existing in former years; and alluded to the conscientious manner in which medical practitioners had discharged the duties imposed upon them by the Lunacy Acts, as proved by the evidence adduced before the late Parliamentary Committee, which showed that 185,000 certificates had been issued and persons shut up upon these certificates, and though the Committee sat for six months, yet they did not discover a single instance in which the patients had been shut up without good and sufficient reason. The present tendency (one to be guarded against in the public interest) was to let out everybody who was shut up, and henceforward to shut up nobody at all. It was to be hoped that when measures of lunacy reform were decided upon nothing would be done which would throw unnecessary impediments in the way of early treatment by a mistaken delicacy in regard to the "liberty of the subject." The two great principles to be maintained were a thoroughly efficient, permanent, and independent body of visitors; and every facility, under proper control, for early treatment. The toast of "The House of Commons" was responded to by Mr. Hibbert, M.P.

Mr. J. Rumboll King, M.R.C.S., of Melksham, Wilts, was last week elected a Fellow of the Royal College of Surgeons of England; his membership dates back to 1842.

New York gives the present extraordinary death-rate of 61 per 1,000 of its population; a mortality far exceeding that of such notoriously unhealthy cities as Alexandria, St Petersburg, and Berlin.

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS, FOR THE GUIDANCE OF THE PROFESSION AND THE PUBLIC.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C., President of the Pharmaceutical Society of Ireland, &c.

WITH NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond., Lecturer on Materia Medica and Therapeutics at the London Hospital.

(*Continued from page* 91.)

In our previous article we cursorily referred to the composition of the blood by stating that if mineral waters were used constantly at the table their constituents should bear a certain relation to the ash of the blood. This fact has been made use of on more than one occasion amongst the numerous puffs and advertisements put forward by the proprietors of mineral waters, and although like every other theory or proposition of this kind, it is frequently carried to an absurd extent, an abnormal amount, or any abnormal ingredient would be no recommendation to the extensive use of a water for table purposes. Owing to the laws of exosmosis and endosmosis the salts in the blood never undergo any more than a very temporary change in mineral composition, but we can readily perceive that where a copious and constant inroad of fluids highly charged with easily diffusible salts takes place into the stomach—from physical laws alone a certain and unnecessary strain is put upon the animal economy, which must be objectionable. Chloride of sodium and the alkaline chlorides are the most diffusible of all salts, and therefore, from this reason may be considered in reasonable quantities not to be injurious. The alkaline sulphates are not so diffusible, and this probably will account for their more energetic purgative properties.

In the writers' opinion the chlorides of the alkaline earths should never amount to anything very considerable. In excessive quantities some writers on therapeutics are of opinion that these salts interfere with the digestive functions, but on chemical grounds alone we are dealing with bases which, presented in their more soluble condition, have a tendency to form more insoluble compounds, which may give rise to difficulties in the emunctory organs if used in a superabundant quantity over that necessary for bone deposition. The physicians may, however, see cases where such a condition might be desirable. In reference to the analogy desirable between waters for drinking purposes, and blood, we will briefly detail the composition of the fluid. According to Schmidt, 1,000 parts of man's blood contains 513 parts of moist corpuscles, and 486·98 of serum, both rich in salts. The mineral matter of the corpuscles amount to 81·2 per cent., whilst that of the serum is 85·5 per cent. The potassium salts seem to accumulate in the first, whilst in the serum the potassium and sodium salts seem about

equally divided. According to the latest researches of A. Jarisch, 1877, the following are the normal mineral constituents of blood. The acidulous radicals are as follows :—

Phosphoric ($P_2 O_5$) . .	8·61
Sulphuric (SO_3) . . .	11·44
Chlorine (Cl.) . . .	28·63

The writer will add to this list fluorine, which he believes is always present, and must be considered a normal constituent, just as it is of bone. The bases are :—

Sodium ($Na_2 O$) . . .	26·06
Potash ($K_2 O$)	22·92
Lime (Ca O)	1·24
Magnesia (Mg O) . . .	0·52
Ferric Oxide ($Fe_2 O_3$) . .	7·03

Lead and copper have been stated as being present in the blood, but they are simply accidental ingredients just as lithium which appears in the blood after a course of lithia water.

We now come to waters, which are special in their action from containing special ingredients in sufficient quantities to produce marked reactions.

Arsenious acid is one of the ingredients which gives any special therapeutic qualities to mineral waters, more particularly as the dose is small. The mineral waters containing arsenic are, as a rule, even more energetic than a granular dose of arsenious acid *per se* would be. Some of these arsenical waters are said to contain 28 mm. per litre.

Lithia waters are also used to great advantage in special disorders of the urinary organs. Lithium has been found to be an ingredient in an immense number of the alkaline waters, while previous to the introduction of the spectroscope had not been found to give any reactions indicating the presence of that metal. We do not, however, mean by lithia waters such waters as these. Some of the lithia waters contain six to eight grains per pint, and exert very marked chemical reaction. Bromine and sodium are frequently found in mineral waters in considerable quantity.

The deaths referred to diarrhœa in the large towns last week, which had steadily increased from 51 to 337 in the six preceeding weeks, further rose to 577 last week ; they were equal to an annual rate of 5·0 per 1,000 in London, but in the other large towns it did not exceed 3·1.

In the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Sheffield 15, Bristol 15, Bradford 16, Edinburgh 17, Glasgow 18, Nottingham 20, Sunderland 20, Hull 20, Wolverhampton 20, Plymouth 20, Portsmouth 21, Birmingham 21, Newcastle-upon-Tyne 21, Salford 22, Leeds 22, Leicester 23, Norwich 24, Oldham 24, Manchester 25, London 25, Dublin 28, Liverpool 28, and the highest rate 34 in Brighton.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, AUGUST 11, 1880.

SIR WILLIAM GULL AND THE LATE GUY'S SCANDAL.

Of all the possible outcomes of the miserable indiscretion marking the mismanagement of Guy's Hospital during the past nine months, not one is more lamentable or more to be regretted than the episode which gives the recent trial and conviction of a nurse its chief professional interest. The senior consulting-physician, Sir William Gull, has, in a manner that seems incapable of defence, publicly impugned the propriety of a diagnosis delivered by a brother officer, and in open court, with the knowledge that his words would go forth to the world, has chosen to express an implied slur on the capacity of a physician, whose proud distinction it is to rank as one of the very few men associated in honourable brotherhood with the greatest light of modern physiology. Dr. Pavy's reputation as a physiologist and a diagnostician will bear favourable comparison with that of any practitioner of the present day, and for him to be forced into a defence of his deductions is, at first sight, an incredible supposition. That this course alone remains to him is, however, now certain, since Sir William Gull has taken upon himself, in an important case, to repeat the tactics through which he came into notoriety at the time of the late Emperor

Napoleon's death. It will be remembered that he then supplemented the admirable and exhaustive report of the post-mortem examination performed by Sir James Paget, Sir Henry Thompson, and Dr. Sanderson, with what he termed a *personal opinion*, in which he dissented from the views expressed by this eminent trio on a purely surgical case. *Nemo omnibus horis sapit*, and possibly this opposition of a single *medical* authority on a matter of surgery has been long ago repented of. In the last instance of Sir William Gull's interposition, however, there is almost less excuse than was apparent in the former case. Briefly, the facts are these :—Dr. Pavy was, during the time the woman Morgan was a patient in Guy's Hospital, in constant attendance on her, and after careful and repeated examination, had diagnosed tubercular disease of the lungs. The symptoms were not severe, and for a time the patient progressed favourably. Suddenly, however, other and alarming symptoms set in, and tubercle was manifested in the brain, the progress of the case hastening rapidly to a fatal termination. In his evidence at the trial, Dr. Pavy unhesitatingly declared his belief that the improper treatment to which the patient had been submitted, at least hastened this result, and re-acted detrimentally by hurrying on the brain disease ; giving in effect an opinion that the cause of death was tubercular meningitis, produced by the nurse's untoward proceedings. Next came Sir William Gull, called as a witness for the defence, who "very much doubted whether the bath accelerated death," and thought "the little rise of temperature four days after the bath showed that had nothing to do with causing the disease of the brain."

With the pathological details of the subject we do not propose to deal at present ; neither is it necessary that we should further speak of the comparative value of Dr. Pavy and Sir William Gull's professional opinions. Dr. Pavy will suffer nothing by being thus brought into conflict with his senior *confrère ;* the merits of each are quite well enough understood in professional circles. But there is one aspect of the question with which we are compelled to deal, and it must be in no hesitating manner. Sir William Gull has been guilty of an unprecedented breach of professional etiquette. However much he felt himself bound to dissent from the views of his colleague, the public press is not the medium through which he ought to give expression to his differences. By thus acting he directly fosters the popular prejudice against medical men, already vastly too general, and which it should be the first care of every practitioner to improve out of existence. Neither is there the excuse to be offered that the lay press presented the only means of publishing adverse opinions. Sir William Gull well knows that the columns of the medical journals are open to any honest and courteous criticism ; and we ourselves would have been ready to give him an opportunity of meeting Dr. Pavy in a fair and honourable encounter. Dr. Pavy, too, we are sure, would have readily agreed to discuss the propriety of his conclusions when appealed to in the only legitimate manner, and thereby might have been produced material of use to professional readers, and helpful to medical science, while at the same time the lay press would not have been presented with gratuitous matter for sensational leaders on the way that doctors differ. Sir William Gull is especially bound to be careful of his utterances ; he occupies a foremost position, in the popular estimation at least, as a physician ; and as a member of the General Medical Council, which is the theoretical guardian of professional interests, it is his duty always to be jealously eager to uphold and preserve professional dignity. He has failed, unwarrantably failed, of his trust ; he has given occasion for a widespread dissatisfaction by creating a feeling of mistrust in the infallibility of medical opinions, which mistrust, however ill-founded, is a fatal bar to the successful practice of medicine among the masses.

Dr. Pavy has pursued the right and proper course in demanding from his aspersor a public retraction of his ill-considered expressions. We would fain hope that this may be forthcoming, and that the further resort to a tribunal of the profession may be rendered unnecessary, by a generous avowal on the part of the senior consulting physician of Guy's Hospital that his judgment was hasty and improper. It is admitted that he had for his guide only the clinical report prepared by the student in charge of the case under Dr. Pavy, and it is impossible that he could from this document obtain that insight into the condition and progress of the patient which Dr. Pavy obtained by constant observation of the symptoms she presented. It cannot be urged that Sir William Gull's opinion is not open to grave suspicion. Theorising, however admirable in some places, is inadmissible where medical practice and treatment are concerned, and it is generous to assume that this truth escaped Sir William Gull while giving evidence at the Old Bailey. We shall look confidently for that full atonement which one professional gentleman has a right to expect from another, who hastily and inconsiderately dissents from a carefully-weighed opinion.

ENTERIC FEVER IN THE ARMY.—II.

In India there are recorded 407 admissions by enteric fever in a strength of 56,109 men, and of those cases 167 fatal ; there were 6,434 cases of simple continued fever and febricula with one death, and one case of typhus, death having occurred in it. Under the head of paroxysmal fevers there was an immense increase as compared with the year 1877, the rate of admission (188 per 1,000 of strength) higher, while the death-rate was more than doubled. In the Bengal Presidency cases of "enteric" fever occurred in every division, and, indeed, at nearly every station. They chiefly occurred in the second and third quarters of the year, which contributed more than three-fourths of all the cases of that disease, but of 166 deaths nearly one-half occurred in men in their first year of Indian service, and 26 in men in their second, or a total of 106 out of 166 deaths recorded among men who were less than two years in the country. Ninety-seven were men of twenty-four years of age and under, and 58 were between the ages of twenty-five and twenty-nine. The circumstance is to be noted, however, that no allusion appears to the precise *standard* taken as constituting the affection, so-called, and Reports before us indicate that such standards were very various indeed. Simple continued fever and febricula increased, but only one

death resulted, namely, under the head of simple continued fever. Paroxysmal fevers also were higher in numbers than in the previous year, except at a few stations. Thirty-two of the fatal cases were returned as by remittent fever, and fifteen as ague. In Madras simple continued fever and febricula were much more prevalent than they had been the previous year; "enteric" fever furnished only 7 admissions and 5 deaths, against 65 admissions and 22 deaths in 1877. A good deal of this decrease was considered to be due to a mere change in nomenclature, diseases returned as enteric fever in 1877 being now classed as simple, continued, and remittent; agues and remittents thus show an increase. In Bombay all kinds of fever were more prevalent than in 1877. There were 47 admissions and 25 deaths by "enteric," the increase as compared with that year being considered as in some measure due to *more accurate diagnosis*, although in what respect does not appear. This fever was most prevalent in the last half of the year.

A special Report by the Surgeon-General of Bengal on the subject of "enteric" fever is given in the same Blue Book. The definition of the disease so named is there expressed thus: "A fever of varying degrees of severity and duration, but invariably lasting beyond a week, with an evening temperature of over 100° Fahr, characterised by a tendency to abdominal symptoms, looseness of the bowels, the appearance of rose-coloured spots in successive crops sparsely spread, and pulmonary complication; the disease is invariably connected with splenic enlargement, an infarction of the Peyerian and solitary and mesenteric glands, and commonly followed by ulceration more or less extensive of the agminate glands." Now, in this description we fail to discover anything of a specific nature or indicating a special cause, such as custom has of late sought to identify, namely, filth, or, indeed, any other phenomena than such as were formerly assigned, and with good reason, to the operation of endemic and climatic influences. According to the Report, "when, however, there are few characteristic symptoms and the period of observation is limited, the disease cannot be diagnosed, its nature can only be surmised." That is, if we understand aright, in the absence of *characteristic* symptoms of a specific disease, the specific name of that very disease, the characteristic symptoms of which are absent, is to be applied. Surely this is seeking after that which is not obvious, and neglecting what is evident. As regards morbid anatomy the observation of Louis is quoted, "to the effect that in this disease it was not necessary to see the whole body, a few inches of intestine is sufficient to identify it." But among the more recent and equally high authorities, some describe the pathology of specific enteric fever as undistinguishable from that of non-specific endemic fevers and other diseases. "By some, all organic or animal, but especially fæcal contamination of air or water is regarded as the cause;" "by others such contamination is regarded" as "but of a very specific kind;' —that is, in India, according to the portion of the Report already quoted, as a cause of a disease, which, when it "cannot be diagnosed, its nature can only be surmised." This being so, may the question not be appropriately asked, what is it exactly that the remarks refer to? According to the Report, "attempts have been made in a loose and indefinite way to indicate alliances between malarious disease and enteric fever." That is, between endemic or climatic fever and the *enteric* or bowel complication which sometimes is also present; but, according to the Report, this *alliance* is in reality "a sign of affinity and material relationship of these diseases," acknowledged even now to exist between them. As to post-mortem appearances "the results derived from a perusal of the Reports furnished to this office, as well as my own personal observations of the cases themselves, leave no doubt, whatever, in my own mind that you can and do meet with numerous instances of *a disease* in this country undistinguishable from what is recognised as enteric fever elsewhere;"—a circumstance acknowledged by the older writers since this century began, and before it. "That the exanthem is wanting in many cases, and diarrhœa in others; that its character as a fever may be modified, and its fatality increased by heat and climate; that the disease may begin suddenly and with symptoms *resembling* ague; that it may indeed follow ague, exhibit a malarious character, or resemble some remittent or tropical form of disease rather rhan enteric fever, is nothing to the purpose." Rather, we would say, is everything to the purpose, and demonstrates that the actual disease to be dealt with is itself "of malarious," that is, climatic nature, it may be with intestinal *complication*. The remark occurs that "the ratio of fever mortality in the gross of past years, if taken in relation to months and weekly arrived regiments, is nearly absolutely identical with that of enteric fever at the present time;" the natural conclusion to be drawn from this being, that except as regards *name*, the actual disease met with is unchanged in its character. "Here, as elsewhere, enteric fever varies in severity, from the abortive and mild type up to the most grave and fatal forms of the disease." So also do the several forms of endemic or climatrical fevers. "The liability to die from enteric fever in the case of the soldier above seven years' service in India being 3·87, as contrasted with 82·44 in the young, and 13·69 in the class resident from five to seven years, reckoning liability at 100." And so it is with respect to all forms of fever in India. "As a rule, enteric fever manifests itself in India at the end of April or beginning of May, frequently appearing at the end of the monsoon season (end of August)." Making every allowance" for a desire to assign some cause or another, without considering its relevancy or adequacy, "medical officers have utterly failed in India to trace out the intimate connection of this disease with filth causes or specific infection." In that case, why do so many observers still continue to cling as it were to such causes, notwithstanding all this? Would not the following paragraph from the same Report rather afford the real and sufficient explanation, namely:—"The marked tendency which *the* disease has shown to appear at certain seasons, April, May, August, and September, as if in response to the action of some seasonable conditions at those times?" An allusion occurs to the probable influence of the water at these seasons. But are not the seasonal conditions themselves sufficient to induce fevers, ardent in the former, more purely malarial in the latter, but in either case becoming *complicated* in particular individuals with infraction of Peyer's glands?

The Report contains this further remark, namely:—"While fully recognising, then, the force of the evidence on which European pathologists dwell in regard to the specific nature of enteric fever, and its connection either with specific or *filth* causes, it is impossible on the other hand to resist the evidence that such causes fail to embrace all the facts observed in this country (India)." Here, we think, lies the main gist of the question as to whether specific, that is, pythogenic fever, does or does not prevail among British troops in India? as also the further question, whether phenomena in life, and appearances after death, similar to those which characterise the specific disease in Europe, occur as a *condition* of, or *complications* in the course of fevers in India due alone to general causes, climatic and endemic in their nature, affecting individuals under particular circumstances of diathesis, age, residence, and habits? At pages 331 and 332 of this Blue Book, notices appear of two prizes to be awarded for the best essays on enteric fever, and we trust the outcome may be a clearer understanding than seems at present to exist with regard to the disease so-named, particularly in its relation to British troops in India.

IRISH POOR-LAW DRUG CONTRACTS.

It is, unfortunately, almost unheard of for a Board of Guardians in Ireland to take sufficient interest in the quality of the medicines supplied to their paupers, that they would think it worth while to make any inquiry on the subject. Imagine a dozen of cotter farmers and small shopkeepers put to adjudicate between a number of tenders for articles which they never saw in their lives, and of the fair price of which they have not the remotest idea, and suppose them having to make their choice without the help even of a printed price list. Of course, and in all reason, they select the cheapest article, or give the contract to the friend they know best. Could they be expected to do otherwise? Then, again, imagine a shopkeeper called upon to supply a quantity of expensive goods to a customer who will never see the articles—would not know what they were if he did see them—had not the least idea of their proper price, and, perhaps, cared very little whether they were good or bad. Of course, and in all reason, the average contractor would supply the cheapest article he could lay his hands on, would manage his tenders so as to get the biggest possible price without losing the contract, and would take good care to keep the customer in the best humour with him and his dealings. Could any ordinary contractor be expected to do otherwise? Now this is exactly the state of affairs as regards the supply of medicines to the Irish poor, and we have already pointed out in detail that from the existence of such a system two results eventually and, as a matter of fact, almost universally accrue. In the first place, the sick poor are cruelly cheated of the medicinal help which they need in time of sickness, and which their doctor fondly imagines that he is giving to them. In many instances the utter uselessness of the pharmaceutic rubbish which is supplied by contractors for their use produces no worse effect than delaying the recovery of the poor man, and pauperising his wife and family. A labourer, for instance, with a bad attack of dysentery, will probably recover some time or other, although the remedies ordered for him may be of no value whatever, but his recovery will take double the time, and involve double the degree of subsequent pauperism which would accrue if genuine reliable medicines were administered. But, in cases of life and death, the substitution of fraudulent drugs for pure ones is worse than roguish, it is murderous. The father of the family, whose life is in the balance, may be saved, if a given effect can be produced upon his disease in a given time, but the effect is *not* produced because the medicine which should produce it is dishonest rubbish, and a life is then and there sacrificed because there exists no means of ensuring the purity of union drugs. Thus much for the effect upon the sick poor. The ratepayer also pays toll to the nefarious system which exists, for while the Guardians gratify themselves with the belief that they have, at least, been economical, the real fact is that they are paying a scandalously exorbitant price for all their ordinary drugs. The trick by which certain drug contractors have managed to grow rich upon the innocence of the guardians is well known. They know that the contract will be given to the tender which has the lowest tot at the bottom of the price column; accordingly, they reduce that tot to the least possible amount by setting down, at an infinitesimal price, all medicines which they are certain will never be ordered, while, at the same time, they put down a monstrous price for all those drugs which are in common use. For instance, they will price atropia at, say 1s. per ounce, though the market price of it is £4, and, in the same column will set down castor oil at 2s. per lb., the fair price for it being 8d. They know that the dispensary doctor will never want more than a few grains of atropia, and that, therefore, they cannot lose much on that item, but he will need gallons of castor oil upon the exorbitant price of which they will make a profit of some hundreds per cent., and thus they can make it appear that they are supplying the medicines at an extremely low price, while they really are mulcting the ratepayers most scandalously.

We have said it is unfortunately almost unheard of for a Board of Guardians to make any inquiry as to the purity of their drugs. The Carrickmacross Guardians have the honour of being the one and only Board which has done so of recent years, and they have brought to light by the agency of Dr. Cameron, the county analyst, the existence of a system of fraud in drug contracts which the initiated have long been aware of, but of which Poor-law Guardians had no thought. The analyst's report we published *in extenso* in our issue of the 21st ult.. Here are a few excerpts:—

"The quinine, so-called, did not contain any quinine at all, but was composed of a substance about one-eighth the price of sulphate of quinine. The tincture of catechu contained about one-half of the amount of extract yielded by properly prepared tincture. The tincture of cinchona was deficient in spirit, and contained about three-fourths the amount of extract which it ought to include. The costly article, saffron, is wholly absent fron it. The etherial tincture of lobelia extract deficient to the extent of about one-fourth the proper quantity; the ether cheap 'methylated.' In the tincture of perchloride of iron there appears to be no spirit of wine at all in it. In the aromatic spirit of ammonia the ammonia is in excess, but the

far more costly aromatic oils are in a great deficiency in this tincture. The aromatic sulphuric acid contains two-thirds only of the amount of sulphuric acid; it contains very little spirit of wine and very little bark."

Let it not be supposed that there is in this any new discovery, or that it is likely to create any official indignation. For years, the prevalence of these practices has been well known to most Poor-law medical officers in Ireland and to the Irish Local Government Board, for the system has been repeatedly exposed and the proofs given in these and other columns. The medical officers have not moved, for it is not any part of their duty to do so, nor have they even the legal proofs necessary to establish their accusation, if they made it. Moreover, the few medical officers who have complained have been uniformly snubbed by the members of their Board of Guardians who were on amicable terms with the prince-contractor in Dublin. An instance of this occurred not long ago, when a medical officer produced a chemical analysis to prove that the sulphur supplied to him for pauper use was more than half plaster of Paris; nevertheless, his remonstrances brought upon him such obloquy that he was glad to withdraw his accusations, and let the matter drop.

The Irish Local Government Board is the public department whose business it is to supervise these drug contracts and to provide a remedy for the system, and it has confessed years ago that it is fully aware of its existence to the extent which we have indicated. Nevertheless, the Local Government Board refuses to stir hand or foot to save the pockets of the ratepayers and the lives of the sick poor. And why? Forsooth, they are in a huff, because, many years ago, an impracticable, inefficient, and unfair proposal made by them to establish a large central drug shop in Dublin, with a handsomely paid official over it, was refused by the guardians throughout Ireland. And for this reason the Irish Local Government Board continues to patronise and protect the perpetration of the chicanery of which we have spoken.

It is very doubtful whether any reform can be hoped for, yet we have thought it our duty to point the moral of Dr. Cameron's report, which we have quoted above, and thus acquit the medical profession in Ireland and ourselves of any hand, act, or part in the perpetuation of the Irish Poor-law drug contract system.

Notes on Current Topics.

The Compulsory Notification and Registration of Acute Infective Diseases.

In pursuance of a resolution unanimously adopted at the last annual meeting of the flourishing Dublin Branch of the British Medical Association, the Council of the Branch has been exerting itself to obtain an expression of opinion in favour of the proposed measure; and a promise of aid and co-operation in its endeavour to secure its advantages for Dublin, from the corporations which represent medicine and surgery in that notoriously unhealthy city, and from the Irish Medical Association, as representative of the several bodies of the profession throughout the country. The Branch Council may congratulate itself on the support it has so far received. Not only have the colleges passed resolutions approving of the principle of the measure, but they also showed the importance which they conceived belongs to the matter by both appointing committees to report upon it. Thus the all-important questions of detail in the carrying out of the Local Act which it would be necessary to obtain, received an amount of consideration from those most qualified to form valuable opinion upon the matter which otherwise it would have been most difficult to obtain. The following is the resolution which was passed by the Royal College of Surgeons:—

That this College recognises the great desirability of registration of infectious diseases, and would approve of any measure which would make efficient provision for such registration without interfering with the confidential relation of the physician to his patient, or imposing upon him a responsibility inconsistent with his professional practice. That the College considers that in any legislative proposition the onus of reporting to the sanitary authority ought to devolve upon the responsible occupier of the house in which the disease occurs.

The resolution adopted by the King and Queen's College of Physicians states that:—

The College approved the principle of compulsory notification of infective diseases, provided the duty of notifying is imposed only on the head of the family or owner of the house in which the disease occurs; and also the principle of registration of infective diseases; and that the College will be glad to assist and co-operate in obtaining the necessary parliamentary powers for securing the advantages that would, in their opinion, result from the attainment of an efficient system of notification and registration based on the lines indicated.

And at a special meeting of the Council of the Irish Medical Association the following important resolutions were unanimously adopted:—

1. That this Association fully recognises the advantages of an efficient system of early and compulsory notification and subsequent registration of acute infective disease.
2. That, as regards notification of infective disease, the duty of the medical attendant shall consist alone in informing the head of the family or the occupier of the infected house what the nature of the disease is, to the best of his knowledge and belief, and that it is infectious.
3. That the duty of notifying the presence of infection to the sanitary authority shall devolve solely upon the head of the family or the occupier of the infected house.
4. That in the case of the illness of a person who has not been attended by any medical practitioner, it shall be incumbent on the head of the family or occupier of the house to notify to the sanitary authority the presence of infective disease in his house as soon as he becomes aware of its nature, and, if in doubt, to obtain the opinion of a duly registered medical practitioner thereupon.
5. That, as regards the registration of infective disease, the Association is emphatically of opinion that the duty of such registration should not be compulsorily imposed upon the registrar of births and deaths.
6. That, in the case of large urban districts, it seems desirable that the registration should be effected by means of a special organisation in connection with the general register office.
7. That, for every case of infective disease registered by a duly registered medical practitioner, a fee of not less than half-a-crown shall be paid to said medical practitioner.

The Public Health Committee of the Corporation, and the Executive Committee of the Dublin Sanitary Association, have also pronounced in favour of the principle of the notification of infective disease.

Dr. Tanner's Fast.

THE forty days' advertisement on which Dr. Tanner entered has been concluded, and the only possible result of the performance has been attained—that, namely, of converting its hero into the best-known individual of the day. Whether the newspaper notoriety secured by Dr. Tanner will be a sufficient recompense for the discomfort he is said to have experienced is for himself to determine; but that his exhibition will be productive of any gain to science is not worthy of serious consideration. The conditions of the sensation have, from the first, been preventive of anything except ephemeral fame to the faster, the evident efforts after effect precluding anything like a scientific investigation in connection with the affair. It is, perhaps, a little unkind of the newspaper writers, who ought to be grateful to the subject of so much "copy," to detract from the marvel of the fast by raking up the records of ancient imposture, as has been so plenteously done; but it is impossible to regard the whole thing in a light more serious than that of a monstrous show. Spite of Dr. Hammond's testimony, and that of those who with him afford certificates of genuineness, we are content on this side of the Atlantic to cherish the possibility that time will produce the exposure of little details likely to lessen the opinion now held in certain quarters of Dr. Tanner's wonderful staying powers. If the ostensible purpose of the fast had been an increase of scientific knowledge, why, it must be asked, were not the surroundings of the experimentalist made such as would favour the record of the results, and assist the ascertainment of fresh particulars concerning the progress of starvation. The accompaniments of gallery for walking in, hall for exhibition, drives amid admiring crowds, levees, and daily performances, all savour too much of the Barnum business to deserve the attention of the inquiring physician. It is a good thing the fast is over, for during the continuance of it an unhealthy feeling has been engendered in the public mind, and its suppression is desirable.

The Army and Navy Medical Services.

WITH the much-needed reforms have come in plenty of candidates for Army medical appointments. Last week eighty-six candidates for the Army sent in their names for the examination which commences at Burlington House this week, beside thirty-five for the Indian Medical Service. Candidates were also invited for the Navy, but only eight names have been sent in. My lords of the Admiralty will have to swallow the bitter pill which their colleagues of the War Office so long objected to, but ultimately took, ere they will get the junior members of our profession to rush into their arms. The *Broad Arrow* understands that one of the appointments at the headquarters of the Army Medical Department will shortly become vacant by the departure of Surgeon-General W. Munro, C.B., on foreign service. Deputy Surgeon-General Woolfryes, C.B., lately appointed principal medical officer of the Southern District, is likely to succeed him. Surgeon-Major S. E. Maunsell, with Surgeons Cowen and Clark, embarked at Portsmouth last week in the *Orontes*. Surgeon-Major Wade is detailed for medical charge of the troops leaving England on the 6th in H.M. Indian troopship *Euphrates*, with Surgeons Baker and Michael as assistants. Surgeons-Major Murtagh and Jones, and Surgeon Flood are held in readiness to proceed to India to augment Medical Department there. Forty of the newly-joined surgeons who have completed the Netley course, and also undergone instruction in ambulance and stretcher drill at Aldershot, have been warned to hold themselves in readiness to embark for the East at short notice.

Presentation to Dr. Neild, of Melbourne.

THE medical profession in Melbourne have joined in the presentation of a splendid gold cup to Dr. Neild, on his retirement from the Secretariat of the Victoria Medical Society and the editorship of the *Australian Medical Journal*, which he had held for seventeen years. The address presented to Dr. Neild expressed in deservedly warm terms the gratitude and affection towards him entertained by his professional brethren in the Colony. The cup weighed nearly twenty-four ounces of 18-carat gold. The design was purely Australian, the ornamentation consisting of a double stem and foliage of the Darwinia Neildiana, a rare and beautiful species of plant found in Western Australia.

Medical Officers in Afghanistan.

"BULLS' RUN" says, in *The World*, "it only remains to immortalise in some befitting manner the three field-officers and *five doctors* who were the first to reach Candahar from the field of Kushk-i-Nakhud. The medical profession, moreover, should specially set its mark of approbation on these five active brethren." And so doubtless the medical profession will do, should it hereafter unfortunately turn out that such "a mark" is deserved; in the meantime, however, it is but bare justice to "the five doctors" concerned, that before passing a verdict on their conduct we should hear what they have to say for themselves.

A New Hotel for Army and Navy Medical Officers.

EVERY enterprise is now floated on the co-operative principle, whether it be a monetary speculation, a philanthropic idea, or one for personal advantages in the shape of home necessaries at cost price, or club and hotel comforts, minus the extravagance usually attendant upon such affairs. The medical club started in London some few years since was not a success; its range was too limited, and the co-operative principle was not then in vogue. An hotel and club has now been started upon modern principles to be called the "Army and Navy Hotel," which shall embrace the advantages of club life, with the residential accommodation of hotels at greatly reduced charges. To medical officers in the Services this idea, if successfully carried out, will be of immense advantage. From the nature of their calling, change is very frequent, and to Indian officers particularly, a metropolitan centre of this kind, where they can put up on arrival, and meet their brother officers during leave of absence, will be much appreciated. We understand that a site has been secured in Victoria Street, opposite the Army and Navy Stores, and that building operations will be commenced forthwith.

British Medical Association.

The meeting of the British Medical Association for 1880, commenced at Cambridge, on Tuesday (yesterday), under the presidency of Professor Humphry. A discussion on the Treatment of Wounds will be part of the proceedings, Professor Lister having agreed to introduce the subject. Sir Henry Thompson will open a discussion on Stricture of the Urethra, and a large number of important and interesting questions are down for debate; among others may be mentioned, the Influence of Alcohol on the Causation of insanity, the Removal of Uterine Tumours by Abdominal Section, the Diseases Communicable to Man from Animals and as Food, and the general working of the Public Health administration of Great Britain and Ireland.

Pathological "Desiderata."

The Pathological Society of London has taken a praiseworthy step in publishing a list of questions requiring investigation in pathology, under the title of *desiderata*. This will be of service to workers who may be anxious to devote their attention to this line of research and in doubt as to what particular subjects may be open for investigation. It will not in any way interfere with independent work, but will probably do much to aid on progress in this particular branch of discovery. The list is a very large one, but it presents only a few of the possible subjects to be followed.

Carbolised Camphor in Diphtheria.

In the treatment of diphtheria Dr. Peraté has for the last two years employed carbolised camphor. He applies it by means of a brush soaked in the following solution: Phenol (carbolic acid), 9 grammes; camphor, 25 grms.; alcohol, 1 gramme; diluted with an equal quantity of almond oil. The applications are made at first every two hours during the day, and every three hours during the night, and the interval between them is gradually increased. The application is made over the whole of the false membrane, and in refractory children the brush is plunged well to the back of the throat. The taste of the mixture is very disagreeable, but patients soon become accustomed to it.

The Treatment of Ozæna.

In a patient affected with a muco-purulent fœtid nasal discharge for a year, Dr. Wolfrau (*Berl. Klin. Wochen.*), employed twice a day aspirations for five minutes at a time of a solution of tannin and glycerine, 2 per cent., preceded by irrigation of the nasal fossæ with a litre of a solution of sea salt. After a fortnight he had recourse to a solution of acetate of alumina, at first of ½ per cent., and then 1 per cent. The nasal secretion diminished in abundance and fœtidity; then the number of douches and nasal inhalations was reduced. After six weeks the patient was cured of his ozæna which had not reappeared in two years.

Salicylated Camphor in Phagedænic Ulceration.

In the treatment of this form of ulceration Dr. Lajoue (*La France Medicale*) employs an ointment composed as follows:—Camphor, 10 grammes; salicylic acid, 10 grammes. These are mixed and then there is added, Alcohol (at 90° C.), 10 drops; vaseline, 10 grammes; paraffine, 25 grammes. This makes a consistent ointment which is put upon the wounds.

Peptogenic Elixir.

In cases of dyspepsia where the indications are to favour the secretion of gastric juice, and to introduce peptogenic substances into the stomach, Dr. Dujardin-Beaumetz employs an elixir the formula of which (*La France Medicale*) is as follows:—Dextrine, 10 parts; rum, 20 parts; syrup, 60; water, 120. This elixir has a very agreeable taste, and is of service in the cure of atonic and putrid dyspepsia.

The Treatment of Sweating in Phthisis.

In the treatment of the nocturnal perspiration of phthisis Dr. Kohnhorn (*Le Progrès Medical*), uses a powder which is employed in the Prussian army in sweating of the feet. The formula of this preparation is as follows:—Salicylic acid, 3 grammes; starch powder, 10 grammes; talc, 87 grammes. The body, and especially the chest, should be sprinkled with the powder.

Dr. Tanner completed his forty days' fast on Saturday, and confesses that he is little the worse for the experiment; he ate ravenously of meat and fruit immediately the self-imposed task was completed.

The nurse who was tried last week at the Central Criminal Court for the manslaughter of a patient in Guy's Hospital, has been committed to prison for three months.

On Thursday last, Mrs. Rutley, who stood charged under remand for illegally keeping three lunatics for profit, was brought up and convicted for the offence, judgment being postponed till Saturday, when she was fined £50.

We understand with very great pleasure, that the Home Secretary's ill-advised scheme for abolishing cumulative penalties under the Vaccination Act, which has raised such a storm of disapprobation, is to be abandoned.

Under the will of Mr. J. Macgregor Mackay, of Brighton, the Edinburgh Royal Infirmary has received £1,000. The Paisley Infirmary has received £1,000 under the will of Miss Jessie Gordon, and the Huddersfield Infirmary £1,000 as a donation from Mr. Cuttell, of Long Walls.

Dr. Berkart, of London, has been elected a corresponding member of the Société des Sciences Médicales et Naturelles de Bruxelles, in recognition of his scientific studies of the pathology and treatment of asthma and other subjects.

Henry Morton, a chemist, of the Broadway, Deptford, has been fined £5 at the Greenwich Police Court

for selling a tincture of quinine which was adulterated in such a manner as seriously to injure its properties as a medicine. We were sorry to see a medical man giving evidence in this case to shield the defendant from the consequences of his fraudulent practice.

The death-rate from the seven principal zymotic diseases per 1,000 last week in the large towns ranged from 0·8 and 1·7 in Bradford and Newcastle-upon-Tyne, to 10·9 and 13·6 in Norwich and Brighton. Scarlet fever showed the largest proportional fatality in Norwich and Salford. Small-pox caused 4 more deaths in London, 7 in Dublin, but not one in any of the other large towns.

We are happy to note that Dr. Alexander Flood, medical officer of the Holywell dispensary district of the Enniskillen Union, has been presented with a valuable piece of plate and an illuminated address by his patients and friends, on resigning his appointment through ill-health, after thirty-four years' service. The address and reply will be found in our advertisement columns.

In the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 18, Bombay 27, Madras 37; Paris 29; Geneva 22; Brussels 24; Amsterdam 23, Rotterdam 19, The Hague 21; Copenhagen 31; Stockholm 37; Christiania 26; St. Petersburgh 42; Berlin 47, Hamburg 26, Dresden 28, Munich 36; Vienna 27, Buda-Pesth 34; Naples 37; Alexandria 51; New York 61, Brooklyn 43, Philadelphia 27, and Baltimore 29 per 1,000 of the population.

The coming meeting of the British Association for the Advancement of Science will commence on Wednesday, August 25, 1880, under the presidency of Andrew C. Ramsay, Esq., LL.D., F.R.S., V.P.G.S., Director-General of the Geological Survey. W. Morgan, Esq., Ph.D., F.C.S. (Swansea), and James Strick, Esq. (Swansea), Local Secretaries.

The reception room at Swansea will be opened on Monday, August 23, at 1 p.m., for the issue of tickets to members, associates, and ladies, and for supplying information to strangers on their arrival. Without a proper ticket, obtained as above, no person is admitted to any of the meetings. The first general meeting will be held on Wednesday, August 25, at 8 p.m., when the president-elect will assume the presidency and deliver an address. On Thursday evening, August 26th, at 8 p.m., a soirée. On Friday evening, August 27th, at 8.30 p.m., a discourse by Professor W. Boyd Dawkins, M.A., F.R.S., on "Primeval Man." On Monday evening, August 30th, at 8.30 p.m., a discourse by Francis Galton, Esq., M.A., F.R.S., on "Mental Imagery." On Tuesday evening, August 31st, at 8 p.m., a soirée. On Wednesday, September 1st, the concluding general meeting will be held at 2.30 p.m. On Saturday, August 28th, Henry Seebohm, Esq., F.Z.S., will deliver a lecture to the operative classes on "The North-East Passage." The sections are:—A. Mathematical and Physical Science; B. Chemical Science; C. Geology; D. Biology; E. Geography; F. Economic Science and Statistics; G. Mechanical Science. Excursions to places of interest in the neighbourhood of Swansea will be made on Saturday, August 28th, and Thursday, September 2.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Health of Edinburgh.—For the week ending with Saturday, the 31st ult., the mortality of Edinburgh fell from 81 to 67, and the death-rate was 16 per 1,000. Only one death from fever was reported in the New Town, and only one from diphtheria in the southern suburbs.

Edinburgh University.—Graduation Ceremonial.—The annual graduation in medicine in connection with the University of Edinburgh took place on the 2nd inst. in the Assembly Hall. There was, as usual, a large attendance. The Lord Justice General presided. Professor Turner presented the graduates. Twenty-seven students received the degree of M.D. under the new statutes, and 1 under the old; 124 received the degree of M.B. and C.M., 6 the degree of M.B., and 1 the degree of C.M. Three of those who received the degrees of M.B. and C.M. are clergymen. The Cameron prize was presented to Professor William Roberts, Owens College, Manchester, for his discovery of a good artificial means of partially digesting food. Professor Rutherford addressed the graduates, and chose for his subject that of medical reform. His address, from the academic point of view, must be characterised as an able and ingenious one. The history of medical science, he said, was that of prolonged struggle against serious difficulties. Looking back on the history of medical education in the country, they found that its present advanced standpoint had been mainly owing to the influence of the Universities, and most of all to those of Scotland. And it was the University of Edinburgh that had taken the lead. One great reason of the success of the Scotch Universities was undoubtedly this, that unlike the University of London they were not merely examining, but also teaching bodies. They did not distract the student by exacting a high standard of attainments without, first of all, providing the means of education whereby he might raise himself to that standard. The result had not been to keep the standards of education and examination low, but, on the contrary, the examination standard had been gradually raised without difficulty, owing to the antecedent elevation of the teaching standard. And thus it has come about that a more elaborate system of practical tests is applied in examinations here than elsewhere in the country. In Scotland 70 per cent. of the medical practitioners are University graduates, while in England the proportion is only 25 per cent. Professor Rutherford, in conclusion, criticised the recent scheme of examination proposed by the London reformers, saying he hoped they would hear no more of it. If it had been sanctioned its effect would have been to lower the standard of examination. Universities and medical corporations should, he considered, be kept entirely apart. There might be, however, instead of the proposed triportal system, two sets of portals through which the medical profession might be entered; a set of university portals and a set of corporation portals, the latter consisting of the conjoined corporations of London, those of Dublin, and those of Edinburgh and Glasgow; half of the examiners being nominated by the corporations, and the other half subject to the approval of the Medical Council.

Correspondence.

THE STATE OF THE DENTISTS' REGISTER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The question of the expurgation of the Dentists' Register has of late been the subject of much comment, especially on the part of the British Dental Association.

The subject has heretofore been approached in what may be termed a purely dental aspect, ignoring the fact that there are important collateral issues affecting the rights and privileges of the medical profession which ought to receive some attention, even from a Council either wanting in the knowledge of the extent of its powers or deficient in the courage of asserting them.

I am not even assuming that the gentlemen who registered as dentists were in any case not in the *bonâ fide* practice of their speciality at the time of the passing of the Act, but I nevertheless consider that the ingenious coupling of the practice of medicine and surgery with dentistry by gentlemen who hold no medical or surgical qualification whatever is a fraud alike on the public and profession.

On analysing the Dentists' Register the following facts speak for themselves: Out of a total of 34 who announce their connection with medicine and surgery there are 15 (nearly half) whose names do not appear on the Medical Register.

The public are induced to believe that five follow dentistry in connection with the practice of medicine and surgery; two with surgery only; one with pharmacy and surgery; and seven with medicine only; and what is still worse, some of the gentlemen leave their certificates lying on their desks, framed, &c., evidently to show their patients official evidence that they do follow dentistry in connection with surgery, &c.

Trusting that the parties who are responsible for the Dentists' Act will in justice devote their energies to the removal of a most anomalous state of things,

I am, Sir, yours, &c.,

FRANK THORPE PORTER, F.R.C.S.I.

15 Upper Merrion Street, Dublin,
July 22, 1880.

[Undoubtedly the same legal decision which declares that a dentist cannot be registered as practising in connection with pharmacy unless he be legally a pharmaceutist, applies to one who registers as practising dentistry "in conjunction with medicine or surgery" if he be not a registrable medical practitioner. Therefore we hold that the whole fifteen names given to us by Dr. Porter are illegally on the Dental Register, and must be expunged by the Medical Council.—ED. M. P. & C.]

REGISTRATION OF DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the number of the *Medical Press and Circular* bearing date 14th July, this year 1880, it is stated that at a recent meeting of the King and Queen's College of Physicians in Ireland, it was resolved, "That the College approve the principle of compulsory notification of infectious diseases, provided only that the duty of notifying is imposed on the head of the family or owner of the house in which the disease occurs; and also the principle of registration of infectious diseases as an owner of house property." Might I ask, in the name of common sense, how can a house owner know of the existence of disease being in the house as stated in said resolution? I would also put the question to the Irish Medical Association for a reply.

I am, Sir, your obedient servant,

July 20, 1880. SELWOR.

[It is part of the proposition that the medical attendant shall inform the head of the family as soon as he recognises the disease, of its nature, either by a printed notice or verbally.—ED. M. P. & C.]

Literary Notes and Gossip.

THE Council of the Statistical Society acknowledge the receipt of the Essays on the "Oriental Plague," in competition for the Howard Medal of 1880, under the following mottoes: "Διοσδὲ Τελείετο Βουλή;" "Mente Manuque;" "Sur Espérance;" "Quid non pro Patria;" and "Volans arsit arundo."

* * *

THE title of the essay for the Howard Medal of 1881 (Bronze with £20 added), is "On the Jail Fever, from the Earliest Black Assize, to the last recorded Outbreak in Recent Times."

* * *

AMONG the five successful competitors in the scriptural essays recently announced, were two members of the profession—Dr. Redman, of Lincoln, and Dr. Meymott, of Ludlow.

* * *

THE suggestion that Professor Mommsen, the celebrated *savant*, whose library was burnt some few days since, should be supplied with a new one at the national expense meets with approval in Berlin, and it seems likely that it will be carried out. The offer of assistance from Oxford has, however, been declined by the learned Professor.

* * *

THE *Globe* says:—Messrs. Baillière, Tindall, and Cox have just published a remarkable work, called 'A Chronology of Medicine, Ancient, Mediæval, and Modern,' edited by Mr. John Morgan Richards. It is not merely an essay on medicine, but contains many extraordinary things in the sections relating to the State papers and old advertisements. On page 171 is a document in which a code of sanitary laws is laid down very creditable to the physicians of two centuries ago." We hope to notice this book fully a little later on.

* * *

IN a previous column of "Literary Notes and Gossip," we mentioned dubiously, an invention called the "Diaphote," by Dr. Jechs, of Bethlehem, United States, by the aid of which the possibility of recognising persons thousands of miles distant by means of reflective mirrors and telegraphy, was said to be an accomplished fact. Upon the face of it a hoax was obvious, although it was gravely copied into hundreds of journals. We now learn from our well-informed contemporary, *The Boston Medical Journal*, that the supposed discovery originated in a travesty on a scientific paper, and that in its transference through various media, both title and authorship were eventually so metamorphosed that the author could scarcely recognise his own child.

* * *

THE discoverer of the elegant figures named after him Lissajous' figures, is dead. The deceased physicist was professor at Toulouse, and leaves a large circle of friends to mourn his loss.

* * *

DR. GEORGE M. BEARD publishes in New York a small pamphlet entitled, "What Constitutes a Discovery in Science," and which comprises a portion of the preface to the second edition of his work on Neurasthenia. The little work is amusing, if nothing more, and in the final paragraph bursts out into frenzied eloquence of expression that must be read to be appreciated. Whether Dr. Beard has answered the question he proposes to reply to, may be, without very great impropriety, doubted.

* * *

MESSRS. JOHN HEYWOOD, of Manchester, have issued in a neat and inexpensive form the eleventh series of "Science Lectures for the People," delivered at Manchester during the winter, 1879-80. Mr. Arthur Russell Wallace, Mr. B. Waterhouse Hawkins, Canon Tristram, and Captain Abney, contribute to the volume, which is edited by Prof. Roscoe, and fully maintain the high reputation of the lectures already published.

* * *

THE *Therapeutic Gazette* often contains articles well worth reading, and recent numbers are in every way as deserving of praise as the earlier ones. A paper on the "Causation of Epidemic Disease," by Augustus Kaiser, M.A., M.D., is a scholarly and clearly reasoned review of the known conditions surrounding the outbreaks of epidemics. It is an admirable brief summary of the history of epidemiology.

* * *

MEN rarely arrive at dignity without having to pay for it sooner or later. The latest victim of this is a distinguished member of our profession, in the person of Sir George Burrows, Bart., Physician in Ordinary to Her Majesty, who has

been flattered by the dedication of a washing-book bearing his name, by Mrs. Strange Butson, and "through him to the whole medical profession." Does the authoress insinuate that Sir George and the rest of the profession neither wash themselves nor understand when their shirts are clean or dirty? The book certainly has the merit of novelty; on the outside cover are a couple of shirts, a towel, mop, scrubbing brushes, water cans, and a pail; whilst inside three different coloured papers are used "to illustrate the three formations—granite, old red sand, and silurian," though what geological formations have to do with the "art of washing" the authoress does not condescend to discuss.

* * *

Dr. Bourneville, the well-known editor of *Le Progrès Medical*, has brought out a capital *resumé* of the progress of medical science in 1879, under the title of "L'Annee Medicale." This is the second year of its publication, and the work is well done. It differs in many respects from Braithwaite's "Retrospect," although it resembles it in others. Instead of consisting of isolated articles taken bodily from the medical journals, each branch of medical science, anatomy, physiology, medicine, surgery, therapeutics, &c., is treated of in a connected article in which the results arrived at by the various investigators who have published works or articles during the year, are given in a succinct and condensed form. The work is an exceedingly useful book of reference, and its value is greatly enhanced by the very complete analytical index with which it is furnished. We hope Dr. Bourneville will find sufficient encouragement to continue the publication annually for many years to come.

* * *

Messrs. Cassell continue the serial issue of their "Family Physician." As we have before remarked we are opposed to all works on so-called "Domestic Medicine," but the public will endeavour (sometimes to their cost) to learn doctoring, and such being the case, it is better they should be supplied with trustworthy rather than untrustworthy information. The work, the seventh part of which is now before us, maintains the good character which we were able to accord to the first part.

* * *

Under the auspices of the New York Academy of Sciences a series of six popular scientific lectures have recently been delivered before the Young Men's Christian Association of that city. Amongst them was one by Dr. L. Elsberg, the well-known American laryngologist, on "The Throat and its Functions." Dr. Elsberg has printed and published this lecture, and it is a very useful and accurate description of the subject of which it treats. A knowledge of the anatomy and physiology of the channels through which we take in both the food and the breath of life must be of value to all, and Dr. Elsberg places it before us in clear and untechnical language, elucidating his meaning by excellent illustrations.

* * *

During the month of July there were published four hundred and eighty-one works in medicine, surgery, and allied sciences throughout the world. The subjects were—Anatomy, six; physiology, nine; anthropology, eight; chemistry, four; medicine (including general diseases, fevers, &c.), forty-seven; insanity and diseases of the nervous system, thirty-two; the circulatory and respiratory systems, nineteen; urinary and generative systems, nineteen; materia medica and therapeutics, twenty-one; surgery, fifty-one; gynæcology and obstetrics, thirty-eight; hygiene, forty-nine; dermatology, ten; ophthalmology, twenty-six; otology and laryngology, eight; dentistry, three; state medicine, six; medical education, seven; and medical jurisprudence and toxicology, seven. The foregoing statistics do not include pamphlets, of which there were at least three times the number published.

* * *

At Highgate Cemetery, a few days since, funeral honours were paid by a considerable number of the medical and literary professions to the mortal remains of one in whose company, during a too brief lifetime, so many delighted. At the early age of forty-five Dr. Arnold Beer has passed away. Although a German by birth, having been born at Frankfort, his early years were spent chiefly in England. In the first instance, he devoted himself to the study of medicine, and was the author of several scientific medical works which attracted considerable attention. At an early age, however, he gave up the pursuit of medicine as a profession, and occupied himself with purely literary studies. He was well-known as an author in Germany, and had it not been for his premature death he might have been expected to attain high eminence as a man of letters.

* * *

New Books and New Editions. — The following have been received for review since the publication of our last list, June 30th:—"The Half-Yearly Retrospect of Medicine," edited by Drs. W. and J. Braithwaite. "Traité d'Anesthésie Chirurgicale," par le Dr. Rottenstein. "Practical Lithotomy and Lithotrity," by Sir Henry Thompson, F.R.C.S. (3rd Edit.) "Medical Education and Practice," by H. J. Hardwicke, M.D. "La Syphilis son Histoire et son Traitement," par le Dr. J. Tartenson. "The Dissector's Guide," by D. J. Cunningham, M.D. "On Aneurism," by Richard Barwell, F.R.C.S. "A Dictionary of German Terms Used in Medicine," by G. R. Cutter, M.D. "Contributions to Orthopædic Surgery," by J. C. Hutchison, M.D. "The Throat and its Functions," by Louis Elsberg, M.D. "The Archives of Laryngology: a Chronology of Medicine," by J. Morgan Richards.

* * *

Pamphlets, Annual Reports, Etc.—The following have been received since June 30th:—"Fifth Annual Report of the Darenth Schools and Asylums for Invalids." "Associated Homes," by E. V. Neale. "Annals of the Anatomical and Surgical Society of Brooklyn." "Special Dangers to Health in Large Towns," by J. Tatham, M.D. "The Diagnosis of Granular Kidney," by R. Saundby, M.D. "Colpocystotomy by Electro-Cautery," by J. Byrne, M.D. "Contributions to Gynæcology," by J. Byrne, M.D. "Unipolar Stimulation in Physiology," by A. de Watteville. "Health Economy," by Francis Vacher. "On the Educational Treatment of Incurably Deaf Children," by W. B. Dalby, F.R.C.S. "Forty-fifth Annual Report of the British Medical Benevolent Fund." "Can Disease Protect Health," by E. Robinson, M.R.C.S. "Hydro-Incubation in Theory and Practice." "What Constitutes a Discovery in Science?" "The Problems of Insanity," by G. M. Beard, M.D.

Special.

INDIAN MEDICAL ITEMS.

The Grievances of Medical Officers.—According to a telegram dated Calcutta, 8th instant, "it is stated that the Marquis of Ripon, Viceroy of India, intends to institute a careful inquiry into the grievances of the Indian Medical Service." We offer our hearty congratulations to the members of that service on this good news.

The Candahar Forces. — Deputy Surgeon-General J. O'Nial, A.M.D., is principal medical officer of the 1st division of the Candahar field force, under command of Lieutenant-General Primrose, C.S.I. Surgeon-Major L. S. Bruce, I.M.D., is principal medical officer of the 2nd or Reserve division of the same force under the command of Major-General Phayre, C.B.

Medical Officers in General Burrow's Forces.—The following medical officers are reported to have reached Candahar safely from the defeat of General Burrows by Ayoob Khan, namely, Surgeon-Major C. Harvey, Surgeon Burrows, Eaton, and Dane.

The Indian Medical Service.—Surgeon G. A. Cones is appointed to the medical charge of 22nd Bengal N.I., Surgeon-Major R. F. Hutchinson remains at Mussoorie on sick leave till October 28th. Surgeon-Major A. J. Ferguson has leave to England for six months on urgent private affairs. Surgeon E. J. Brander proceeds to Murree on sick leave till October 28th. Surgeon W. L. Gibbins has leave to England for eight months. Surgeon-Major H. G. Archdale officiates as civil surgeon of Dera Ghazi Khan, and Surgeon J. E. C. Ferris as civil surgeon of Kohat. Surgeon-Major J. McN. Donnelly, of the Madras Service has obtained leave of absence on sick certificate for two years. The arrival of Surgeons-Major J. Reed and C. Cooper is reported.

Cinchona Consumption.—Mr. Ferguson, in his Ceylon Directory, estimates the total consumption of cinchona bark for the world at 12,624,000 lbs. A writer in the *Columbo Observer* says:—"I do not think I am over-estimating the number of cinchonas that will be planted in 1880 throughout the Island at 20,000,000; allow 5,000,000 for failures, and add 5,000,000 for plants planted in previous years and now

alive, and it will give you 20,000,000 cinchona trees, which in five years will yield, either by taking strips and mossing, or by the shaving process, about 10,000,000 lbs of dry bark a year." Mr Ferguson estimates the production of cinchona bark for the world at 13,471,000 lbs., of which Ceylon is put down for 150,000 lbs., but when, remarks the correspondent referred to, "it produces 10,000,000 lbs., as I believe it will in 1885, the total production of the world will exceed the demand of 1876-78 by 10,847,000 lbs. The question therefore arises, will the demand for cinchona bark in 1885 equal the supply, or will the bark become unsaleable except at unremunerative prices?"

INDIAN MEDICAL SERVICE PASS LIST.—The following list of candidates for commissions as surgeons in Her Majesty's Indian Medical Service who were successful at both the London and Netley examinations has been forwarded to us from the India Office :—

	MARKS.		MARKS.
1. J. Simpson*† ...	5635	13. C. B. Maitland ...	4068
2. C. P. Lukis‡ ...	5483	14. D. F. Dymott ...	4018
3. R. R. H. Whitwell	5465	15. R. H. Cama ...	3998
4. L. A. Waddell ...	5233	16. W. B. Browning...	3980
5. H. P. Dimmock ...	4530	17. C. Henderson ...	3896
6. G. Shewan ...	4445	18. F. R. Divecha ...	3892
7. D. B. Spencer ...	4396	19. A. P. Adams ...	3864
8. J. Clarke ...	4391	20. C. M. Thompson	3783
9. C. C. Vaid ...	4383	21. C. S. Rundle ...	3667
10. P. D. Pank ...	4303	22. J. W. Evans ...	3612
11. T. R. Mulroney...	4115	23. J. Leonard ...	3604
12. T. R. Macdonald	4094		

C. F. Willis (who became ill last Session) ... 4166

* Gained the Herbert Prize. † Gained the Martin Memorial Medal. ‡ Gained the Parkes's Memorial Bronze Medal.

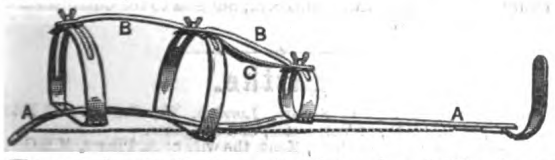
Novelties.

HIP SPLINT.

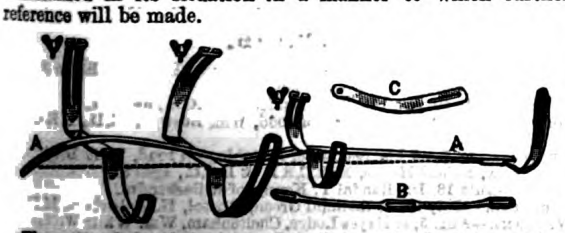
Designed by E. O. DAY,

Medical Officer to the Royal Hospital for Children and Women, Waterloo Bridge Road.

THE splint consists essentially of the three rods marked A, B, and C. The foundation rod A extends behind the whole length of the body. At the upper end it is recurved so that its extremity descends below the line, dotted in the diagram standing from A to A. Hence it will be seen that the patient cannot be disturbed without lifting the body entirely from the bed. There is, therefore, no liability to bend the hip-joint, which in that position is effectually supported on the splint.



The second rod, B, is employed to give rigidity in any position that may be found suitable to the bands which encircle the body. These bands are flattened on the posterior aspect and thus prevent isolation of the whole system—body and splint together—while the possibility of giving them a fixed position relatively to the body enables us to provide against rotation of the one upon the other. The desideratum of an immovable attitude is thus secured and the rod A is maintained in its situation in a manner to which further reference will be made.



There remains only one motion to be restricted, *i.e.*, rotation of the pelvis upon the head of the femur induced by elevation of the pelvis from the bed. For this purpose a flexible rod C has been introduced. This can be made to take the curve of the groin with the greatest nicety, and without putting pressure upon any part renders it quite impracticable to execute any movement that might raise the body away from the foundation rod A.

Parallelism of the lower extremities is very effectually secured by this splint. Any asymmetry that may exist in the earlier stages of disease, when pain is acute, may be corrected in the usual way by attaching a weight and so drawing down the limb by slow traction. Parallelism having been established, is maintained not alone by the bands which encircle the body fixing thorax, pelvis, and spine in invariable relations, *inter se*, but also by the rod C upon the limb, which, by preventing flexion and adduction, abolishes the conditions that induce rotation of the pelvis and curvature of the spine.

Nor must the importance of a secondary effect obtained by means of the abdominal band and the particular figure given to it and its colleague be here overlooked. The efficiency of the foundation rod A to prevent movements of the limb depends almost entirely upon its being maintained behind the limb, exactly in the plane of its rotation. It is the vice of many hip splints that they are apt to slip to one side or other of the limb, and consequently to afford play for considerable movement.

Summarised, the points in favour of this splint are :—

That it is less cumbersome than most others. It thoroughly immobilises the limb. It maintains parallelism. It dispenses with all bandaging.

Medical News.

Royal College of Physicians and Surgeons, Edinburgh.—*Double Qualification.*—The following gentlemen passed their first professional examination during the July sittings of the examiners :—

Appleton, E., Stockton-on-Tees
Batten, H. A. W., London
Berry, J. J., Pendlebury
Brewer, Charles Samuel, Liverpool
Burdon, John, Cleadon
Carmody, Michael, Limerick
Carr, Henry Wilkinson, Sussex
Clayton, A. J., Yorkshire
Crossley, Charles, Leicester
Gynne, J. H., Staffordshire
German, F. F., Fenton, Staffordre
Hanson, E. R., Cornwall
Jephcott, R. W., Warwickshire
Johnson, S. E., Newp't, Isle of W.
Legat, H. T., South Shields
Matheson, Hugh Bullen, Liverpool
McMichael, John, Dublin
Perkins, A. F. Cwm Aman, S. W.
Roberts, R. G., Liverpool
St. George, Capel Baldwin, Dublin
Stephens, D. H., North Shields
Shortridge, Herbert, Yorkshire
Spence, W. J., Darlington
Taylor, J. J., Newcastleton
Tisdall, J. J., Redmonstown, Irel.
Wise, T. A., Isle of Man
Watteville, W. F. R. de, Berne

And the following gentlemen passed their final examination in July and August and were admitted L.R.C.P. Edinburgh, and L.R.C.S. Edinburgh :—

Addison, C. J., Weymouth
Anderson, Robert, Newry
Bradshaw, J. C., Staffordshire
Boyd, R. J., Wells, Somerset
Bryce, P. H., Mt. Pleasant, Canada
Birkett, Henry John, Whitehaven
Crossley, Charles, Leicester
Cuscaden, George, Wexford
Cooke, L., Sutton in Ashfield
Close, J. A., Croydon, Ontario
Clark, Robert, Yorkshire
Chambers, J. T., County Tyrone
Dalston, G. W., London
Doughty, William, Canonbie
Duncan, A. L., Banffshire
Dunn, W. A., Manchester
English, Joseph, County Antrim
Fowler, Richard, Dublin
Fonceca, R. J. T., Madras
Graham, John Campbell, Bonn
Hall, J., Rokeel, Ireland
Harkness, Alexander, Belfast
Jones, R. O., Carnarvonshire
Kerrigan, O. P., Mullingar
Kelly, M. D., Limerick
Leitch, James, Inverary
Lowry, John Henry, County Down
Liston, Henry, Edinburgh
Macintyre, A., Stirlingshire
McNicoll, John, Liverpool
McWilliam, John, London, Ontario
Mitchell, Adam Garrett, Limerick
Marsh, J. H., Farnworth, Bolton
Martin, J. McCardie, C. Londond'y
Moloney, Denis, Duagh, Kerry
McDonogh, Patrick, Clapham
Osburne, John, Cork
Oatley, John, County Cork
Parette, James, Perth
Pope, Robert, Newbigging, India
Richardson, F. L. C., Rhayader
Rodgers, J. W., Nezapatam, India
Smailes, F. W., Pickering
Scanlan, A. E., Chester
Stuart, Charles, Berwickshire
Swan, Edward Goffe, St. Helena
Taylor, R. G., Grahamesto'n, C. C.
Torbitt, Charles, Warwickshire
Wardle, M. A., Stratford-le-Bow
Ward, Herbert, Yorkshire
Watt, William John, Beltast
Watson, A. A., Galashiels
Whitham, Alfred, Haworth
Whitaker, J. M., Dublin

Royal College of Surgeons, Edinburgh.—The following gentlemen passed their first professional examination during the recent sittings of the examiners :—

Andrews, James, Glasgow
Ellis, John William, Doncaster
Moglan, Michael Joseph, Galway

The following gentlemen passed their final examination and were admitted licentiates of the College :—

Barlow, Thomas Carey, Dalston
Barny, Richard Winter, Dublin
Ellis, John William, Doncaster
Palmer, B. A. County Armagh
Pestonji, Bejanji, Bombay
Williams, Isaac, Cerrig-y-Druidion

The following gentlemen passed their first professional examination for the Licence in Dental Surgery of the College :—

Fraser, Hugh, Largs
Tracey, H. W., Ipswich

James Stewart Durward, Edinburgh, passed his final examination, and was admitted a Licentiate in Dental Surgery.

University of London.—Entire First M.B. Examination. Pass list.

FIRST DIVISION.

Back, H. H., St. Bartholomew's
Berry, Harry Poole, Guy's Hosp.
Beverley, John M., Owens College
Booth, Edward H., Guy's Hosp.
Brooke, Walter T., King's College
Carter, T. E., St. Bartholomew's
Collier, Joseph, Owens College
Cooper, G. F., St. Thomas's Hosp.
Dingley, E., A., University College
Ellison, J. C., St. Bartholomew's
Evans, C. S., St. Thomas's Hosp.
Horrocks, W. H., Owens College
Jones, C. M. H., St. Mary's Hosp.
Lister, J. H., Guy's Hosp.
Martin, S. H. C., B.Sc., Univ. Col.
Moline, P. F. University College
Overend, W. B.Sc., St. Bart'lmew's
Price, J. A. P., Guy's Hospital
Shove, E., Lon. Sch. Med. for Wmn.
Spicer, R. H. S., B.Sc., St. Mary's
Stephens, L. E. W. Guy's Hospital
Thomson, St. Clair, King's College
Tunzlemann, E. W. von, Univ. Col.
Voisey, C. B., Owens College
Wilkinson, W. C., B.A. Syd., Univ. College
Worthington, S., Guy's Hosp.

SECOND DIVISION.

Adams, W. C., University College
Batten, R. D. St. Bartholomew's
Beevor, H. R., King's College
Berry, J., St. Bartholomew's Hosp.
Bertram, B., St. Bartholomew's
Campbell, H., St. Bartholomew's
Cook, A. H. University College
Cunnington, C. W., King's College
Davies, W. T. F., Guy's Hospital
Day, J. R., University College
Elgood, C. R., University College
Faulkner, J., St. Bartholomew's
Gray, J. A., St. Bartholomew's
Halliburton, W. D., B.Sc., Univ. Col.
Kealy, J. W. G., King's College
Lewers, A. H. N, University Col.
Lynam, R. G., King's College
Marsh, N. P., St. Bartholomew's
Nicholson, J. W., Guy's Hospital
Norvill, F. H., King's College
Parkinson, C. J., Owens College
Pike, C. J., University College
Porter, G. D., King's College
Rabbeth, S., King's College
Scott, B. C., Middlesex Hospital
Waugh, H. D., B.A., B.Sc., Univ. College
Wilson, A. H., Roy. In., Liverpool
Wood, L. E., St. Mary's Hospital

FIRST DIVISION—Excluding Physiology.

Eady, G. J., King's College
Parry, R., Guy's Hospital
Payne, C. A., St. Bartholomew's

SECOND DIVISION.

Dent, H. L. R., King's College
Fox, R. F., London Hospital
Richmond, C. E., Owens College

SECOND DIVISION—Physiology only.

Dingley, Arthur William, University College.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

PATER.—Most of the English schools open on October 1st, the majority of the Irish and Scotch schools are later. Full instructions, with courses, expenses, &c., will be given in our "Student's Number" in September. Few of the prospectuses have as yet been received, consequently changes may be made which would invalidate any advice we might give you thus early.

MR. WILSON.—The school referred to is probably about the least expensive in London.

A FOURTH YEAR'S MAN should read up Gant's or Bryant's "Surgery" and Foster's "Physiology."

DR. J. E. R.—A point of etiquette about which there is scarcely room for question. Our correspondent should send his neighbour the little vest pocket companion entitled "Rules of Medical Etiquette," published at one shilling by Baillière, Tindall, & Cox.

DR. FOX.—The pass-list appeared in our last number.

AUTHOR.—See "Literary Notes" present number; the subject was also referred to in our issue for June 28th.

AN ANCIENT MEDICAL CHARITY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—On the boundary line of Rochester and Chatham is situated the Chapel of St. Bartholomew, together with the ruins of the Hospital for Lepers, which was attached to it. These formed one institution founded by Gundulph in 1078. The leper's home is replaced by our excellent general hospital, and we are endeavouring to restore the venerable Norman Chapel, now over 800 years old, the sole remaining link which binds us to what is, I believe, *the oldest medical charity in England.*

Plans were furnished by the late Sir Gilbert Scott, who speaks of the chapel as a "precious archæological and historical relic, the preservation of which is of the utmost importance." The sum of £600 is still required to complete this good work. Will you allow me to appeal to your readers for help on medical, ecclesiastical, archæological, and architectural grounds?

I will gladly furnish the fullest particulars to any one who may be disposed to assist, and I hope that some of those whom God has prospered in their profession may be willing to give of their substance for the preservation of His house.

Yours, &c.,

JOHN BAILEY, B.A., LL.B.,
Chaplain of the Chapel and Hospital of St. Bartholomew, Rochester.

DR. D. C. B.—The journal has been forwarded to the address stated. If it lead to the suppression of the quack Dr. (!) Smith's advertisement in that newspaper so much the better. Our exposures have had this effect in several instances.

VACANCIES.

Gloucester County Asylum.—Junior Assistant Medical Officer. Salary, £100, with board and lodgings. Applications to the Committee of Visitors on or before Aug. 13.

Kent and Canterbury Hospital.—Surgeon. Applications to the Secretary not later than Aug. 13.

North Eastern Hospital for Children.—House Surgeon. Salary, £70, with board and lodgings. Also a Registrar. Salary, £50. Applications to the Secretary not later than Sept. 1.

APPOINTMENTS.

BENHAM, F. L., M.B., Resident Clinical Assistant to the West Riding Asylum, Wakefield.

GEOGHEGAN, E. G., M.D., Assistant Medical Officer to Portsmouth Borough Asylum.

GEORGE, G. A., L.R.C.P.Ed., M.R.C.S., Medical Officer for the Dorchester District and Workhouse of the Dorchester Union.

GOYDER, C. M., M.R.C.S.E., L.R.C.P.L., Senior House Surgeon to the Newcastle-on-Tyne Infirmary.

JONES, T., M.B., F.R.C.S.E., Consulting Surgeon to the Children's Hospital, Pendlebury.

KEELAN, P., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to the Callon Dispensary, Ardee Union.

LITTLE, J., M.D., M.Ch., Junior House Surgeon to the Wigan Infirmary.

MCARDLE, Mr. J. S., Resident Surgeon to St. Vincent's Hospital, Dublin.

MCDONNELL, E. P., L.R.C.S.I., Resident Surgeon to Gervis Street Hospital, Dublin.

MANBY, F. E., F.R.C.S.E., Honorary Surgeon to the Wolverhampton and Staffordshire Hospital.

MONTFORT, A. H., M.D., M.Ch., Assistant House Surgeon and Dispenser to the Kent and Canterbury Hospital.

NEWNHAM, C. A., M.R.C.S.E., Consulting Surgeon to the Wolverhampton and Staffordshire General Hospital.

O'CONNOR, C. J., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to the Clane Dispensary, Naas Union.

O'DEA, P. St. L., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Ennistymon Dispensary, Ennistymon Union.

WRIGHT, G. A., M.B., B.A., F.R.C.S.E., Surgeon to the Children's Hospital, Pendlebury.

Births.

BRUCE.—Aug. 2, at Norland Square, London, W., the wife of Peter Bruce, M.R.C.S.E., of Valparaiso, of a daughter.

PIGGOT.—Aug. 4, at Beckenham, Kent, the wife of A. Piggot, M.R.C.S., L.R.C.P., of a son.

Marriages.

BARNES—HUGHES.—Aug. 4, at Llandovery, Robert Barnes, M.D., of 15 Harley Street, London, to Alice Maria Hughes, daughter of the late William Garnon Hughes, J.P., of Glancothy, Carmarthenshire.

SPURGIN—PARKINSON.—Aug. 5, at St. Mary's, Islington, Thos. Spurgin, M.R.C.S., L.R.C.P.E., of Moreton Ongar, Essex, to Anne Andrew, eldest daughter of Samuel Parkinson, of Canonbury, London.

Deaths.

ALLEN.—Aug. 1, at Budleigh Salterton, Devon, Elizabeth Blane Allen, widow of the late Matthew Allen, M.D.

BIDDEN.—July 29, at Hull, R. C. Bidden, M.R.C.S., aged 71.

BOSWELL.—July 20, at Upper Norwood, Wm. Boswell, M.D., F.R.C.S., of Quebec.

HEELIS.—Aug. 1, at his residence, Blatchington road, West Brighton, Sussex, Robert Heelis, M.R.C.S.E. & L.A.C., aged 81.

KENNY.—July 18, Dr. Randal Y. Kenny, of Killeshandra.

ROBERTSON.—July 24, at Redland Green, Bristol, H. Robertson, M.D.

WILLIAMS.—Aug. 5, at Hayes Lodge, Cheltenham, Wm. White Williams, M.D., F.R.C.P., late Medical Superintendent of the Gloucester County Lunatic Asylum.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 17, 1880.

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Abstract

OF THE

PRESIDENTIAL ADDRESS

DELIVERED AT THE

MEETING OF THE BRITISH MEDICAL ASSOCIATION.

By Professor HUMPHRY, M.D. Cantab., F.R.C.S. Eng.,
Surgeon to Addenbrooke's Hospital, Cambridge.

AFTER a few words of welcome Dr. HUMPHRY proceeded :—

Gentlemen, as you wander through the sacred groves and the time-honoured buildings of this many-sided and deeply interesting place, feel, I pray you, that you are not merely welcomed by those who are now permitted bodily to receive you, but realise to yourselves also that you are in the presence chamber of the mighty dead, that—

"Where'er you tread 'tis haunted, holy ground";

that every turn you take is hallowed by the impress of a Newton or a Bacon, of a Cranmer, a Latimer, or a Ridley, of a Spencer, a Milton, or a Byron, of a Porson or a Macaulay, of a Wordsworth or a Wilberforce, of a Harvey, a Glisson or a Heberden, of a Whewell, a Sedgwick or a Selwyn; feel that the very stones are reminders of their presence, and cry out in their honour, and speak to you, and welcome you in their names. Those worthies loved the men of work and the men of worth. As such you claim fellowship with them, and a right in the places where their memories live, as well as a heritage in the institutions which the liberality of our forefathers has bequeathed.

And, yet, as you passed the threshold of this place, was not each one troubled with the insuppressible questions, What in these long years, with this might of intellect, and with its forcing power of wealth, has Cambridge done for medicine? Has there not, through the whole period of academic history, been enacted a divorce, a most unnatural divorce, as it were, between body and mind, between, that is to say, the nurturers of the one and the cultivators of the other? While Bellini in Pisa, Hoffmann and Stahl in Halle, Boerhaave in Leyden, Van Swieten and De Haen in Vienna, Sauvages and Astruc in Montpellier, Mondini and Valsalva in Bologna, Montagni, Morgagni, Fabricius ab Aquapendente, Prosper Albinus and Vesalius in Padua, Fallopius in Venice, Cullen, Brown, and the Munros in Edinburgh, were adding to, and rolling on, the great stone of medical science, and were drawing pupils from all parts of the world, and were shedding an unfading lustre upon their several universities, how came it that students of medicine could look to no master teacher here, and that medical science could date no advance from Cambridge?

Such barrenness in a great faculty was certainly never intended, was not contemplated, by our founders and first legislators. In the earliest college statutes, permission or direction is given to some of the members to pursue the study of medicine. In the scheme for the university, which was in the main taken from the University of Paris, the faculty of medicine was placed on a par with those of theology and law, and the provisions for teaching and graduating in the three faculties were alike. In the professiorial foundations by Henry VIII, by which the professorial system, as distinguished from the preceding method of teaching by regents, bachelors, and doctors, was inaugurated, medicine shared in common with the other faculties. The Regius Professorship of Physic received at that time an endowment and a status similar to those of theology and law; and in the additions to the professoriate which were subsequently made from time to time, the medical sciences have had their fair share.

To these great and interesting questions, as to many others on subjects no less largely affecting the welfare and destiny of man, the answers are not direct and easy, and are to be found, if at all, only by a careful study of the history of the past.

In the early part of the thirteenth century when the gathering of pupils and teachers here seems first to have come under the legal direction of the Sovereign, when students were arriving from Paris, and Cambridge was beginning to organise itself upon the model of that great university, the study of medicine, which meant little more than a culling of the views of Aristotle and Galen, obscured and misrepresented in their transmission through Arabian translations, was much confined to Salerno, as law was at Bologna, and theology to Paris. Learning, though reviving from the depression which almost amounted to extinction, was at a low ebb, especially on the north of the Alps, and was chiefly in the hands of the clergy, who thought secular knowledge to be unworthy of the attention of men whose minds should be engrossed with the great subjects of the, as they imagined then impending, dissolution of the universe; and natural science, where it had any existence, was still poisoned by the follies and mysteries of alchemy, which had not yet given way before the genius of Roger Bacon. This country which, five centuries earlier, before the desolating inroad of the Danes, had taken the lead in Europe, and had sent from its schools of York and Canter-

bury men who, under the far-reaching wisdom of Charlemagne, drew the first outlines of the French and German universities, was now in the background, at anyrate it could boast of no superiority. Those who would make any progress in medicine were compelled to resort to foreign universities, as did Caius and Harvey to Padua and Bologna, in which latter place Vesalius, after the long and almost unbroken interval which had elapsed from the time of Galen, was venturing to dissect the human body, and was followed by Eustachius and Fallopius. Caius, Harvey, and others returned to England; but none of them came back to Cambridge to found a school of medicine here, or to add the lustre of their names and the vigour of their intellects to such school as there was here, for there must have been some sort of medical teaching in the university. There were then, as there ever have been, greater pecuniary and courtly attractions elsewhere. They proceeded on their return from abroad, to practise their profession, or prosecute their studies, in various parts of England. Caius, it is true, after practising in Shrewsbury and Norwich, was not unmindful to his college, which he refounded and governed till shortly before his death in 1573, though apparently he still resided chiefly in London. In his foundation he was not forgetful of the interests of medicine; and he showed his sense of the importance of anatomy, acquired doubtless during his residence with Vesalius at Padua, by obtaining, in the sixth year of Queen Elizabeth, a license that his college might, for ever, yearly take the bodies of two malefactors and dissect them without the control of any person. Whether Harvey, when at Caius, may have derived from this any stimulus to his researches, or, indeed, whether the privilege was ever acted on, I cannot tell. But that there was no great accession to medical study and teaching in Cambridge we may infer from the fact that Glisson, who held the Regius Professorship of Physic for forty years, from 1637 to 1677, was a resident in London.

Ere this, events had occurred which seriously influenced the relations of London, Oxford, and Cambridge to the study and science of medicine. The highly learned Linacre, the great promotor, indeed renovator of learning, more particularly of Greek, in this country, beholding with concern that the practice of medicine was chiefly engrossed by illiterate monks and empirics, endeavoured to strike at the root of this evil by obtaining from Henry VIII, in 1518, letters patent for the foundation of his College of Physicians, with the privilege of licensing practitioners throughout the kingdom. The graduates of Oxford and Cambridge were exempted, forasmuch as, by virtue of their degrees, they were independent of the College, except within its precincts. Linacre lived to carry out and superintend his plan. Lectures were delivered at the College, and London thus became a centre of teaching, as well as of licensing the practitioners of medicine and surgery; and a new and formidable rival to Oxford and Cambridge was raised in the growing capital of the kingdom. But Linacre, who had been a student and doctor of Oxford, and an incorporated graduate of Cambridge, was not unmindful of the two universities. He showed his anxiety for their welfare, and his desire to promote the study of medicine in them, by bequests for the foundation of lectureships. Unfortunately, owing to the mismanagement of his trustees, these intentions were never carried out. The proceeds of his property assigned for the purpose, were, in great measure, lost; and the residue was diverted by private influence, at Oxford, to Merton College, and, at Cambridge, to St. John's College.

To proceed, however, with my brief narrative. During the seventeenth and eighteenth centuries, the influence of Aristotle gave way to that of Bacon and Newton, and the system of the university verged more and more to the exclusive pursuits of mathematics and natural philosophy. Classics, at length, contrived to force a recognition. The rich prizes given exclusively for these two school subjects extended the study of them into too late a p riod of life, attached an undue importance to them, dwarfed all other subjects, both at the schools and at the universities, deterred those students from coming to Cambridge who had not a taste or capacity for them, or who had not sufficient means of prolonging their school education, and, to say nothing of the religious restrictions, had well-nigh divested the university of the character of a national institution, and of its claim to public sympathy and regard.

Slowly and somewhat tremblingly the advancing wave of broader educational view came on, and showed its first influence, in 1851, in the foundation of the natural and moral sciences triposes. These were followed in succession by the theological, the law, the historical, the Semitic, and the Indian languages triposes. The subjects of these triposes are growing in estimation and in favour; the provision for teaching them is, year by year, more carefully and liberally made; and rewards for the successful study of them are more willingly granted.

Why not a medical tripos also? I may suppose you inquiring. I can only answer by expressing the hope that, when you next come to Cambridge, you may be relieved from the necessity of asking the question.

At the same time that a wider range was given to the studies of the place, the rigid and inelastic statutes of Elizabeth, which had for three centuries held the university with an iron grip, have been relaxed under the heat of public opinion—that sterling friend to Cambridge—and have given way to a freer constitutional code, which has afforded scope to, and thrown into strong relief, the naturally liberal spirit of the place.

That a great future, most potent for good, in connection with medicine, is open to Cambridge I cannot doubt. The opportunity is before her—not, I grant, to make amends for past shortcomings. That can never be done. The past can no more be made amends for than it can be recalled. The debt of lost time and occasion cannot be repaid, except in so far as regret for the omissions of the past may stimulate to better effort in the future. The opportunity is open, not simply to influence the few, but to leaven the large masses of the profession. The opportunity lies in a progressive advance and expansion of the teaching, under which I include examining; for examining should ever be regarded as the handmaid and most important adjunct of teaching. In proportion as Cambridge avails herself of this opportunity, and in that proportion only, will her influence upon medicine be great and good. Her social advantages are much and rightly valued; her literary renown is high; her academic prestige is great; her buildings are inspiring; her history is long and noble; but it is not upon these, but upon the high character of her teaching, that her future must stand.

Cambridge must give that kind of teaching which will engender broader and clearer appreciation of principles, which will render the study of medicine a medium for the cultivation of intellect, as well as a means of passing into a profession and earning a livelihood. It must show the scientific to be the natural and necessary adjunct to the practical, and must weave the two together into the woof of a high educational system. In no other branch of knowledge are the two so naturally and so entirely conjoined; in no other is there so much that is calculated to give strength and balance to the thinking and the observing faculties; none in which mental and bodily effort is more required and more telling. There is no one, therefore, which is more worthy of university culture, or which would more truly profit by it. May we not also say that, of all the physical sciences, medicine is the most difficult, the most important, the highest? What problems can be so hard of solution as those which relate to the aberrations of the most exquisite of organisms—the organism in which the properties of matter reach their maximum of variety, of complexity, of exquisiteness of combination and action—the organism in which they have their outcome in an association with the marvellous attributes of responsibily and intellectual process. These problems of healthy and morbid action transcend all known methods of calculation; and, as is too commonly found under such circumstances, are liable to fall under the range of dæmonology and quackery—at any rate, to come within the scope of that mysterious and unfathomable *ignotum* which transcends the *magnificum*. The very difficulty of the problems causes them to be ignored or overlooked. Men scarcely venture, or are able, even from a distance, to contemplate them, and therefore have a tendency to leap over them on to conclusions, without calculating the data which brought them there.

And is such a subject, so fitted to evoke and invigorate the mental powers, and upon the successful prosecution of which the future destiny and welfare of our nation and of our race so much depend, not to receive its fair recognition in this great seat of learning? Is Cambridge to stand aside for the future, as she has too much done in the past, and keep aloof from the task of generating and wielding this potent force? Is this important member of the body politic of the University to be suffered to go unnourished and untended, to the great detriment of the whole? My own experience tells me that such is by no means now, whatever it may have been, the feeling or desire of the members of the University. Certainly it

cannot be the feeling or desire of the members of the British Medical Association.

It is in the preliminary subjects of medical study, those which form the subjects of the earlier medical examinations, in addition to the broad ground of general education, that Cambridge will find her most appropriate sphere. The feeling is growing that these subjects would, for many reasons, be best taught apart from the great centres of clinical instruction; and it would be an enormous benefit to the cause of medical education to secure a thoroughly good teaching in these subjects upon the basis of sound general education. This, I am sure, lies at the root of the improvement we are all desirous to effect in our profession; and it is in this work more especially that Cambridge may and ought to play an important and conspicuous part in the future.

In evidence of this, I may refer to the buildings—the New Museums—which will be occupied by you during the meeting, and in which a suspension of our ordinary teaching work is necessitated for the accommodation and carrying on of your sections. And here I would observe, you must not suppose that "vacation" in Cambridge implies cessation of work. On the contrary, the practical classes are, for the most part, continued during a considerable period of the vacation; and some of the best work of this kind is then carried on, because the regular courses of lectures being discontinued, and the lecture rooms yielding to the laboratories and the hospital, the student can devote his attention more uninterruptedly to the last. This week's holiday is in compliment to, rather is enforced by, your presence. I make that remark because it is right you should know that the vacation is not now, whatever it may have been in times past, a vacant period in Cambridge; and because, unless you bear in mind that this week's interruption of medical study is an exceptional condition for which you are responsible, you would carry away a wrong impression of our vacation life. The erection of the buildings to which I have referred, with the laboratories, lecture-rooms, and dissecting-rooms, for experimental physics, botany, mineralogy, mechanism, optics, zoology and comparative anatomy, and physiology, and the provision of a staff of professors and demonstrators, and the better provision for chemistry and human anatomy, are an evidence of the impulse which the teaching of these sciences has lately received in the University, and are the forerunners of further building upon the same plot, by which it is hoped that, ere long, geology will find a suitable dwelling, worthy of the name, and in honour of the memory, of Sedgwick, and that a much needed expansion of the chemical and medical schools will be effected. I speak of a much needed expansion of the medical school—and those of you who are anxious to inform yourselves respecting this will have the opportunity of learning for yourselves that, though physiology is thoroughly equipped—as thoroughly as in any European school, and though the means of teaching and studying chemistry and anatomy have been augmented to meet the requirements of growing classes of students, yet in both of these a further improvement might with advantage be made. A well endowed professorship of pathology is about to be instituted, and a suitable pathological laboratory must be added. A fully complete curriculum Cambridge does not profess; but a sound scientific and practical teaching in the first two stages of medical education—in physics and chemistry; in anatomy and physiology, vegetable, comparative, and human—and a careful clinical training at the hospital, associated with pathology and therapeutics, are quite within our scope, and the teaching in them, I trust, will continue to be carried on with yearly increasing efficiency to a yearly increasing number of students.

This vast Association, one of the greatest guilds that ever existed, is an enormous power, and it has its own proportionate responsibilities. The united force of eight thousand members ought to roll on the great stone of science, and impel the wave of good feeling to the gradual wearing away of false dogmas, and the still falser notions of conflicting interests, and should stimulate to that unity of purpose and oneness of brotherhood, associated with oneness in a great and holy work, which are among the high ideals of Christianity. It is by greatness of result, rather than by greatness of numbers, that we must be judged. The greater the force, the greater the waste, unless it be well applied.

But one work—a work that especially appertains to the Association, the work of collective action, of the pull altogether of eight thousand members of the profession, I mean the work of cumulative observation, or accumulated data—has been too little attempted; or, if attempted, has been productive of too little result. I am aware that anything on a large scale of this kind is a serious undertaking, a gigantic enterprise; and I feel it, therefore, to be worthy of this gigantic Association. It is, perhaps, the only work in which all, or a large part, of the members can really and fully participate, and to which each can contribute his mite. It is almost the only way in which questions relating to temperamental, climacteric, and topographical agencies upon disease, and many others can be fully investigated and solved.

In the well stored and well used library of Crosse of Norwich, five and forty years ago, my little services were enlisted in the work of the Association, not so much for any good they did to it, but rather on account of the gain he knew it would be to me to be early trained in the feeling that a higher vocation than that which I might suppose to belong to the student of medicine, was opening upon me in the vocation appertaining to the membership of a great brotherhood, and in the duty devolving upon me as a member of a great profession. It was no small thing to have one's sympathies thus early awakened and directed. To the Association I have adhered ever since, as a means of keeping those sympathies alive; and when the proposal was first made that the present meeting should be held in Cambridge, I felt that we were bound to afford you the opportunity you asked of coming to this much loved place, this fair spot upon which our own lot has fallen.

Original Communications.

ON FEVERS IN INDIA.

By Surgeon-General C. A. GORDON, M.D., C.B.,
Hon. Physician to Her Majesty the Queen.

(*Continued from page* 111.)

g. "DR. GORDON had further quoted in support of his views as to the rarity of 'fever' an opinion of a distinguished author which was penned as far back as 1843, since which date that author had, as was well known, not only changed his views, but had accepted the classification of the continued fevers proposed by Stewart and Jenner." Nevertheless, the statement as made holds good in regard to the time stated. In paragraphs 37 and 38 of my second Report I have, as far as I was able, given the views of present authorities on this point, but as extracts from them would be too long for this communication I can only refer you to them. I notice, however, that one of these authorities therein named "regarded the continued fevers of Great Britain as fundamentally the same disease;" while a second, also named, "held that the doctrine that various kinds of continued fever as arising from separate poisons and governed by distinct laws, had not been established." It were easy to add to these remarks, only that I am at present concerned with fever as affecting British troops in India, and with reference thereto I consider that on the data already given in part in this communication, and more in detail in my special Reports on the subject, the following statement at page 69 of the second of those documents is borne out, namely: "I am fully justified in saying that by the evidence of authors and observers quoted, pathological conditions, now stated by some writers to be characteristic of, and confined to, a specific disease the result of a specific cause, namely, filth, exist also in fatal cases of various forms of disease, the result of non-specific causes endemic in tropical and sub-tropical countries, and that therefore, in the latter instances to apply a *specific* term to the disease merely from the existence of a particular *condition* is inappropriate and misleading."

h. It has been said that I have made use of the term *causation* in a manner "most misleading and unscientific, points being referred to as causes, which in reality are nothing more than conditions associated with the prevalence of disease." It seems to me, on the contrary, that with regard to the disease now under consideration one great misfortune is that the tendency of the day is too much to ignore the operation of surrounding conditions which are obvious, and to fix the attention too much

upon one *cause* or set of *causes*, assuming their existence when they cannot actually be discovered. In paragraph 4 of my paper, under the head of *Causation*, the following occur, and are discussed, namely: emanations from sewers, the use of impure water, fæcal contamination of air, violent and continuous exercises, exposure, conditions of the body itself, conditions of the surrounding atmosphere, &c. For my own part I have applied these expressions precisely as I have found them in the writings of authorities and writers whose works I have consulted; nor can I perceive the train of thought by which the expressions just quoted have come to be, I should say, *mis*-applied to them. With reference to this point of causation, quoting from page 16 of my first Report, I expressed myself thus in paragraph 4 of my paper under comment, namely: "Is it not the case that even here in England all professional men are not agreed as to the real cause of enteric fever; also that causation is so little understood that it gives us no help in diagnosis? But with regard to a form of fever, the definitions of which vary among themselves, and the causation of which is still undecided so long as we depart from generalities and individual conditions, inquirers in India, whose inquiries have failed to demonstrate certain specific causes of what has been indicated to them as a specific disease, have had very severe expressions applied to them. Meantime, however, their views are leavening opinion at home." That this remark is justified is, I submit, shown by the quotation from a recognised authority on enteric fever in England which occurs under section *a* of the same paragraph, namely, "I do not believe that there is any necessary connection between filth and enteric; and, indeed, I doubt if there be any at all. At the same time I would not like to say that any kind of filth might not contain enteric poison. The filth theory is really due to a name; and after a very anxious consideration of the evidence in favour of it, I have come to the conclusion that there is really none worthy of the name. The same may, I think, be said of drains, milk, and water supply. Some of the most recent of these are ingenious, and to *devout* believers no doubt satisfactory; but I am heterodox enough to doubt the whole thing. I think you maintain a climatic origin, that is, Trousseau's view, age, climate and overcrowding; and I don't think that we have got beyond that yet." Such are the *conditions* of *causation* to which my reference has been described as most misleading and unscientific. Such the authorities whom I follow.

i. "The study of climatology in connection with disease was of the utmost importance, but the assertion that an *infectious* fever was of climatic origin, when even the local circumstances under which it existed were not recorded, was damaging to the cause of epidemiology." Surely the paragraph thus quoted contains a number of misapprehensions. That under particular circumstances malarial fevers may diffuse themselves in the form of an epidemic, rendering it a point of difficulty to decide whether they are or are not infectious, has found various illustrations in India. Thus, at page 18 of my first Special Report, I write, "The Sanitary Commissioner with the Government of India, at pages 88, 89, and 224 of his Report for 1869, gives a number of particulars illustrative of the well-known fact in India, that epidemics as well as endemics of malarial fever suddenly occur from time to time at particular places." At page 76 of my second report the following paragraph on the same subject occurs, namely:—

"In 1843 Dr. Impy, of the Bombay service, writing of the 3d troop, horse brigade, then stationed at Chandmarie, near Mhow, expressed himself to this effect:—'It is well known, and brought home to us yearly, that troops become afflicted occasionally by temporary visitations (of fever), which are often as inveterate in type as universal in attack, and that the same stations, occupied by the same troops, remain for years after healthy, and as free from sickness as could be expected from the most salubrious locality; while on the other hand, presently, from some peculiarity or combination which has escaped us or is unknown, a type and vehemence are given to fevers which obscure their characters and almost set at defiance our resources.' Unless, therefore, a disease may prevail as an epidemic, and yet be incapable of propagation by infection, it is clear, on the authorities quoted, that a fever of this nature may and does originate from climatic conditions."

The following extract from the *Times* of July 19, 1880, is of importance in reference to the present subject. It is as follows:—"An official paper published in the *North-Western Provinces Gazette*, gives some details as to the epidemic of fever which prevailed in those provinces last year. The epidemic appears to have caused the death-rate to exceed the average by over 21 per 1,000, and it is estimated that 75 per cent. of the whole population suffered from the disease. The worst two districts were Bolundshahur and Alighur, in both of which the ratio of deaths from the fever was 113 per 1,000. Meerut came next with 81, and most of the other districts showed very high rates. Dr. Planck, the sanitary commissioner, describes the epidemic as essentially *climatic*, and ascribes the severity and great mortality to the vast number of persons who had been brought to a low state of health by the high prices and distress of the two previous years. The *specific* cause was, he thinks, *malaria*, resulting from copious rainfall of the year." I have italicised the words *climatic* and *malaria*. They precisely illustrate the sense in which they were used by me in the remarks to which exception has been taken. They also present an illustration at hand of the particular significance given to each by a medical officer of considerable Indian experience.

But with regard to the cases recorded in my special Reports two points are, I think, made perfectly clear by the information given from treating medical officers, namely, that in not one instance were the attacks of fever recorded in these documents traced to *infection*—in not one to *local*, that is, pythogenic conditions. On the first of these points I refer to column 11, Appendix A, pages 108 to 155, of my first Report, and 218 to 227 of my second. In these a few such remarks occur as "may have been," "supposed may have," "supposed," and so on, but nothing more definite occurs under this head, notwithstanding the obvious desire, as evidenced in the Reports quoted, to seek for specific rather than non-specific causes. With regard to the second point, namely, local conditions, I refer to the Sanitary Reports by individual medical officers, at pages 73 to 103 of my first Report, and to the *general result* of their information on the latter page, namely, that "in no instance has it been possible to find the existence of local and specific conditions of a nature to originate or influence the recurrence of specific pythogenic, typhoid, or enteric fever among British soldiers or their families within the Madras command." So far as local circumstances affecting the general sanitary condition of the troops are concerned, a reference to the "Form" of Reports furnished to me, given at page 73 of my first Report, will show that *all* such were most carefully considered, taken into account, and duly recorded in that Report. By all means let every possible improvement be made in these "forms," and thus aid further inquiry. Let my critics suggest some.

j. "Although it was obvious that climate governs every condition of life, health, disease, and death, yet that did not constitute it a cause of any special disease." Here, the circumstance being granted that "climate governs every condition" "of disease," I am unable clearly to demarcate in my own mind the exact point where it ceases to "govern," and yet not to "constitute a cause" of disease. In my paper now under remark, at paragraph 11 I quote from the more complete details at page 70 of my first and 77 of my second Report, where also the names of my authorities are stated, namely, "Inasmuch as the *fauna* and *flora* of localities are affected and modified by climatical influences—as the constitution of man is similarly affected—so, it is admitted by medical officers and others *who travel extensively*, that the pheno-

mena of disease are thus modified." "Each country has its own particular type of fever, depending more or less upon physical causes." "Infraction of Peyer's glands is endemic in some countries," and so on. Hence I consider that the remarks contained in that paper had the support of men whose travels authorised them to write as they did.

k. "Dr. Gordon's materials were also misleading, and having been obtained as the result of the issue of circulars to a large body of medical officers spread over a vast area they were almost necessarily untrustworthy." In the absence of particulars as to the grounds upon which these opinions are formed, I am unable to look upon them otherwise than in the light of abstract expressions. The circulars issued by me, from time to time, were so in furtherance of official instructions; they are reproduced at pages 204 to 208; they contain simply the items in regard to which information was officially sought from me; nor is it shown even now in what precise respect they were defective, or in what other way information from "a large body of medical officers spread over a vast area" could be obtained. I now mention the circumstance, however, that during my own time of service in the Madras Presidency, with one exception, I personally visited every station referred to in my Reports; thus the description of localities and their conditions therein given have the support of my personal observation. If any improvement can be suggested in the manner of collecting information regarding fever in India than the means I adopted, I trust it will be done, and is advantages demonstrated in the essays of competitors for the prize of 500 rupees handed over by me to the Government of Madras for this purpose. See Army Medical Blue Book for 1878, page 331.

l. "Even accepting the facts recorded in the returns issued, they in some important respects led to conclusions diametrically opposed to those embodied in Dr. Gordon's paper." That the interpretation of the *facts* alluded to, like that of many others, depends upon the light by which they are viewed, and also by the *quality* of observation recognised as "personal equation" is no more than natural, but the facts themselves remain. As between my own interpretation of the facts alluded to, and that by critic, there is, on the one hand, an Indian point of view, the result of *previous training*, according to results of continuous experience in that country; on the other interpretation of facts in India in accordance with training and theories of very recent origin in England — those theories themselves abandoned by not at all an inconsiderable number of capable observers, as already shown in this paper, and section *a*, paragraph 4, of that read before the Epidemiological Society.

(*To be continued.*)

Clinical Records.

NOTES ON A RARE CASE OF OTITIS EXTERNA PARASITICA.

By ROBERT TORRANCE,
Surgeon to the Throat and Ear Infirmary, Newcastle-upon-Tyne.

THE following case is communicated, with the view of enabling us the more clearly to understand and more successfully treat certain cases of otitis externa, not many years indeed having passed, since the profession became generally aware of the fact at all, that vegetable fungi were germinated in the auditory canal, and that they caused or aggravated inflammations of this part, and of the surface of the membrana tympani. The fungus here was discovered to be a species of aspergillus, which by the way, as already known (in one of its varieties), is the parasite most commonly found in the ear, and occurred in a young man, having what might be called a scrofulous otorrhœa. This was not the primary disease, but a consequence of a diffuse otitis, which had been of such a mild character for several years as scarcely to have attracted his attention, especially as he had been told that the disease would "wear away," and that medical assistance was of no avail for it. The formation of the vegetable mould, in his ear, had evidently been preceded, by what I believed to be an eczema, at all events some kind of an inflammation had first occurred which had loosened the epidermis, and when seen by me he was suffering from a sensation of fulness in the ear, with tinnitus aurium, vertigo, impairment of hearing, and pain, not severe as in acute catarrh of the middle ear, but a dull heavy sensation in the part. The objective symptoms consisted in the adherence to the walls of the canal and to the outer surface of the membrana tympani, blackish flakes nearly blocking up the whole of the passage, and which were mistaken by me at first for hard wax. The syringe, however, would not remove them, but the angular forceps used under a good illumination, by means of the otoscope detached them, leaving the tissue beneath reddened and tender, and when the microscope was resorted to as an auxilliary, it made the diagnosis certain to to be that of *Aspergillus Nigricans*, consisting of its three essential parts:—

1st. The mycelium, a dense network, or pseudo-membrane of delicate fibres, which formed the ground-work or roots as it were, from which the

2nd part, or fructifying portion (fertile hyphen), arose perpendicularly; and

3rd. The free spores which lay thickly strewn upon, and in the mycelium.

A portion of the specimen alluded to was planted upon lemon peel, placed in a close vessel, at a constant temperature of 80° F., when it gave at the end of the third day not, I must admit, a well developed growth of any form of aspergillus, but most distinct bastard specimens of it.

The treatment was exceedingly simple, but very tedious. The loosened epidermis and flakes of mould, were carefully removed every day by means of the forceps and syringe, and the canal was frequently douched with warm water, by means of Clark's douche. The canal was pencilled with nitrate of silver in strong solution after the cleansing process was over, not for the purpose of destroying the fungus, but to subdue the inflammation of the integument. Several agents were used as parasiticides, but were not found to be very efficacious, as the next day the growth was found to be reproduced. The most specific amongst them was the hydrochlorate of lime, which was used in the strength of two grains to the ounce of water. As is too often the case all the aural symptoms were not relieved, however, when the vegetable fungus had ceased to appear. Certainly, the most troublesome symptoms were so, by the destruction of the parasite, but the inflammation continued, long after the microscope had failed to find any traces of the mould in the auditory canal. Still, twenty-eight days after he came under treatment, he left me, with hearing distance for watch R. $\frac{9}{48}$, L. $\frac{14}{48}$. At eighteen feet distance he could hear and carry on a conversation in the ordinary tone, with his face away from the speaker, and some weeks after he was said to be still improved.

Note.—There is scarcely a doubt that many cases of vegetable fungous growths in the ear are often mistaken by us for impacted cerumen, and otitis externa diffusa. Since my attention has been called to the subject I can recall several cases of very obstinate inflammation of the auditory canal, which I now believe were cases of the growth of vegetable parasites in the part, none of which recovered from the affection, undoubtedly from not having used the specific parasiticides.

Translations.

DEAFNESS:
ITS DEGREES, CAUSES, AND THE VARIOUS MEANS RECENTLY DEVISED FOR DIMINISHING ITS INCONVENIENCES. (a)

By Dr. LADREIT DE LACHARRIERE.

Translated by W. DOUGLAS HEMMING, F.R.C.S.Ed., Bournemouth.

(*Continued from page* 113).

Von Troltsch adds: These histories are decidedly curious, and many ask whether these phenomena are not produced in cases where there exists a slight interruption in the chain of ossicles; for example, a separation of the stapes from the incus. We have often witnessed similar cases. We have often ascertained that deaf people who only distinguished words which were spoken into their ear, heard almost normally when they were in a carriage or a paved roadway, or in a vibrating medium, but experienced no change when they were simply in the midst of a noise. We think with the learned Wurzburg professor that the explanation of this phenomenon must be sought in the chain of ossicles; but instead of a separation, we think that it is in a consolidation of the articulations that we must look for the cause. We have always observed this phenomenon in persons affected with anchylosis of the ossicular chain, and we look upon the sign as sufficiently constant for us to recognise by it this condition of the chain. In anchylosis of the chain the sound-waves are no longer transmitted in conditions favourable for hearing, and it is only when the patient is in a vibrating medium that the chain partakes of the general agitation of all objects and is brought into a condition of suppleness more suitable for the transmission of sounds. Whatever may be the explanation of the phenomena, we have too often observed their coexistence with anchylosis of the ossicles not to affirm a relation between the two.

When deafness is not absolute there are other conditions in which its degree is variable. A large number of patients affirm that hearing is worse with them according to certain atmospheric conditions. These conditions are variable, and it is impossible to classify them with certainty. Some object to dry and cold winds, others fear a humid atmosphere, some complain of stormy weather, others find themselves better in rainy warm weather. We have endeavoured to interpret these differences. It has appeared to us that deafness, due to catarrhal affections, is worse in damp; that cases accompanied by congestive troubles, as those connected with herpes, or in which affection of the vaso-motor system was observed, varied in intensity according to the magnetic conditions of the atmosphere.

There are some appreciations of general causes difficult of determination and which it must suffice to indicate. In women it is a matter of almost constant observation that during the menstrual period the hearing is confused. I would also just note those fugitive and transitory glimpses, as it were, during which deaf people perceive sounds which for a long time they have not heard, and then after a few moments lapse again into their habitual state of isolation. I am convinced that these are not illusions, but I cannot give to them an explanation which satisfies me.

Deafness may be congenital or acquired. We shall at present examine only the causes of acquired deafness which may have either a cerebral or an auricular origin.

Deafness of cerebral origin may be hereditary. It is not rare to observe in the pedigree of a family a series of deaf people, without being able to point out an occasional cause. In such cases the deafness is almost always produced at nearly the same age, and it is rational to believe that heredity is the cause. We do not say that hereditary deafness always has a cerebral origin. This is, on the contrary, the rarest exception, and yet when we find no apparent lesion of the middle ear, no subjective phenomenon which leads us to suppose an affection of the internal ear, we do not know in what region, and in what conditions the acoustic nerve is affected and paralysed. "The hearing," writes Itard, "is of all the senses that which feels most promptly the least morbid dispositions of the brain, and that whose relations with this organ, both physiological and pathological, are most active. There are few deaf people who have not observed the influence of grief and of mental trouble on their infirmity. We know the profound abstraction of this sense in meditation and great pre-occupation of mind; and we may remark that hearing, more than sight, taste, or smelling, is enfeebled by an attack of apoplexy."

I have often had occasion to observe deafness as a precursory phenomenon of certain cerebral affections, and particularly of tubercular meningitis. Bouchut, in his lectures on Cerebroscopy, has pointed out certain lesions of the retina which may warn us of an outbreak of cerebral trouble. I do not doubt that if the expansion of the acoustic nerves was sensitive to our means of investigation, it would be equally possible to ascertain lesions analogous to those of the retina.

In the course of 1877 I was consulted for a charming child, æt. 9, very intelligent, who in the lycée at Paris, where he was, had gained all the success desirable at his age. For some months he had become deaf, and the dysecia had made such progress that he could no longer follow the lectures of his professor. The middle ear was intact, but labyrinthine sounds evidenced deeper trouble. My efforts were fruitless, and cophosis became almost complete. I ceased all treatment, and warned the mother to carefully watch the child's state; some months later I heard that it died rapidly of tubercular meningitis.

My accomplished friend Dr. Luys showed me the brain of a woman who had died in La Salpêtrière, and who had been completely deaf for more than twenty years, in which the posterior convolutions were the seat of considerable atrophy. The disappearance of some parts of the convolution showed vacua as large as the end of the thumb. Under what influence could such a morbid process be produced? We know not. Had the deafness been the consequence of the lesions, or had the loss of the function caused a wasting of the organ almost amounting to its disappearance? Many such questions we cannot answer, but these cases establish the fact that certain modifications of the brain may have intimate relations with deafness without causing other functional troubles.

Mention has been made of deafness due to syphilis, and I have myself had occasion to observe many cases of it in which the morbid cause was not, situated in the ear, but in the intra-cranial organs.

Numbers of children become rapidly deaf without our being able to trace any other cause than the retrocession of an exanthem, and without our being able to discover in the middle ear any traces of inflammatory disease; we may then suppose that it is on the brain itself that the morbid principle has directly acted. It is not a year ago that we were compelled to adduce this cause of deafness to explain the cophosis of a number of deaf mutes. It would seem that such a morbid cause should be but transitory; it is nothing of the kind however, and even when one is called immediately it is rare that efforts at treatment are anything but fruitless.

A large number of deaf mutes owe their infirmity to serious fevers, amongst which typhoid is in the first rank, and to meningitis. In these patients the brain seems primarily attacked in a large number of cases, and we can find no trace of lesion in the ear.

Lastly, we should mention convulsions in young children as frequent causes of deafness. These convulsions are manifested either during dentition or under an influence which eludes our appreciation. They may be the expression of a morbid condition of the ear. They may also be due to a purely cerebral cause. Whatever may be the cause of the convulsions they may produce serious modifications in the brain which cause the loss of hearing. We have observed many examples; sometimes they have been caused by strong emotion. Thus we observed a little boy who was terrified by Prussian soldiers who perpetrated on him the poor joke of aiming at him. He was seized with convulsions and remained deaf. We believe that convulsions, symptomatic of an affection of the digestive passages, or of a disease the seat of which is distant from the brain, may have similar results.

Hysteria.—We cannot close the list of diseases or nervous troubles which may cause deafness without mentioning hysteria. The ear pays its tribute to the fantastic mani-

(a) "Annales des Maladies de l'Oreille, du Larynx," &c. 1880.

festations of this neurosis. A characteristic of hysterical deafness is, that it is sudden in its appearance. Sometimes the deafness accompanies other nervous manifestations, at other times it is the only symptom of disease; the ears preserve an appearance of perfect integrity, patients complain of nothing except that they cannot hear. Another characteristic of hysterical deafness is, that it is complete; there are never any half-deaf people, patients hear absolutely nothing. I was consulted ten years ago by a high functionary of that period, whose daughter had become absolutely deaf without any cause appreciable by the family. I thought there was paralysis of the acoustic nerve of hysterical origin, and I recommended hydrotherapy in a special establishment. Some weeks later the father of this young girl came to thank me and to inform me of her perfect cure.

We must not confound hysterical deafness with deafness in hysterical patients. In the latter cases the deafness may be due to very different causes, and to all those which may cause it in other conditions, but it owes to the nervous malady variations sometimes unexpected. It is to this variety that we must attribute those fantastic and inexplicable modifications observed by Prof. Charcot at La Salpêtrière in his experiments on metallotherapy.

Local Causes.—These may be situated in the external meatus, the Eustachian tube, the membrana tympani, the tympanum and the organs contained in it, or lastly, in the labyrinth and its bony case. We will study these successively.

It seems a commonplace to write that obstruction of the external meatus may cause a marked degree of deafness, and that the ease with which this condition should be recognised should prevent such occurrences. It is not, however, always easy for an uneducated eye to recognise an obstruction of the deeper parts of the auditory apparatus, and it has several times happened to me to restore hearing to persons belonging to the well-to-do class of which they had been deprived for years. Among these cases two deserve mention.

I was consulted some years ago by the widow of a celebrated surgeon who had for many years been quite deaf of one ear. The external meatus showed, at its deepest part, an epidermic plug which had been scratched by the ear-pick, and which had a smooth greyish surface which had passed all the time as a fibrous, thickened, membrana tympani, showing no traces of the chain of ossicles. On comparing the two ears, it was easy to see that the depth of the two meati was not the same, and that the sound ear contained a foreign body covering the membrane.

Another case is that of a lady, æt. more than 80, whose deafness had long been attributed to old age. In this, as in the preceding case, re-establishment of hearing was complete, to the great surprise of both, who had little hope of cure.

The auditory meatus may be narrowed or its course obliterated by an osseous tumour. It would seem that this deformity is a congenital condition in some of the Indian races of America, among whom still the custom of producing artificial elongation of the cranium still obtains. We find in the Memoir of M. Delstanche, jun., (*a*) interesting historical researches on fifty-four cases of Titicacas thus deformed. Prof. Seligmann, of Vienna, has met with the anomaly in question five times; but it is important to add that he has not met with examples in another American tribe—the Avares, although their crania were deformed in an identical manner. We cannot, therefore, attribute the enormous proportion of exostoses of the ear observed among the Titicacas to the manipulations to which they submit their heads; it looks more like a predisposition of race. Welcker ("Arch. f. Ohren.," p. 163) met with these osseous excrescences in the Indians of North America with non-deformed crania, as well as in the natives of the Marquesas Islands. None of the crania of Caucasian races examined by this author presented this affection, although their number in the collections far exceeded that of the crania of foreign origin.

We have studied these morbid productions in all the cases cited by the authors, and in those which we have had occasion to observe, the deafness was more or less complete according to the degree of obliteration of the meatus. Seligmann and Welcker, having examined only the crania of the Indian tribes of America, could not say whether deafness was frequent among them. Deafness may also be caused by a cellulo-fibrous change of the auditory meatus. We frequently observe congenital imperforation of the auditory meatus, but this deformity may also be devoloped as a sequel of inflammations in the meatus. I have published a very interesting example occurring as the result of an otorrhœa, and by the rapid production on the diseased surface of a cicatricial tissue.

Polypi of the meatus are much rarer than those of the tympanum. They have, as a rule, their point of origin in the periosteum of the meatus, and present themselves as vegetations which may obliterate the meatus and cause considerable deafness.

Inflammations of the meatus, whatever may be their cause, by producing swelling of the soft parts, give rise to a certain degree of deafness; the acute symptoms which accompany them, the pain and the presence of discharge, make them easy to recognise. But there are some other affections of the meatus which, being developed slowly, cause no acute symptoms, and little by little produce loss of auditory sensibility.

Skin affections are common in the meatus. Some are accompanied on their appearance by moist secretion, which soon disappears, to leave the skin hardened, thickened, red, and covered with half-detached follicles; others are dry from the commencement like pityriasis. This affection is rarely primarily developed in the meatus; more often it has existed for some time on the scalp, and is propagated thence to the ear; it is at about the age of 40 when the hairs in the meatus become thicker and stronger that we see pityriasis appear. The scales from the head are caught and retained by the hairs, and a sort of morbid germination is soon produced. The pityriasis may be propagated to the external surface of the membrane, which is thickened, and causes aural trouble and deafness. Other parasitic affections have been observed in the meatus. These morbid germs belong to the genus aspergillus. It is to Wreden ("Arch. f. Ohr.," vol. iii.) that we owe the determination of their exact nature. Levi and Burnett, of Philadelphia, have also published interesting observations of them. The deposits found by them in the meatus always cause considerable deafness. In Levi's case the ear was the seat of abundant catarrhal secretion, but we may say that at first the dominant and only symptom of this condition is deafness. I need not mention insects, which always cause severe trouble, because the deafness in these conditions is not entirely secondary.

(*To be continued.*)

(a) Delstanche, fils, "Mem. de l'Acad. Royale de Bruxelles," 1878. Transacted by Dr. Cassells in *Medical Press and Circular*, 1879.

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS, FOR THE GUIDANCE OF THE PROFESSION AND THE PUBLIC.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,
President of the Pharmaceutical Society of Ireland, &c.

WITH NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.,
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(*Continued from page* 115.)

Therapeutics of the Foregoing Classes.

It is considered desirable to append a few remarks on the remedial uses of mineral waters in classes before proceeding to treat of individual springs. In so doing we shall follow the order adopted in the chemical division of this report. Inasmuch, however, as the imbibition of more or less liquid exercises no slight influence on the body, we are met by the preliminary consideration of the internal use of pure water. An adult will in health take an average quantity of nearly four pints of fluid a day; some thirsty souls take much more and some do with less. A few make simple water their chief fluid; others consume much milk; a larger number take a considerable propor-

tion of tea, coffee, cocoa, or other simple beverage ; too many almost exclude the simpler fluids by the amount of alcoholic liquors in which they indulge. In this last case, of course, the effect of the alcohol masks that of the fluid, but we must not forget that the amount of liquid drunk and the time at which it is taken exercise some influence. Of course, the amount of liquid received has to be counterbalanced by that removed, so that the skin, lungs, and kidneys are called upon to get rid of the average four or five pounds of water a day, and of any excess that may be injested. As the water is taken into the system and is the vehicle for the removal of waste it may be regarded as in some sense washing the tissues. It is commonly said that very little water passes directly through the pylorus into the intestines, but Küss is of a different opinion, and the writer endorses his view—more especially when large quantities are taken.

But the water thus required to maintain the balance of the system is only a small part of that which is always at work in the economy. The quantity daily poured with the secretions into the alimentary canal, and again re-absorbed by the lymphatics and termini of the vena portæ, is variously estimated at 12 to 24 pounds. This water is the purveyor of various solids which are precipitated and left behind, and the solutions in question must contribute their share to the manufacture of the chyle. Water freely passes from the stomach into the vena portæ ; thence it goes through the liver, where it becomes charged with the products of that organ, and brings them again into the intestines where they are precipitated. Hence we may understand the repute of free water-drinking as a cholagogue, and as powerfully assisting the abdominal circulation. Apart then from its mechanical effect in the primæ viæ, which varies with the quantity imbibed at a time, water may be regarded as the great diluent, solvent, and eliminant. It dilutes the contents of the stomach and intestines, and thus acts as an aperient. It also dilutes the whole mass of the circulating fluids ; but probably the blood is only influenced thus for a brief period, its specific gravity being maintained with tolerable uniformity. We have seen how it dilutes the bile and thus acts as a cholagogue. In the same way it is a diuretic and diaphoretic by dilution of the excretions of the kidney and skin, and the same may be said of its effect on all secretions. Add to its diluent its solvent powers, and we see why it is the most valuable eliminant : dissolving various substances and increasing all the secretions by which they are removed, it increases tissue changes, and thus loss of body would ensue unless counteracted by the fresh arrival of aliment. It may thus increase appetite, and prove the best tonic ; but if appetite fail, or food cannot be obtained, it would hasten wasting. By removing waste tissues it is believed that it may thus affect morbid deposits, though this power is more frequently attributed to medicinal waters.

The temperature at which water is drunk has a great influence. Absorption appears to take place at about the temperature of the blood, and to secure rapid removal from the stomach by absorption it should be taken at about that point, and in small quantities at a time. Cold water in small quantities stimulates the stomach and assists digestion. A full draught is apt to impede that function—in weakly people "lies heavy" for a long time, and the danger of drinking very large quantities when the body is hot and exhausted, is well known. A glass of cold water early in the morning is an excellent aperient, stimulating the peristaltic action by its temperature, and promoting the secretions in the way already described ; a draught rich in carbonic acid is still more effectual. Cold water may be given when even the temperature is high, and it does not give rise to discomfort. On the other hand warm water is more grateful in many painful affections of the abdominal organs ; it is better to increase the action of the skin, to promote other secretions, and possibly to stimulate the absorption of morbid deposits ; as a cholagogue it is often efficient if taken regularly at bed time, or night and morning. In laryngitis and bronchitis the use of hot drinks is well known as a popular remedy. Warm beverages are also popularly regarded as more refreshing than cold. Excess in drin king liquids either warm or cold gives rise to certain complaints well-known to medical men, but as this report is intended to be restricted to the bottled waters, it seems unnecessary to describe the evils that are sometimes produced at certain springs.

We have next to consider the action of mineral waters. The effect of a glass of water containing a fixed amount of solid or gaseous substances might be supposed to be the same as a similar dose of the active ingredients. Usually more fluid is taken than in pharmaceutical preparations ; hence we have to do with the effect of the water as well as the medicine ; and with the variation induced in the latter by dilution. The former we have seen depends on the quantity drunk, the time at which it is taken, and its temperature. With regard to the latter, the effect of solids is perhaps better understood than that of gases. Some mineral waters are charged with large quantities of solids, for example, some of the stronger, bitter, saline, purging waters ; others contain an almost inappreciable quantity of mineral ingredients. These solids are absorbed with the water, and produce their usual medicinal effects, but it is to be remembered that dilution tends, as a rule, to increase that action. Thus a small dose of sulphate of magnesia or soda in a large quantity of water will prove as active a purgative as a large dose less diluted. Then, again, the frequency of repetition in many cases is an important question, for on this depends whether the ingredient be circulating in the system almost constantly, or only for a brief period. This depends in its turn on the rate of elimination and the frequency of the dose, a point which, in reference to mineral waters, has not been sufficiently attended to. The effect of the gases is less understood. Carbonic acid is an agreeable stimulant to the stomach, from which, however, most of it is speedily eructated, but some of it passes into the intestines and stimulates

peristalsis. So marked is this effect that carbonated waters are advantageously substituted for salines in many cases in which the latter are still frequently prescribed. Constipation from torpor of the bowels is not amenable to the more irritating laxatives of saline waters, but may often be overcome by more simple remedies, such as the popular glass of cold water, fasting; or the still more appropriate use of a highly carbonated, but not purgative, mineral water. Further, the carbonic acid gas has the power of holding other ingredients in solution, and making the dose more palatable. Of the effects of nitrogen, sometimes vaunted as an ingredient, nothing positive is known. Minute quantities of sulphuretted hydrogen are supposed to have a value as pronounced as the flavour of the water which contains this gas. Of other gases nothing need be said here.

(To be continued.)

THE MEDICAL ASSOCIATION MEETING AT CAMBRIDGE.

The four days' doings of the British Medical Association have come and gone since our last issue left the press, and on the whole the gathering may be recorded as an unequivocal success. Many circumstances in its favour were even anticipated, and the anticipation, we may say, has been realised. The proximity of Cambridge to the metropolis afforded great facility for the attendance of London men and the reading of London communications, and there was, therefore, an excellent list of papers to be read on the "orders of the day" of most of the sections. Moreover, it was possible for the busy men of the great city to run down after their morning's work and take part in the festivities of the evening at Cambridge, and many of them did so, while the powerful influences of University prestige and Collegiate hospitalities were of themselves sufficient to make the meeting attractive and successful. The colleges had, indeed, lent most potent aid to the accommodation and comfort of the visitors, for they placed their rooms at the disposition of very many of the visitors, and thereby added the charm of University residence to the other attractions of the city of Cambridge.

The afternoon of Tuesday saw a goodly number of the members of the Association and of the ladies who accompanied them congregated in the noble and beautiful chapel of King's College to inaugurate the meeting by a choral service and a sermon from the Lord Bishop of Ely. The address was eloquent and eminently appropriate to the occasion, but considering that many of those present had travelled all night and were longing for a stroll through the college meadows and courts as a change from the dusty heat of the railway carriage, it might, we think, have been abridged or divided without any sacrifice of the appreciation of the audience. The service, however, was a most imposing initiation of the Association's proceedings, and worthy of imitation whenever the beauties of cathedral architecture and music and episcopal eloquence are at hand.

The first general meeting of the Association was held on the same Tuesday evening at the Senate House, and in due course the first business was the relinquishment of the chair by Dr. O'Connor, of Cork, and its assumption by Dr. Humphry, the new President, and the host of the Association for the time being.

Dr. O'Connor expressed himself, as he always does, in a kindly spirit and with a venerable presence which ensured to him the sympathy of his audience. He briefly recapitulated the successes of last year at Cork, and added: Let us not look for great discoveries, for they do not come every year, nor always every century, but be satisfied to extend our knowledge. This, I may say, is the characteristic of the generation in which we live, not alone to advance knowledge, but to disseminate it, till it comes closer to those who are engaged in using it for the purposes of life. It is in this way that knowledge may be called power; and there is no institution that has aided so much in the dissemination of knowledge as that which has opened its venerable halls for our meeting. And never have they proved their utility better than by receiving and fostering within their walls the medical profession, whose interests we are met to advance to the utmost of our ability. In this University medicine becomes associated with classical literature, which has been the solace and comfort of a hard-working profession, and particularly at a period of life when a man's working day is past; and associated with it are the stricter sciences, that are so necessary to enable the physician to reason well about the problems that come before him, to distinguish truth from error, to distinguish assertion from proof.

Dr. Humphry ascended the throne of the Association amidst plaudits which proved not only that he was popular in his person, but that the Association felt he was the most deserving occupant of the chair; and he delivered an address which was brilliant and instructive (for those who could hear it), and which may be read in abstract in our columns by those who did not. The Senate House would seem to have been constructed with a careful regard to the killing of articulate sound, and even Dr. Humphry's exact articulation did not suffice to convey his words to those at a distance. By those who were so placed as to hear and enjoy, his address was pronounced admirable. The suggestion made by the President as to the united action of the members for the purpose of collecting facts in medicine, surgery, and pathology was at once accepted by the meeting, and a resolution of thanks to him adopted thereupon.

At the conclusion of the presidential address, and after a warm vote of thanks to Dr. O'Connor, Dr. Carpenter proceeded to read the annual report of the Council, but before he had uttered half a dozen words he was made to understand that the meeting was not disposed for the dullities of business and finance, and accordingly the report and statement of accounts were taken as read, and passed *nem. dis.*, not, however, before Dr. Stewart had given utterance to a most wise and solemn warning against such a method of doing business. The caution administered by him was reasonable and, in the interest of the Association, most needful, but it cannot, we think, be expected to produce any effect as long as the pure business debates and financial calculations are huddled up within the expiring minutes of an oratorical congress. Each balance sheet and report of the Association contains necessarily much matter for comment, even by those who see no reason for finding fault, and without doubt the Association will, as Dr. Stewart said, live to regret it, if it ceases to take an interest in the practical business details of the organisation. However gratifying it may be for the Council to have its work approved without being examined, it must be discouraging to them that their labours should pass without appreciation, and it is certainly dangerous for any large organisation such as this to give its stewards to understand that it asks for no account of their stewardship. We strongly urge that a special hour be given on the second day of each annual meeting to the report and accounts.

The final proceedings of the first day at Cambridge was the adoption of a motion by Dr. Norman Kerr to the effect that in future the dinner ticket should not include the cost of wine in its price. When Dr. Kerr rose to move this proposition, his reception was the reverse of encouraging, but having spoken with much force and with praiseworthy courage respecting the evident injustice of compelling temperance men to pay for the wine of non-abstainers, he received such support from all parts of the room, that the Committee of Council saw the wisdom of accepting it, and no doubt we shall next year have the presence of the teetotallers at the annual dinner.

Wednesday.—Second Day.

On Wednesday morning a large number of persons assembled in the Senate House to hear the address in medicine delivered by Dr. Bradbury. The address occupied an hour in its delivery, and at its conclusion a hearty vote of thanks was accorded him. We shall give a full abstract of it in our next.

An attempt was made to clear the Senate House in order to prepare for the special Congregation to confer the honorary degree of LL.D.; but this effort was only partially successful, so as to enable a preparation to be made for the usual ceremony. The undergraduates' gallery contained a sprinkling of ladies, as well as dons and strangers, besides the usual occupants of the space. At length the procession arrived,

headed by the Vice-Chancellor, all the doctors (actual and designate), wearing their scarlet hoods ; and marched up the Senate House. Some little time was occupied by the men whom the University delighted to honour going up to the table of the Registrary to sign their names in the University book. When Sir William Jenner was recognised, he was generally cheered ; but the groans which greeted the appearance of Sir William Gull were merely the foreshadowing of the storm which was later on to break forth, and which stopped the Public Orator for a time from going on with his oration. The reception of Sir William Gull was indeed the episode of the occasion, and was as complete a demonstration of disapproval of his recent conduct in the Guy's case as could be conceived. If anything can convince the learned baronet that he cannot cultivate notoriety by such means without sacrificing professional position, the hint which he received at Cambridge ought to do so. Although Sir William Gull's professional brethren did not take part in the demonstration to any considerable extent, the opinion was freely held and expressed that the display of feeling by the students was fully deserved.

The Public Orator, before presenting the candidates for honorary degrees, addressed some felicitous words of welcome to the members of the British Medical Association. He said :— "In ipso limine orationis nostræ nihil auspicatius esse arbitramur quam ut vos, qui consilorum vestrorum sedem hanc curiam elegistis, totius senatus nomine omnes salutemus. Qui salutem iliis totiens attulistis, vosmet ipsos omnes salvere jubemus. Athenienses quidem olim vestro illi Hippocrati auream coronam in theatro publice decreverunt ; nos autem, ut nostram erga vos omnes benevolentiam aliquatenus indicemus, e tot viris de humano genere bene meritis, nonnullos, velut exempli gratia, nostra corono qualicunque hodie ornare volumus, qui honus idcirco illis laudi est quod vestra omnium, uti speramus, consensu comprobatur." In presenting Dr. C. E. Brown-Séquard, F.R.S., Professor at the Collège de France, Paris, the Orator made a feeling allusion to the death of Dr. Paul Broca, the eminent surgeon and anthropologist, to whom an honorary degree had been granted, "atqui laurea illa in cupressum mutata est." With regard to Dr. Séquard, he was commended as worthy of honour on account of his investigation of the functions of the nerve centres. Dr. Chauveau, of Lyons, being unavoidably absent, Dr. F. C. Donders, Professor of Physiology at Utrecht, was next presented. Reference was made to the fact of his being an Honorary Fellow of the Cambridge Philosophical Society, and a warm eulogy was pronounced on the success which he had achieved by combining the study of mathematical optics with the physiological investigation of the human eye. Dr. Gross, of Philadelphia, was described as the Nestor of scientific surgery. Sir William Jenner was introduced as celebrated for his great knowledge and success in the treatment of fever, "quæ pulsat pede æquo pauperum tabernas regumque turres." In presenting Sir William Gull, the Orator spoke of him as a man well known in the medical world for his great practical ability in recognising and treating diseases and for his application of great physiological knowledge to the practice of medicine. In introducing Sir George Burrows, the Orator referred to his success as a mathematician at Cambridge, and to his connection with Caius College, of which he was formerly Fellow and tutor. Allusion was made also to the fact that he had filled the post of President of the Royal College of Physicians, and was one of the physicians to the Queen, "quam usque ad hunc diem omnes et vivere et valere gaudemus." The Rev. S. Haughton, M.D., F.R.S., Fellow of Trinity College, Dublin, was alluded to as a successful worker in theology, geology, zoology, geography, physics, mathematics, and medicine. Of him, in the words of Celsus, it might be said, "Naturæ rerum contemplatio, quamvis non faciat medicum, aptiorem tamen medicinæ reddit." Mr. William Bowman, F.R.S., was praised for his exertions in early life in unravelling the minute anatomy of the body, leaving others to build on the solid foundations made by himself. Reference was also made to his success as an oculist. Mr. Joseph Lister, F.R.S., was referred to as an eminent physiologist and surgeon, best known for his investigation of the germ theory. The revolution he had introduced into the treatment of wounds was also alluded to, and the Orator concluded as follows :—"Itaque cum tanto viro nos quoque libenter fædue icimus, dextraæque illi intrepidæ dextram hospitio jungimus." Dr. Denis O'Connor, the ex-President of the British Medical Association, was congratulated on the way he had discharged the duties of his office, and a fit allusion made to his successor, Prof. Humphry. In presenting Mr. John Simon, C.B., F.R.S., the Orator described him, not only as a man of great literary ability, but also as a great authority on matters of sanitary science, which had been used to the great advantage of this country. Lastly, in presenting Mr. Andrew Wood, M.D., he alluded to his translation of Horace and to his ability as a medical man.

The Vice-Chancellor afterwards entertained the newly-created doctors and a distinguished company at luncheon at Corpus Christi College.

At two o'clock the sectional work of the meeting began and for the purposes of our present Report we are obliged to epitomise the scientific work of the section in this and the following days by saying that there was ample material of interest and value. The addresses of Dr. Paget in the surgical section, and that of Dr. Crichton-Browne in the psychological department were specially noticeable, while great interest was evoked by the debate on Antisepticism, in which the assault was led by Professors Erichsen and Savory, and the defence conducted by Professor Lister himself. On the last day of the meeting it became evident that it would be quite impossible to dispose of all the papers on the sectional lists, and many of them had to be taken as read.

In the evening the president of the Association and the reception committee gave a soirée in the Fitzwilliam Museum and the grounds of St. Peter's College, and it was most successful. The soirée was attended by between two and three thousand persons. The interior and exterior of the fine building was lighted with Dr. Siemen's electric light, and with the most perfect success. The pretty grounds of St. Peter's College were lighted up with hundreds of transparencies, making a scene of fairy-like beauty. The evening was beautifully fine and warm, and vast numbers of the guests were glad to escape from the crowded rooms of the museum and promenade the gardens, listening to the band and the singing of the Orpheus glee singers. The whole of the arrangements were carried out perfectly.

Thursday.—Third Day.

On Thursday morning the National Temperance League breakfast, at the Lion Hotel, was very numerously attended. In fact, so large was the attendance that the great assembly room failed to accommodate them, and a portion of the company had to take breakfast in the coffee-room. Mr. Samuel Bowley presided, and was supported on his right by Dr. Denis O'Connor, the late president of the British Medical Association, and on his left by Mr. Wm. Fowler, M.P.

The third general meeting of members was held in the Senate House, under the Presidency of Professor Humphry. Twenty members of the Council were appointed to act as the Committee of Council for 1880-81, to which Committee was referred the question of the place where the annual meeting of 1881 should be held, and who should be the president elect. It was reported that Worcester intended to invite the Association to meet in that city in 1882 for its jubilee meeting. After other matters of an administrative character had been dealt with, Mr. Timothy Holmes, M.A., F.R.C.S., Surgeon to St. George's Hospital, London, delivered the Address in Surgery, which we hope to publish in abstract next week, at the conclusion of which the gold medal of the Association for distinguished merit, which had been awarded by the Committee of Council, was presented to Dr. Acland for Dr. Wm. Farr, M.D., F.R.S., D.C.L., C.B., the latter being unavoidably absent through illness.

On the same evening the Annual Dinner took place in the hall of Trinity College, the number of diners being limited to 350. Professor Humphry, of course, presided, having on his right and left the Right Rev. the Lord Bishop of the Diocese, the Vice-Chancellor of the University, the Mayor of Cambridge, Sir James Paget, Dr. Brown-Séquard, of Paris ; Dr. Gross, of Philadelphia, U.S.A ; Dr. Michael Foster, Professor Acland, Oxford ; Mr. Husband, York ; Rev. Dr. Haughton, Dublin ; the Public Orator, Professor Latham, Professor Ball, Paris ; Professor Liveing, Professor Longmore, Netley ; Mr. G. F. Cobb, vice-master of the college ; Rev. G. F. Browne, &c.

After the usual loyal toasts,

The President gave "Army, Navy, and Reserve Forces," and alluded to the services of the medical officers of the forces and the part they contributed to the efficiency of our forces.

Professor Longmore responded, and bore testimony to the bravery with which so many of his professional brethren stood fire as non-combatants, when war rendered their presence neeessary on the battle-field, and the way in which

they performed the equally onerous duty that devolved upon them in the hospital.

Professor PAGET proposed "The Bishop and Clergy," and returned thanks to the Bishop for his excellent discourse in the King's College Chapel.

The BISHOP, in responding to the toast, spoke of the medical and clerical professions as being two orders of a similar character, the work of both being bound up together. He rejoiced to think that there was no jealousy between the members of his profession and theirs. He had always found the greatest help from the medical profession in the work of a parish priest, and he remarked that it was most important that the union should be cemented and continued, and he hoped it would be by the gathering of that week.

Dr. ACLAND proposed "Success and Prosperity to the University of Cambridge." It was a difficult task that he was asked to do, to propose this on behalf of a body of men gathered together from all parts of Europe and America. He also adverted to the past and present of Cambridge, which he described in glowing colours. He indeed must have a heart of stone that could enter Trinity College without emotion.

The VICE-CHANCELLOR responded, accepting the way in which the toast had been proposed as an expression of kindly feeling from such a body as that. He thought that all must have been fascinated by the great past history of the University. He admitted that Cambridge had done but little for medicine in the University in the past. He was not prepared to admit that there had been such partiality for the mathematical and classical tripos as some contended. He was sure that the University would do all that was possible to promote a broad and liberal education. He proceeded to propose "The British Medical Association," and coupled with it the name of Dr. Carpenter. It had afforded them great pleasure to have had the opportunity of welcoming this Society at Cambridge.

Dr. CARPENTER, as president of the Council, responded for the toast, and alluded with great satisfaction to the way in which all the members of the Council devoted themselves to such work as was necessary for the transaction of its business.

Mr. HUSBAND, of York, the Treasurer of the Association, proposed "The Health of the Mayor of Cambridge."

The MAYOR (H. Rance, Esq.) responded.

Sir JAMES PAGET proposed "The Health of the President." His knowledge of the President was not merely of yesterday, as upwards of 40 years ago, their President of to-day did him the honour of asking to be allowed to be his pupil, and from that time to this a friendship of the most intimate kind had existed between them. He had by constant observation been a witness of the wisdom and benevolence of his character, and as the possessor of those qualities, which not only made a true-hearted friend, but enabled him to do good work, which was year by year justly and cordially recognised. Dr. Humphry came down to Cambridge as a truly practical man, and he had continued to retain his connection with practical work, but had (which very seldom happened) besides being practical, become even more truly the scientific man. When Mr. Clark ceased to be professor of anatomy, in 1866, it was feared that his loss would be so great that his successor could not be found, but Humphry succeeded to the chair, and Clark had hardly been missed. He, in conclusion, asked them to drink the President's health with three times three.

This invitation was responded to in the most enthusiastic fashion.

The PRESIDENT responded. He came to Cambridge, but it was Sir James Paget who sent him, and he only acted under his orders. He it was who had planted him (Dr. Humphry) on this fair spot, which he had loved so well, to do the work he so much loved. He conceived it to be a very great honour to be the captain of that noble band. Their thanks were due to the University for the kind way in which they had contributed to the success of the present visit of the Association to Cambridge, by placing at their disposal all the University buildings, to the colleges for the hospitality they had shown, to the Mayor and Corporation of the town for also lending the Guildhall and other public buildings. He apprehended that the recollection of this visit would live in the memory of many members of the Association for years to come. (Applause.) He then proceeded to propose the toast of "Our Guests."

Dr. BROWN SEQUARD responded.

Dr. GROSS remarked that this was the third meeting of the British Medical Association which he had had the honour of attending. The first was when it met at Oxford in 1868, the second was when it met at Birmingham in 1872, and now the present meeting at Cambridge. He was proud and happy to be present and to consider himself very much of a Briton. On their side of the Atlantic they spoke the same language that was spoken here, they were engaged in teaching the same branches of knowledge, and he was connected with the same noble profession. He felt that it was of the utmost value to the future peace and concord between the two countries that such kindness should be shown to each other. Whilst such kindly intercourse was perpetuated between the two countries, there never could be war between them. (Applause.) He was exceedingly grateful and proud of the honour which had been done him both at Oxford and at Cambridge, and for which he felt himself personally indebted to Dr. Acland, of Oxford, and their President, with the noble Vice-Chancellor. He could not regard these honours as intended for him personally, but to show their regard for the American people Government. (Applause.)

Madrigal: "Flora gave me fairest flowers."

Dr. A. P. STEWART proposed "The Readers of Addresses and Officers of Sections," for which

Dr. BRADBURY and Mr. SAVORY responded.

Rev. Dr. HAUGHTON (Dublin) proposed "The Editor of the *Journal*," and that gentleman responded.

The PRESIDENT proposed "Trinity College," and referred in appropriate terms to the kindness of the Master and Fellows in lending them that fine and interesting building for the holding of the dinner.

Dr. MICHAEL FOSTER responded.

Dr. WADE proposed "The Reception Committee and Secretaries," for which

Dr. ANNINGSON responded.

FRIDAY.—FOURTH DAY.

This morning, Dr. MICHAEL FOSTER delivered, in the Senate House, before a general meeting of the members, the Address on Physiology, which was received with great applause.

The concluding general meeting of the Association took place at the Senate House, at 1.30.

A discussion ensued on the Habitual Drunkards' Bill, and the report of the Committee was adopted, the Committee being re-appointed. On the motion of Professor Rogers, a resolution was carried that steps be taken to prevail upon the Government to introduce some legislation whereby habitual drunkards of the pauper class may be placed under restraint.

Various other matters were dealt with, and a considerable number of votes of thanks were passed, amongst which were the Vice-Chancellor and the University, for the use of the Senate House, Fitzwilliam Museum, and other buildings; the Bishop of Ely, for his sermon at King's, with a request that he would allow it to be published; the Mayor and Corporation of the borough, for the use of the Guildhall and Corn Exchange; the Master and Fellows of Trinity College, for the use of the hall for the dinner; the Master and Fellows of Peterhouse, for the use of the grounds; the Masters and Fellows of St. John's, and to the Masters and Fellows of the various Colleges for their hospitality; to the local secretaries and the reception committee, to the profession of the town, and the inhabitants generally, for their hospitality.

During the meeting there have been museums in the large assembly room, Guildhall, and the Pathological Museum. These have attracted considerable attention.

The garden party at King's on Friday afternoon, and the conversazione at St. John's in the evening, concluded the proceedings, with the exception of the excursions to Ely, Peterborough, Bedford, Royston, &c.

ANNUAL MUSEUM.

SURGICAL INSTRUMENTS, APPLIANCES, DRUGS, PREPARATIONS, FOODS, &c.

THE exhibit of new instruments and other medicinal requirements was this year of a very excellent character, the number of firms represented being in excess of former years.

We need not however wonder at this, when we consider the favourable locale of this meeting, and its close proximity to the metropolis. The exhibitors must have been pleased at the room this year assigned to them, it was the central focus for the members, so that there was every chance afforded of their goods being seen, examined, and, we hope, that a sufficient number of orders have been taken to pay the enterprising firms who have taken the trouble to open stands.

Such museums are educational, members in the provinces cannot see the newest appliances unless an opportunity is afforded them by exhibitions of this nature; both buyer and purchaser are benefited by this arrangement. The same is true of drugs.

In our notice we hardly know where to begin, so plunging at once *in medias res*, we, as the weather is so warm, turn to "Zoedone," the sparkling beverage which was so liberally distributed by the manager of the new company, Mr. Moss, to the heated and thirsty associates. So much has been said about this drink that we need not gild it any more; it is the drink of the present and the future. It is pleasant, light, nutritious, sparkling, non-intoxicating, though we heard some reports in the room that with the addition of a little Irish whisky, it approaches the nectar or ambrosia of the gods, the formula for which has been revived by Mr. Johnson. Zoedone is a success. From this to food is a step, so I pass on to M. Dougall's flour, which presented a white, pure appearance, and the bread made from it seemed of a very good character. We have no doubt that M. Dougall's process of treating flour will prove useful. Next M. Dougall's stand, the well-known firm of Burroughs and Co., 8 Snow Hill, London, had a collection of the preparations for which this firm is distinguished, and the number of physician's samples for distribution showed that Messrs. Burroughs were determined that the profession should test their wares. Their American specialties attracted much attention. As agents for Wyeth's, Philadelphia, they had the various preparations, compressed tablets of potash, ammonium, &c., the specialties of the American house. They had a supply of Fellow's Syrup, hypophos comp., a preparation well deserving of the notice of practitioners, and which promises to have a large sale. Our American cousins are thorough go-a-head people. English chemists will have to look to their laurels. We saw some samples from the house of McKenon and Robbins, New York, on Messrs. Burroughs' stand, showing to what perfection pill-making is getting. These pills included monobromate of camphor, sulphide of calcium, iodoform, biniodide of mercury, sulphate of morphia, and they almost would tempt one to indulge in a course of pills. Kepler's Malt Extract was plentiful. We have spoken of this before, and readers of the *Press and Circular* know our opinion as to its value.

In this avenue Newbery and Co. had a good show of their pearl-coated pills, and Warner's specialties; Bealle showed soda and other mineral waters; the Glass Bottle Company had samples, and Cooper, of 26 Oxford Street, London, had many specialties, amongst which we may particularly mention his effervescing lozenges, the cupric test pellets and the new injection tube. They only require to be known to sell, and when they are well advertised in the medical papers they will no doubt go off.

Vaseline was a strong specialty with Cheesborough. This basis for ointment is so well known that it is unnecessary to point out its advantages.

Prescott and Co., 8 South King Street, Dublin, were strong in slides, optical instruments, and considerable amusement was caused by a very ingenious toy, called the Electrophorus, and by the gyrations of the serpent doll when placed in it. We regret we did not see more Dublin houses represented.

Schachts and Co., 26 Finsbury Pavement, had a very good preserving fluid, with specimens on view. It seemed to answer its purpose well, as the preserved lung and other preparations proved.

Passing into the next division we came on the collection of Corbyn, Stacey, and Co., and we need hardly say they were strong in their specialties, with the addition of the new remedies which are now attracting the attention of speculative physicians. Their specimens of caffeine, duboisia, euonymin coloin, eserine, rava rava, propylamine, &c., were very good. We noticed that Corbyn had Valentine's Meat Juice on view, and for taste, we tried it. And the cold aqueous solution we can safely recommend as agreeable in taste, with a well-marked pleasant meat flavour, and we cannot but think it will prove a useful addition to the sick dietary. It is in a very convenient form for use. The Chian turpentine of Corbyn's was a very good specimen, so that there should not be any difficulty now in testing this drug.

Cancer cures and curers have been heard of before to-day. In the days I believe of the well-known surgeon, Colles, some preparations of iron were used, and Colles is reported to have said, "they may talk about iron in cancer, but the only preparation of steel that I know is of any good, is cold steel, in the shape of a knife."

From cancer to neuralgia. Allen and Hanbury, Plough Court, London, had a fluid extract called Tonga, for distribution. It is said to be a specific for neuralgia. We hope those who obtained samples will report progress. The other preparations of this well-known firm were of the class for which the house is noted. Their Chrisma has now obtained a standard place.

Young and Postan's pharmaceutical preparations are well-known. Their pepsine is very good, and in their glycerole of pepsine the practitioner will find a highly concentrated preparation. The granular effervescing specialties of this house were well worthy of inspection.

Brady and Martin, Newcastle, have a large assortment of drugs and sundries.

Savory and Moore's stand was distingished by the favourite exhibits of this firm. We noticed that the medicated lamels for internal use, the discs for hypodermic injections, for ophthalmic use, the blistering gelatine, the liquid extracts of the digestive ferments, by means of which the firm have gained such a well-deserved reputation amongst the profession. The drugs of this house are of a pure, high, clear character, and their preparations may always be relied on as pharmaceutically pure and accurate.

From the provinces came Harvey and Reynolds, with an excellent assortment. We may direct special attention to their liquid extract of ergot. It is not a pleasant looking fluid, but it has this great merit; it is certain in its action, and is one of the best preparations the accoucheur can have; he may rely on it. Their solution of belladonna for painting on the part is a very useful preparation. Southall Brothers and Barclay, Birmingham, had a good collection. We may draw particular attention to their new sanitary towel for child-bed, and ordinary use as a useful household necessity. Bowdler and Bickerdills showed their absolvent phenol, for which a prize medal was awarded at the Paris Exhibition, 1878; and their specimens of carbolic acid.

Mackey, Mackey, and Co., so well-known by their preparations of quinquinine, exhibited a pure and useful stock of well-known drugs, besides the latest novelties, such as homomyne nitrate of amyl, picrotoxin, &c.

Burgoyne, Burbidges, Cyrian, and Fannin, had a stand devoted to the productions of Parke, Dawe, and Co., of New York, and in their list were some of the latest novelties in American productions. The new alkalines were well shown, and, as we have previously said, American pharmaceutists prove incontestably that they are well able to hold their own with the old country. The taste for novelties is growing, and the supply promises to be equal to the demand. Whether to the advantage of the patient we know not.

One result of our inspection of the drugs is that we feel convinced that the pharmaceutical ingenuity of our English speaking races is receiving a great impetus, or being developed by the increasing demand for new medicines, and for a more palatable production of remedies.

It is important that medicine should be administered in a palatable form, though we cannot but think that some limit must be put to the production of new remedies, for life is too short, at the present rate of production, to become acquainted with them all, or even to test them.

The prescribing physician is more fortunately placed than the dispensing general practitioner in regard to new drugs, for he can order the newest thing in the market, as he throws the expense and onus on the chemist in obtaining it.

The general practitioner, besides requiring an enormous surgery for storage, would have to consider whether it would pay to keep all these new medicaments. This is an argument in favour of the abolition of private surgeries, and it seems to be a very forcible one, for the public, who are the real persons interested, thus lose the advantage of being supplied with the newest drugs. We believe there is a strong feeling in favour of the general abolition of dispensing, and we consider it would be better for the profession, and for the wholesale and retail chemist if this were done.

The surgical instrument makers were well represented. Coxeter and Sons had a stand filled with the latest appliances, though they seemed to make a specialty of constant current batteries. They claim for their batteries the merit of being the cheapest of their kind in the market, as no acids are employed, and the battery does not require re-charging, cleaning, or attention.

The elements of the battery, though of the "Leclanché" type, differ essentially from the forms hitherto constructed, and are absolutely free from polarization. The carbon is replaced by platinum, which has the highest electro motive force obtainable; this, combined with the manganese, gives greater strength of current, constancy, and durability, and allows of the cells being made very much lighter and smaller. The collector is of altogether novel construction. It is impossible to damage the battery by the hand resting between two pins, and the old objection of always using the first cells, and thus working these unduly, is entirely obviated. If preferred, however, the graduation may be obtained one cell at a time by altering the connecting cords from one screw terminal to another. The cords employed are of ordinary copper, were covered with gutta-percha, a supply of which is furnished with the battery.

The combined battery consists of a portable current battery, on the element board of which is fixed a coil worked by any number of the cells. The power is also graduated by a Rheostat. In this way the most delicate graduation of current possible is obtained from a weak battery-power to a strong one, and the Rheostat gives the finest effect possible of Faradism. These need no attention, are always ready for use, and will work the coil for many years.

Coxeter's instruments are so well known to the profession that we need only say that they were distinguished by the high degree of finish, neatness, and design, which has always characterised the productions of this firm.

Pratt, Oxford Street, had a very good show of the usual instruments required by the practitioner; we were particularly struck by the portable pocket-cases, eye, lithotomy, and operating cases. This firm has obtained many prizes, and the silver medal of the Cutler's Exhibition, 1879, was awarded for deformity instruments in connection with which Pratt has enjoyed a deservedly high reputation for many years.

Wright and Co., New Bond Street, showed a number of modern improved instruments, amongst which we may mention a very complete set of minor operating instruments in portable case, representing an ordinary travelling bag when closed, Benham's new steam antiseptic spray-producer, a portable set of uterine instruments.

Ladies with crooked noses may be interested in Adams' instrument with screw adjustment for forcibly adjusting the nasal septum. It seemed to us a very simple contrivance, and likely to effect an improvement.

Salt and Son, Birmingham, had a very elaborate assortment. This firm have distinguished themselves by the elegance of their designs in pocket-cases for small instruments, and for hypodermic syringes, and in a small glass case they had a collection of their gem productions, which were well worthy of inspection. Their large instruments for midwifery and lithotomy operations for all kinds were exceedingly well made and highly finished, and could vie with wares of the best London houses.

Arnold and Son, London, were as usual large exhibitors, and amongst their valuable assortment was particularly noticed their aspirators, hypodermic syringes, enema apparatus, gynæcological-cases and bags, all of which were beautifully finished.

They had several examples of their well-known constant current batteries, their vaporiser, bronchitis-kettle and combined inhaler, and several forms of stethoscope, single and double.

The bin-aural stethoscope is now coming into general use, and Arnold's specimens were very good. Their general stock of surgeon's requirements was well and carefully selected, and altogether their exhibit was one of the best in the museum. Arnold and Son are, we believe, the sole agents for Meyerstein flexible spray-producers.

On this stand was Buckston Browne's walking stick for the use of persons who have to practise self-catheterism, and also a small stand or chest of drawers for the same purpose. We have no doubt they will prove useful to old people.

Brill's microscopes attracted considerable attention as there were a large number on view, both single and binocular, especially adapted for the use of the general practitioner. These microscopes are so well known it is only necessary to allude to them.

Henry Crouch, Barbican, had also some microscopic slides and optical instruments, which were very good.

Pullan and Coney had an ophthalmic surgeon's test case, and wools for the determination of colour blindness.

Krohne and Seseman were well represented in the ophthalmic line, and their eye instruments attracted considerable attention. This house has made for itself a special reputation in this branch of surgical requirements, and we believe it still retains the character for which it has been noticed.

Hills' (Borough) stand was made up of the usual collection of surgical appliances, and their instruments seemed to us exceedingly well finished and designed.

Weiss and Co. had a large collection, including major and minor operating cases, eye and ear instruments, and other useful adjuncts to the armentaria of the surgeon. Their special cases are well made and arranged.

Meyer and Meltzer, who are old exhibitors, attracted numbers to their stall by a large display not only of novelties, but their standard productions, amongst which we may allude to their operating cases, their aspirators, midwifery instruments, and forceps.

We next allude to the operating chairs of T. C. McIlroy, 115 Charlotte Street, which included a novel post-morcem weighing table, specially designed at the request of the Surgeon-General of the United States Army, a surgical operating table, a gynæcological operating chair, an ophthalmic or ophthalmological chair, a self-adjusting invalid carrying chair, a fracture bedstead, a fracture extension appliance, an operating chair for the knee-chest position, and other appliances for the sick or operating room.

The Parkes' Museum lent a collection of orthopædic and deformity apparatuses of a very interesting character.

In our survey of the exhibition I think we have done justice to the exhibitors, and we believe our English instrument makers may fairly compare with those of any country. Next year we shall be able to put this to the test at the International Congress to be held in London in August, 1881, so that we hope that intending exhibitors will take special pains in producing good work as the credit of English manufacture will be at stake.

We must regard the annual museum this year as being a success, though we missed some well-known faces whom we hope to see next year.

Sir William Gull has devised a method of obtaining notoriety—viz., by always adopting some course of action of a singular nature, and not in accordance with the present usages of etiquette of the profession. We think we know of a better plan than his. The number of special instruments devised with the published names of the inventors, patentees, or designers is becoming great. It is the easiest and cheapest way of getting one's name advertised. The instrument maker does all this for you. He puts your name in the *Lancet* or *Medical Press and Circular*, and thousands to whom you were previously a nonentity become familiar with your name, and you become a household word. They ask for Binks's water-closet paper or Bolus's new improved seamless something, as advertised, and then you become associated in their mind with Laennec, Civial, Esmarch, Liebreich, and other really eminent men. One word to the wise. If you wish to obtain rapid notoriety, invent something, or if you cannot invent, borrow some one's invention, improve on it, alter the curve, shorten it, lengthen it, but do something by which you can advertise your name legitimately, and without violating the time-honoured customs of the profession. This is one lesson I draw from the excellent annual museum of the Cambridge meeting (1880) of the British Medical Association.

In the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Edinburgh 17, Bradford 17, Newcastle-upon-Tyne 18, Bristol 19, Sunderland 19, Glasgow 21, Wolverhampton 21, Oldham 21, Nottingham 22, Hull 23, Sheffield 23, Leicester 23, Portsmouth 23, Leeds 23, Plymouth 24, Birmingham 24, London 24, Norwich 24, Brighton 25, Liverpool 26, Manchester 28, Salford 31, and the highest rate 35 in Dublin 35.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, AUGUST 18, 1880.

THE LONDON WATER SUPPLY.

THE report of the Select Committee on the London Water Supply has at length appeared, and it is now finally settled that the Government will be no party to the purchase of the water companies at a price far beyond their value. As we pointed out months ago "the affairs of the companies were not, at the time Mr. Cross negotiated the purchase, sufficiently well known to enable a complete judgment of their value to be formed; and more than that, their future expectations were greatly over-estimated, and of this there can be no doubt whatever." During the past six months a good deal of light has been let into their affairs, nevertheless their market value at the present time with a far better knowledge of their condition is still many millions below the price which was to have been paid under the agreement. It was quite obvious also, as evidenced by the rise and fall in the market price of the shares that public opinion coincided with the opinion expressed on the transaction by the Corporation of the City of London and the Metropolitan Board of Works, namely, that the price offered in the agreements were greatly beyond the actual value of the property. The most ardent supporter of the companies has been unable to show that the total cost of the whole of the existing waterworks has much exceeded 12 millions; and of this sum the committee say "a considerable portion has been expended upon works which have already become useless or unnecessary."

But price is, after all, of secondary importance compared with the far more important question of public health, and for this reason we have to regret that the Committee bestowed apparently little attention upon whether it will not be far better to look for a better and new supply altogether. Nothing whatever is said either about the quality of the water, and it partakes very much of the nature of a quibble to say, "The Committee have not had before them any specific scheme for an independent supply, and that general speculations on the subject are of little value without detailed plans of the sources from which it is to be derived, and the cost of carrying it into effect." It has come to our knowledge that ample evidence was forthcoming on this point; indeed, that one or more feasible schemes with detailed plans and costs of every kind were offered to the Committee, but from some unaccountable cause, or other, best known to the Committee, it was determined not to receive evidence on this point, or enter upon the inquiry of a competing supply; every information was, however, offered to the Home Secretary, and ready to be placed before the Committee, on the question of a supply of pure water, and which could be obtained at a comparatively moderate cost from the Chiltern Ridge or from Watford. The abundance of the springs which overflow into the Colne Valley above Watford, and the purity of the water has long attracted the attention of all who take an interest in the supply of London with pure water. Robert Stephenson, forty years ago, pointed to the chalk hills around London as the great water-bearing strata, "charged with an enormous and inexhaustible quantity of water;" and further, "that it appeared to him scarcely possible to believe that anyone sincerely interested in the supply of the metropolis with pure water should hesitate to admit the fact." The cost of obtaining so desirable a supply has been fairly estimated by competent engineers, and it has been put at something like a third of the sum Mr. Cross proposed to pay for the present water supply. That Thames water, which, when its temperature rises to 60°, causes a large increase in the death-rate of London from summer cholera and other causes, should continue to be the beverage of four millions of human beings, is an almost incredible and inconceivable fact, especially so, when for nearly half a century men of science and eminent engineers have endeavoured to bring numberless Commissions and Select Committees to see that artesian wells sunk at Watford would send a sufficient and continuous supply of pure spring water to every part of London, at one-half the cost it now pays for water reported month by month "as containing deleterious organisations, and unfit for domestic uses."

THE MEDICAL PROFESSION AND THE HOMŒOPATHS.

IT was reasonable to anticipate that the unanimous reassertion by the Fellows of the Royal College of Surgeons

in Ireland, and subsequently by the Council of that College, of their opinion that homœopathy is a deception, and not to be tolerated amongst physicians and surgeons who have a regard for their professional characters, would create a buzz in the hive of the homœopaths, and that it has done so in reality those who choose to read the editorials of the current homœopathic journals may judge. The editors of those periodicals indulge themselves in a passion of angry scolding, in which they vituperate vigorously not only the Irish College of Surgeons, which adopted the vote, but the individual Fellows of that College who spoke in its favour; but they do not at all attempt to show cause why homœopathy should not be stigmatised as a deception unworthy of any gentleman's toleration. Their line of argument is that the members of the medical profession are illiberal because they taboo the professors of doctrines which they do not themselves agree with, and their accusation is that the medical profession does this because it is afraid of the success of homœopathy amongst the public, and therefore desires to stamp out homœopathy by any or every means.

To take first the motive which the homœopaths attribute to the medical profession, we can dispose of it in a sentence, by pointing out that in Ireland, at least, where the profession has declared its opinion most decisively and most recently, there is really nothing for the medical profession to be afraid of, homœopathy being hopelessly at a discount, and having made no progress at all during the present generation. There are in Ireland about 1,800 practising physicians and surgeons, amongst whom we know of only three professed homœopathic practitioners, and of these three gentlemen it may be said that they vegetate rather than grow. Is it likely that the presence of these three practitioners in Dublin, and of the small homœopathy-believing population who employ them, would move the Irish College of Surgeons to the paroxysm of jealousy and apprehension by which the homœopaths would have the public believe that the College is animated? We think not. In fact, we believe that the medical profession in Ireland is entirely indifferent to the presence of homœopathy amongst them, and would not think it necessary to notice the existence of any number of such practitioners who could ever hope to find a living in that country, because they know that the great bulk of the Irish people are incredulous respecting heterodox assertions, and that quackery has never found a fertile soil to the westward of St. George's Channel. All the fees which the medical profession in Ireland are likely to lose by the competition of homœopaths would not amount to more than a guinea out of the pocket of each physician or surgeon in the course of the year, and we therefore submit that the spokesmen for homœopathy ask their readers to believe too much when they require them to assume that the Fellows of the Royal College of Surgeons in Ireland are called to action by the peril in which their trade interests are placed by homœopathic successes.

But, on the other hand, the medical profession cannot afford altogether to ignore homœopathy, as some have recommended it to do. It may do so as long as that schism keeps itself aloof, and practises in its own way; but as soon as it begins to creep into public confidence by a display of its association with scientific medicine and surgery, it becomes necessary for the medical profession to sever such association, and to repudiate the connection, lest the public should assume that homœopathy is only a variation or an improvement on scientific medicine. It is because we see the necessity for keeping the line of demarcation wide and distinct that we have so cordially approved of the action of the Irish College of Surgeons, and so deeply regret the over-tolerance which the profession in England has extended towards homœopatic practice. If there were none others to be considered in the matter but the consultant who preferred illicit fees to his own character, and the homœopath who desired the professional support of such consultant, we need not condescend to notice the act of the member of our profession who would accept remuneration so earned. But it behoves the profession to allow the public no reason for believing that there is even a remote identity of homœopathy with the science which we practise, and it seems to us, therefore, that those who—like the Irish College of Surgeons—are entitled to speak on behalf of the profession are bound to assert that legitimate authority over practitioners who, for personal profit, help to impress the public with this belief.

But it is necessary to understand why the profession should be so anxious to keep the skirts of its robe clear of homœopathic contact. We have no desire to be offensive to practitioners of any sort, and we should be sorry to enter into a contest of expletives with the editors of the homœopathic journals, but it is impossible for us to make the attitude of the profession fairly understood without saying distinctly that it refuses any association with homœopaths, because it believes that the tenets of that schism—and more especially infinitesimalism—are not doctrines which may be honestly held by reasonable, thinking, and educated gentlemen; but are, on the contrary, theories put forward to attract the uninitiated and impressible section of the public. Of the doctrine of "*Similia similibus curantur*" we do not speak now, for, although with some knowledge of what has been written in its favour, we believe it to be unscientific, delusive and erroneous, we still can conceive a practitioner honestly holding it and acting upon it. But with regard to infinitesimalism, we cannot use any other phrase than to characterise it as a fraud to which no practitioner worthy of professional association should descend. We know, as a matter of fact, that very many homœopaths do not practise on such principle, and we have read the repudiation of it by some of the more honest writers on homœopathy, and we can see for ourselves that the enunciation of that dogma and its methods of practice are wholly repugnant to our sense of reason; and with every desire to take the broadest and most charitable view of the erratic ideas of individual practitioners, we really cannot coerce our intelligence to believe that homœopaths have any more real confidence in the dosology advocated in the homœopathic Koran than we have. We read, fresh from the pen of one of these editors who have attacked the Irish College of Surgeons, that infinitesimalism is not an essential of homœopathy. If not, we ask, why do homœopaths lead their patients to believe that it is? Do they not obtain the confidence of their clients by asserting that their practice is free from the danger of over physicking, and that medicine, as

usually practised, is ignorant, useless, and pernicious? If they were to let their patients know that they abandon their dogmas and their dosage when it suits them to do so, and fly to the erroneous and poisonous therapeutics of the average doctor, how many believers in homœopathy would remain at the end of the year? We say that a system supported by means of such dogmata or practices is unworthy of toleration, and unfit for the association of honourable gentlemen, and that it is rightly tabooed.

But suppose we and the whole profession are blind, ignorant, and wrong-headed; that fact does not alter our position. The legitimate surgeon and physician, rightly or wrongly, believes from the depths of his mind that black is black, and no other colour; the homœopathic practitioner is supposed to be equally positive that black is white. The life and health of the dying patient hangs upon the question upon which his two advisers are necessarily hopelessly at variance and incompatible. Can it, by any conceivable line of argument, be conceived honest or reputable for the physician to do violence to his whole teaching and his professed belief in order that he may fuse his practice with that which he confesses to be schismatic, erroneous and prejudicial to his patient? We say not, and we say that the surgeon or physician who violates his own earnest belief—be it false or true—in order to meet the tenets of his consultant, or the prejudices of his patient, does dishonour to his cloth, and deserves collegiate censure.

Notes on Current Topics.

Sir William Gull's Retractation.

Dr. Pavy's demand that Sir Wm. Gull should recall the utterances employed respecting the latter on the trial Regina *v.* Ingle, has elicited a reply which cannot be viewed in any other light than as an aggravation of the original offence. Sir Wm. Gull asserts that his statements were made "according to the convictions of his mind," and this being so it is pertinent to ask *how* these convictions arose. If the senior consulting officer of a charitable institution considers himself justified by his position alone, to rush to conclusions opposed to the deliberate judgment of his *working* colleagues, to whom, moreover, the actual collection of the data necessary to *any* decision falls, then it is high time an utterly false and unworthy use of authority comes to be recognised at its true value. Sir Wm. Gull deeply regrets "the necessity which obliged him to give expression to his opinion." This *necessity* is surely of his own creating; he could not be compelled to speak of anything, save what he knew *in fact*, even when under the inquisition of cross-examination, and it has yet to be shown that he was cognisant of any circumstance connected with the illness and death of Mrs. Morgan, save through report. It is strange, then, to read Sir Wm. Gull's excuse that "He could not in his evidence state what was right to the unfortunate nurse and fair for her defence, so far as it might go, without setting forth facts which seemed to show that there had been some misapprehension as to the nature of the symptoms of the disease under which the poor patient was suffering." The profession will wait with some impatience to learn by what occult agency Sir Wm. Gull could, without examination or even sight of a patient, arrive at conclusions concerning her physicial state strangely discordant with those described by her constant medical attendant, by one, too, so deservedly eminent as Dr. Pavy. Sir Wm. Gull is candid, though with a different intention, when he writes, "I could not read the facts as Dr. Pavy had done." Naturally this would be so, since Dr. Pavy read them direct from the body of "the poor patient" of Sir Wm. Gull's pitying commisseration, while the latter could read only their imperfect transcript as presented in a clinical report. The assumption, therefore, that he was obliged to state "his convictions," in court, "in the interests of justice," is surely a somewhat overstrained one, the more especially as this sacrifice to justice demanded the opposition of theoretical reasoning with actual experience. Taken altogether, Sir Wm. Gull's reply to Dr. Pavy lends only additional force to the requision for a judicial consideration of the conduct of the "senior consulting physician" to Guy's Hospital, by the Royal College of Physicians.

Expurgation of the Dental Register.

Our readers are no doubt aware that the British Dental Association is engaged actively in the effort to induce the General Medical Council to elide from the Dental Register persons who had obtained admission thereto as pharmaceutists, they not being legally recognisable as such. Our attention was last week called by Dr. F. T. Porter, of Dublin, to the fact that there are also a number of dentists who are inscribed on the Dental Register as "in the practice of dentistry in conjunction with" surgery or medicine, or both, although their names do not appear in the Medical Register. Of course the absence of the names of these gentlemen from the official list does not prove that they do not possess a registrable medico-chirurgical qualification, but we believe that the great majority of them do not possess any such qualification whatsoever; that they have been registered as dentists upon a false representation; and therefore, that their registration is invalid, and they are themselves liable to severe punishment.

We ask the attention of the British Dental Association to the matter, and suggest that, if these dentists have not been already included in the expurgation list, they ought to be added to it.

Educational Value of American Degrees.

Commenting on the fact that more than one-third of the candidates for the London College of Surgeons were rejected at its last examination, the *New York Medical Gazette* contrasts with this the fact that American medical colleges confer their degrees upon probably twenty-nine of every thirty of the applicants. Great Britain, says the *Gazette*, has never been a model worthy of imitation in this regard. The evil with us is ten or twenty fold greater; and if there are in this country any medical journals of real independence, it is their duty to speak, and never to cease their demand for reform until it is made. A leading New York newspaper lately said that it was hardly worth while to have so great a fuss about the Philadelphian bogus colleges, so long as all the medical colloges conferred

their degrees so indiscriminately. In the opinion of this Mr. White, our able Minister to Berlin, had been misled. It was not altogether because of the bogus Philadelphia colleges that American medical degrees had become a by-word in Germany.

The International Medical Congress.

THE work of organisation in the different sections in connection with the meeting of the International Medical Congress in London next year is being vigorously pushed forward; and on all hands the most cordial co-operation is being met with by the committee. A large number of foreign magnates eminent in medicine and surgery have signified their intention to be present at the demonstration, which promises to be the most brilliant ever made in connection with the profession. The expenses attending it will be necessarily large, and it is gratifying to know that subscriptions towards meeting them are fast coming in. The deep interest taken by the Queen and the Prince of Wales in the progress of research has been shown by the personal anxiety they have exhibited that the best possible arrangements may be made to ensure the perfect success of the meetings of the Congress.

Death of Professor Hebra.

DERMATOLOGISTS and the medical profession generally will learn with sincere regret, that the great master of that branch of practice dealing with skin diseases is now no more. Hebra, who has been made familiar to the English reader by the wise liberality of the New Sydenham Society in reproducing his great "Atlas," placed the study of dermatology on a secure footing, by arranging a classification of the diseases of the skin, that has been the basis of all subsequent work in the same direction. His bright example has, however, stimulated a small army of specialists who are following worthily in the footsteps of their great leader, and we in England can reckon more than one who, while counting as disciples, are yet co-equal with Hebra in the magnitude of their contributions to dermatological science. It is they who will feel his death; it is these and others with them, also, who can effect that his loss will not result in injury to the pursuit he so fondly cherished.

Detection of Sewer Gas.

AT the meeting of the British Medical Association at Cambridge, Mr. Jabez Hogg, in the section of Public Medicine, exhibited and described a perfectly new and very ingenious instrument for detecting sewer gas, and fire and choke damp in mines. The action of the instrument is founded on the law of diffusion. Gases, as is well known, have the power of diffusing or becoming intimately mixed together even when differing in specific gravity. They do not, however, combine chemically, and the rate at which they diffuse varies considerably, but diffusion is apparently promoted by interposing a thin porous tile. Experimental research has shown that the velocity of diffusion of gases is precisely proportional to the square roots of their densities. Thus four volumes of hydrogen will pass through a person's diaphragm in the same time that a volume of oxygen will, oxygen being sixteen times as heavy as hydrogen. This remarkable property of gases has an important bearing on the atmosphere of our towns, and purifying the air of our houses. By the invisible agency of diffusion the air is changed and rendered more wholesome than it would be were there no such law in action. This being a settled fact, and the rate at which diffusion takes place being experimentally ascertained, it but required the aid of an instrument which might be relied upon to measure and indicate the same, as the aneroid barometer marks and denotes the variations of air pressure. The "Sewer Gas Detector and Fire Damp Indicator" shown by Mr. Jabez Hogg, fairly solves the problem. The form of the instrument is that of the aneroid barometer, the rigid brass back being removed, and is replaced by a piece of porous tile, of the ordinary Wedgewood biscuit ware. This, together with some changes in the mechanical arrangements of the instrument, appears to be all that is necessary. When a detector, so constructed, is brought into an atmosphere charged with fire damp, sewer gas, or other kind of gas, the gaseous atoms instantly diffuse into the inner closed-up chamber with much greater rapidity than the atmospheric air passes out. This causes pressure to be made upon a spring in connection with an index hand, when it is seen to move over the graduated dial face. In the case of its being brought into an atmosphere charged with a heavier gas than common air, as choke damp, or carbonic acid gas, diffusion causes the vacuum chamber to expand, and then the hand drops, or moves in the reverse direction. To restore the equilibrium of the instrument it is necessary to turn a small stop-cock at the side of the instrument, which lets in the atmospheric air, and immediately brings the index hand back to zero. The dial face is graduated to a scale, and correctly marks the non-explosive, the explosive, and the very explosive nature of the mixed gases. The nature of the gas escaping from a sewer, or a leakage of gas of any other kind, is as exactly indicated. In round numbers 1 per cent. of gas is found to be equal to ·01 inch, and 10 per cent. of gas to 10 on the aneroid barometer. This gas detector is found equally serviceable for the detection of gaseous exhalations of all kinds, whether they be light or heavy. It will be found as serviceable and useful in mines, and in subterranean works of other kinds. In the sinking of wells, in breweries, in street subways, in holds of ships, where dangerous gas accumulations often take place, in escape of gas in houses, in public buildings, in testing street gas pipes, and in tracing an escape of sewer gas. The instrument is so little likely to be deranged in action, and so simple in its application, that it may be placed in the hands of those quite unacquainted with the use of a scientific instrument, so that whether it be employed by the officer of health, the sanitary inquirer, or the inspector of nuisances, the result will be equally happy.

Mr. Jabez Hogg concluded by expressing his great indebtedness to Mr. F. Ansell, to whose scientific skill he was so much indebted for the perfect and beautiful instrument he was enabled to place before the section.

International Congress of Laryngology.

THE extent to which the study and practice of diseases of the larynx and adjacent regions has grown is shown by the increased recognition which it is daily receiving in all parts of the Continent. Arrangements are now in progress for the holding of an International Laryngological Congress at Milan, from the 2nd to the 5th of September of the present year. The committee of promotion, by whom the circular respecting the meeting is signed, consists of Drs. Labus, Elsberg, Krishaber, and Stoerk; and the secretary is Dr. Frua. In the discussions the French language will be that adopted, but communications may be made in any tongue. Several important communications have been already promised by the leading laryngologists of England, France, Germany, America, Italy, Belgium, and Spain. Among those who have promised communications are Dr. Mandl of Paris, "Sur la Voix des Mammiferes;" Dr. Heinze of Leipzig, "Ueber eine seltener form von Larynxstenose;" Mr. Lennox Browne of London, (1) "On some Objective Evidences associated with the Condition known as Globus Hystericus;" (2) "On Buccal, Lingual, and Pharyngeal Tuberculosis;" (3) "Three Cases of Lupus of the Larynx;" Dr. Krishaber of Paris, (1) "Du Spasme de la Glotte dans l'Ataxie Locomotrice; (2) "Récherches Experimentales sur l'Intensité de la Voix;" (3) "De la Laryngotomie inter Cricothyroidienne;" Dr. Bristowe of London, "On Pressure on the Trachea and Recurrent Laryngeal Nerve and their Effect;" Dr. Thaon of Nice, "L'Hysterie et le Larynx;" Dr. Labus of Milan, "De l'Influence du Relachement de la Luette sur la Voix;" Dr. Porter of St. Louis, "Excision of the Epiglottis;" Dr. Zawerthal of Rome, (1) "Sulla Rino-Laryngorrea Cronica;" (2) "I Carratteri Clinico-Anatomici della Tubercolosi Faringea;" Dr. Schnitzler of Vienna, "Ueber Kehlkopfschwindsucht." Many other papers are announced, and the subjects of Laryngeal Phthisis and Syphilis will be treated upon by such authorities as Dr. Schmidt of Frankfort, Dr. Heinze of Leipzig, Dr. Ariza of Madrid, &c., &c. From such a meeting much advance in the science of laryngology may be expected. We commend the congress to the attention of those of our readers interested in throat affections, and heartily wish it success. It is to be hoped that next year the Congress may be held in London concurrently with the meeting of the International Medical Congress.

The Treatment of Pneumonia by Digitalis and Alcohol.

DR. ALBERT JOLY (*Le Praticien*) records the results obtained by Dr. Alix at the military hospital of Toulouse, by the use of digitalis and alcohol in the treatment of acute pneumonia. The conclusions are as follows:—1. Simple or double, free pneumonia is but little serious unless we obstruct its normal evolution and natural tendency to cure by untimely medication. 2. Its affinity to the eruptive fevers (internal herpes of some authors) seemed to be confirmed by this regular progress. 3. Pneumonia is essentially a weakening affection, in which the temperature descends below the normal, more than in any other inflammatory disease. It is evident that the principal indication is to combat the debility and raise the organism again by excitants, especially alcohol, which is to some extent a food. Nevertheless, since temperature simply by its elevation often constitutes a danger, it is important to prevent it, not by bleeding, or tartar emetic, but by digitalis, the happy effects of which are undeniable. 4. Every new cause of increased temperature should be carefully warded off at once, and therefore blistering should not be used, since by the wounds it produces and the accidents it causes it notably raises the temperature. 5. The exudative pulmonary congestion, which by its abundance creates permanent danger, must be carefully warded off. Hence opium, which favours it, must be cautiously given. Blistering also must be avoided on this account, since by rendering the chest motionless it makes expectoration difficult.

Health of Hastings.

THE report of the medical officer of health for the quarter ending June the 30th last, in the municipal borough of Hastings, gives a birth-rate of 28·98 per 1,000. The deaths in the quarter numbered 194, giving a rate of 19·50. Thirty-two of these were visitors, and the total also includes those who died in public institutions. Zymotic diseases caused 33 deaths, not less than 28 being from measles; 1 death from croup, 3 from whooping-cough, and 1 from enteric fever. Constitutional diseases, as usual, chiefly augmented by phthisis, 31—of these 13 were visitors. Local diseases caused 92 deaths, of whom 17 were visitors. There have been very few applications for sanitary measures, or reports of nuisances, &c., during the quarter, and the different parts of the borough, which have been inspected, have not called for special remark—the sanitary conditions of most of the poorer properties having been considerably improved upon latterly. Six samples of milk were analysed, and one sample of whisky. The latter was pure; three of the milk samples were genuine, and the remainder were either of poor quality or adulterated with a small percentage of water.

The Treatment of Perspiration of the Feet.

DR. ORTEGA (*Le Praticien*) advocates the use of a solution of chloral in this affection. A patient of his, a strong man working in an ice manufactory, suffered from it in an extreme degree—so much so that his fellow-workmen would not work by his side. The epidermis of the sole of the feet was white, as if macerated; there were small ulcerations in the furrows, and also around the nails. The odour was overpowering. Dr. Ortega prescribed baths of a solution of chloral—1 in 50—and wrapping the feet in a cloth dipped in a similar solution. Two days after the smell had disappeared. Six days later, the treatment being continued, the ulcerations were less moist and covered with a layer of epidermis.

A Simple Treatment of Ozæna.

ANY simple treatment which is efficacious in so troublesome a complaint as ozæna is a desideratum. Dr. Gottstein (*Berlin Klin.*) believes that ozæna is due not to congenital narrowing of the nasal fossæ, but to their being too wide. The current of expired air loses its force and becomes powerless to remove the products of secretion, which, being retained, become fœtid. The author has

always found a condition of atrophy and anæmia of the mucous membrane of the turbinated bones in ozæna. He has always found advantage in plugging the nostrils with cotton wool so as to allow the passage of air. Under the influence of this plugging the mucous membrane resumes its vitality, the secretions become normal again, and the ozæna is cured.

Bromide of Potassium Spray in Whooping-Cough.

The good effects of bromide of potassium in the treatment of whooping-cough are well known to all practitioners. According to Dr. Wintreben (*La France Médicale*) the action of this remedy may be made still more efficacious by bringing it in contact with the mucous membrane of the air passages in the form of spray. The author habitually uses a solution of bromide of potassium, one in twenty, and repeats the application of the spray for one minute after each fit of coughing, when the mucous membrane of the breath passages, free from the mucus which usually covers it, is accessible to the action of the remedy.

The Library of the Royal Medical and Chirurgical Society was closed on Monday, August 16th, and will be re-opened on Thursday, Sept. 16th next.

In the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 16, Bombay 28, Madras 31; Paris 29; Geneva 15; Amsterdam 24, Rotterdam 21, The Hague 23; Copenhagen 28; Stockholm 31; Christiania 24; St. Petersburgh 49; Berlin 47, Hamburg 23, Dresden 32, Munich 38; Vienna 27, Buda-Pesth 45; Rome 27, Turin 25; Venice 35; New York 40, Brooklyn 35, Philadelphia 28, and Baltimore 19 per 1,000 of the population.

The death-rate from the seven principal zymotic diseases per 1,000 last week in the large towns ranged from 3·5 and 3·7 in Newcastle-upon-Tyne and Bristol, to 10·0 and 12·1 in Leicester and Salford. Scarlet fever showed the largest proportional fatality in Norwich, Salford, and Sunderland; and whooping-cough in Liverpool. Small-pox caused 2 deaths in London, 6 in Dublin, but not one in any of the other large towns. The deaths referred to diarrhœa in these towns, which had steadily increased from 51 to 577 in the seven preceding weeks, further rose to 711 last week.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

The Late Dr. Mackie, Cupar.—The estate of the late Dr. Mackie, Cupar, is sworn at £17,424.

Ayr Hospital.—The sum subscribed for Ayr New Hospital up to the present time is £3,120. The estimated sum necessary to complete the institution is between £5,000 and £6,000.

Combe Lectures on Physiology and Health.—The trustees of the late George Combe have made arrangements to utilise a portion of the funds at their disposal in accordance with the disposition of Mr. Combe, for the diffusion of a knowledge of physiology and the laws of health in large provincia towns and manufacturing centres, during the ensuing winter and spring. The trustees appointed Dr. Andrew Wilson, F.R.S. Ed., as the "Combe Lecturer," and that gentleman, whose experience as a lecturer will be of great value in connection with the aims of the trustees, has been engaged in arranging for courses of lectures to be delivered in Kirkcaldy, Dunfermline, Stirling, and Dundee. In each of these towns a local committee of influential gentlemen has been formed to make the necessary arrangements for the forthcoming winter and spring lectures, the trustees bearing all expense connected with the lectures, apparatus, &c. The lectures will number from eight to ten in each town, and will be delivered once a week in the evening. From the interesting nature of the subject, and from the importance to all classes in a sanitary and education point of view, there can be little doubt that the movement thus inaugurated by the Combe trustees will arouse a large share of public attention. Applications for the Combe Lectures have been received from other towns than the four just mentioned. Part of the work sketched out by the trustees includes the delivery by Dr. Wilson, of lectures to the students of the Church of Scotland Training Colleges in Edinburgh and Glasgow.

The Late Dr. Greig, Fyvie.—It has been resolved to take steps for commemorating the memory of the late Dr. Greig, Fyvie, either by the founding of a medical bursary, or by erecting a memorial stone over his grave. A large committee has been appointed to do what is necessary in the matter.

Health of Hillhead.—The medical officer's report for July, 1880, shows that during the month there were registered 18 births, and 2 deaths, representing an annual birth-rate of 30·85, and a death-rate of 3·43 per 1,000 of estimated population.

Death from an Overdose of Laudanum.—A grocer, named Walter Graham Scott, died in the Edinburgh Royal Infirmary on Saturday, the 7th inst., from the effects of an overdose of laudanum. Deceased had been ailing for some time, and had been advised by a friend to take a little laudanum to relieve his pain, but the man unfortunately swallowed too much.

Mortality of Kirkintilloch.—The medical report for July, for this burgh, shows the total deaths within the burgh as 4, equal to a death-rate for the month of 6·8 per 1,000 per annum, being the lowest death-rate for any month for the past three years.

Registrar-General's Returns.—According to the weekly return of births, deaths, and marriages for the eight principal towns of Scotland, the death-rate for the week ending with Saturday, the 7th of August, 1880, was 19·8 per 1,000 of estimated population. This rate is 3·2 above that for the corresponding week of last year, and 1·4 above that for the previous week of the present year. The lowest mortality was recorded in Perth, viz., 15·6 per 1,000; and the highest in Paisley, viz., 38·2 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 5·0 per 1,000, being 0·3 above that for the last week. The increase was principally due to the number of deaths from diarrhœa in Glasgow. Acute diseases of the chest caused 67 deaths, being 8 more than the number for the previous week.

Literature.

THE HEART. (a)

THESE contributions to the subject of cardiac pathology we have classed together, being somewhat at a loss to understand why they were issued separately within a month of each other, and as the subjects of the two essays are part and parcel of the diseases of the one organ.

Notwithstanding all the attention which has been given to diseases of the heart, and the many works which have recently been written on the subject, it must still be allowed that there are many points which are open to discussion. What is the cause of this? Or why is it that such direct differences of opinion, we might almost say, still exist? It is in part to answer such questions that it seems to us the author has applied himself in the essays before us. For we observe that all the topics which he discusses are amongst the disputed questions which relate to diseases of the heart. Thus we have chapters on "The Second Sound and Murmur of the Heart in their Relation to Diagnosis," and again on "Murmur in the Pulmonary Artery," and so on. For ourselves it does not appear at all strange that these special subjects still require much investigation. They will continue to do so, we believe, till the physiology of the organ is absolutely cleared up. Do we yet know all the causes which go to produce the two sounds of the heart? Are the various causes which modify the sounds completely ascertained? We think not. We also consider, too, that though the orifices are in one sense quite distinct, they are yet sufficiently close to be modified, the one by the other. As an example of what we mean, we might instance the case of diseases of the aortic valves, and this seems to be a favourite subject with our author. Now here, whilst the valvular disease will cause a morbid sound or sounds, it seems to us impossible but that these sounds must be modified by the healthy sounds in the pulmonary artery, which we know are so very close. It is true the aortic orifice is nearest the ear, but we are not, therefore, to ignore the sounds which are produced in the mouth of the pulmonary artery, and which must reach the ear. Whether this view of the subject has been advanced by others we do not know; but we firmly believe that it is capable of modifying the morbid sounds which so often exist in the mouth of the aorta. Something of the same kind, too, occurs in cases of pericarditis, where a bruit de soufflet and frottement are, as we know, often so mixed up that it seems impossible to say which is which. Yet these are sounds produced by totally different causes, and, *à priori*, we would expect they could be distinguished one from the other. We believe the explanation given above is the main cause of these difficulties; and that they will continue to exist, at least till the physiology of the organ is indisputably established.

The remarks just made are fully borne out when we come to read the special chapters of the little volume we have placed at the head of this article. The first is on the "Second Sound and Murmur of the Heart in relation to Diagnosis." In commencing it the author premises a few observations on the impulse, rhythm, and sounds of the heart, and it is scarcely going too far to say that on the causes of each of these he speaks in doubtful terms. How is it possible, in view of such statements, that any definite conclusions can be arrived at in relation with morbid sounds or movements in the heart? Here we have a gentleman who has evidently given much attention to the subject, and is quite familiar with the latest teachings on the physiology of the heart, and yet we repeat that the conclusions are indefinite and vague. We do not say this with any idea whatever of blame, but simply to show what difficulties yet beset the path of cardiac pathology.

In this first chapter there are, we notice, two points which call for remark. The first is that the author questions the frequency of the greater accentuation of the second sound. Not that he denies its occasional presence; but that it is not at all so frequently present as many writers of the present day allege. For ourselves we rather side with the author, but the point is one requiring still more investigation. When a morbid sound has to be determined on solely by a difference in degree—not in kind—we need scarcely say that the greatest caution is requisite in arriving at a definite conclusion; and this is the case here. In the second place the author states his belief that causes for the occurrence of a bruit on the right side of the heart are more common than is usually thought. If we assume this to be correct—though having doubts of it ourselves—it only adds to the difficulties which surround the subject. One other point which the author notices in this chapter; we speak of the reduplication of the second sound. The author does not give us any reason for this phenomenon. We have observed it ourselves in a very marked form, and think that it is most likely due to a very slight impairment of either the pulmonary or aortic valves, and that a still more advanced alteration in the valves would probably produce a soufflet. Skoda holds a somewhat similar view. We have heard it louder at the base of the heart; but the author gives cases where it existed at the apex.

The second chapter is taken up with a consideration of the subjects which have been already named; we mean "Diseases of the Right Orifices of the Heart." This is an interesting chapter. There are two cases given, with the result of the post-mortem in each, and in which the diagnosis of disease on the right side was made during life, and confirmed after death. The author observes that in each there also existed tuberculous disease of the lungs, which, on the left side, had a tendency to have the pulmonary artery uncovered, and so the morbid sounds which existed were clearer than they would otherwise have been. In one of the cases especially the amount of hypertrophy of the right ventricle was very considerable. The author makes the important statement that he believes disease of the right heart leads to phthisis.

The third chapter is taken up with the minute details of a "Case of Persistent Murmur in the Pulmonary Artery." It is a case of much interest, and we think the writer has made out a fair solution of it, though in the absence of a post-mortem—for the patient still lives—the absolute proof is wanting. This disease of the pulmonary valves the author also considers of greater frequency than is usually supposed, and we must say that the statistics he adduces confirm the opinion. Thus, as one example, he gives 41 cases of valvular disease collected by Peacock, of which 32 affected the left side, and no less than 9 the pulmonary artery. This nearly gives one case in every four; but the cases may have been exceptional, and they far exceed our own personal observation. As to the case detailed, if we would venture a conjecture, it would be as to the possibility of the pulmonary artery being narrowed; we mean congenitally. Such cases are not very uncommon, and in this particular instance all the symptoms present could be explained by this state. It would explain, too, the persistent murmur without there being any disease of the valves, and also the lung symptoms which were present. If we mistake not, there are cases on record which would bear out these remarks, but we could not lay our hands on them just at present. We observe the author speaks of the ductus arteriosus being open, and at the same time imperfection of the mouth of the pulmonary artery, as states which might explain the symptoms present in the case. We still consider, however, the congenital narrowing of the pulmonary artery is as likely to be the state of the parts as any other advanced.

Our space prevents us noticing the subjects of the fourth and fifth chapters, which treat respectively of "Additional Observations on Transposition of the Great Vessels of the Heart," and "Further Notes on Pulsatory Tumours of the Neck." But the last chapter in the book being on the same subject as that treated in the second essay, we must briefly notice. It is "On Insufficiency of the Aortic Valves in connection with Sudden Death." After giving a sketch of the literature of the disease from the time of Harvey forwards, and quoting the names of Hunter, Burns, Stott, Bertin, Hodgkin, Hope, and Corrigan, to the last of which he gives the credit of being "the discoverer of the malady," he then goes on to state his own views, and specially on the point of sudden death, which he considers as of much more

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(a) "Contributions to Cardiac Pathology." By John Cockle, A.M., M.D., Fellow of the Royal College of Physicians; President of the Medical Society of London; Physician to the Royal Free Hospital, &c. London: Baillière, Tindall, and Cox. 1880. Pp. 85.

"On Insufficiency of the Aortic Valves in connection with Sudden Death." With Notes Historical and Critical. By John Cockle, A.M., M.D. Pp. 64. Second Edition. London: Baillière, Tindall, and Cox. 1880.

moment than is usually supposed in the affection. We must be allowed to question this view. Not that sudden death is unknown, for this would be contrary to fact; but that it is so rare—at least, in our experience—as scarcely to come within the range of the modes by which life may be terminated. We could have wished that the author had given us some examples of the sudden death. For ourselves we believe that its great rarity is due to the nature of the valvular lesions present, for as soon as the valve or valves become diseased the heart begins to take on a compensatory action, which, in a degree at least, antagonises the bad results of the valvular lesion; and we know, as a matter of experience, that in cases of this kind life may be, and has been, prolonged for years, and to this point the author very properly alludes. But to return to the question of sudden death when insufficiency of the aortic valves exists, we believe that other causes must be present to cause it. Foremost amongst these is degeneration of the muscular texture, which is known to be a frequent occurrence. Now when such a combination exists, and sudden death occurs, are we to attribute the event to the state of the valves? We think not; but much rather to the state of the muscle, which we know, without any valvular disease, frequently leads to sudden death. With our present experience we consider this a much more plausible explanation of the sudden death than what the author has advanced. Adherent pericardium is a second and common complication of aortic valvular disease. But here also degeneration is common, and would be, if not the sole cause of sudden death, at least the leading one. Exactly similar remarks might be made of disease of the left auriculo-ventricular opening, where sudden death, as far as we have seen, only occurs where degeneration exists. The point discussed is one of considerable moment, and we think the author quite right in drawing attention to it, though we differ from him in our views on the subject.

In concluding our notice of these two essays we feel bound to recommend them to our readers. They will find much to interest them in each chapter; and though not suited for beginners, they are not the less valuable on that account.

THE ANATOMY OF THE JOINTS OF MAN. (a)

A Thorough systematic work on the joints has long been a much-felt want, which Mr. Morris has boldly attempted to supply by the volume before us, and he has certainly succeeded. Unfortunately the study of articulation is perhaps the most unpopular part of anatomy with the greater number of students, and it is only quite a limited number that leave our schools with a good knowledge of them. Even the frequency and importance of joint diseases has failed to attract attention to the structure and peculiarities of the joints. It is difficult to account for this. It is partly the result of the "unpopularity" of the joints; but no doubt some of the blame must be at the door of the anatomical teachers and authors who have neglected to devote sufficient care to this important part of their work. Mr. Morris's book treats of all the different structures met with in the joints in a very thorough, precise, and careful manner; and although he mainly follows the descriptions of others, he has yet made each joint a special personal study, and has been able to correct so amply what has hitherto been wrong or scanty in their descriptions. His opening chapter on the general structure and classification of articulations is not so good as the rest of the book, it is verbose and at the same time deficient in some points, and it retains an old and useless classification. In the chapters on the separate joints separate descriptions are given of the bones, ligaments, fibro-cartilages, synovial membrane and appendages, bursæ, vessels and nerves of supply, uses, and muscles acting upon them. Here we cannot complain of any lack of detail—indeed, some may find the descriptions even too minute. The style is pleasant and clear on the whole, but, like so many writers, Mr. Morris is constantly irritating the reader by the use of "former" and "latter," which almost always necessitates a reference to the preceding sentence. The engravings are most of them original and on the whole good; but why so good a book should have been disfigured by several ugly valueless chromo-lithographs is to us a mystery. We hope that when another edition is called for, as it assuredly will be, these illustrations will be omitted. More accurate plates of the bursæ might also with advantage be introduced. But these, after all, are but minor defects in a very good and much-needed book.

(a) "The Anatomy of the Joints of Man." By Henry Morris, M.A., M.B. Lond., F.R.C.S., Senior Assistant Surgeon to, and Lecturer on Anatomy and Demonstrator of Operative Surgery at, Middlesex Hospital. London: J. & A. Churchill. 1879.

Correspondence.

SIR WILLIAM GULL AND THE SCANDAL AT GUY'S.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Perhaps in your anxiety not to press unduly upon Sir William Gull you have, in your comments on the above matter, omitted to mention some facts of the case which are of material importance. You have not stated that Sir W. Gull was not by any means bound to give evidence in the case at all. He was not a witness as to fact; he had not seen the patient; nor had he any personal concern with her case. He appeared merely as an expert, to give an opinion upon the evidence of Dr. Pavy and the other medical witnesses, as tendered in court. No one can doubt that it was Sir W. Gull's duty to have refused to enter the witness-box, even were he pressed to do so, and it was quite in his power to so refuse. He must have either volunteered as a witness, or yielded to the invitation of those conducting the prisoner's defence—for they had no power to subpœna him—and in this light his conduct becomes the more inexplicable. One would have supposed that in reply to a solicitation to pronounce an opinion on the case he would have pointed out that such an opinion must be practically valueless—mere hypothesis, based upon insufficient hearsay evidence, and not to be weighed against the deliberate judgment of Dr. Pavy, who was fully acquainted, from personal observation, with all the clinical facts, and had, moreover, the advantage of a post-mortem examination to confirm his interpretation of the pathological events. That the evidence derived from the autopsy would be of the utmost value, and that it was ably made out was sufficiently proved by the fact that the well-known officers of Guy's, including, Dr. Mahomed, were engaged in this work.

One thing is certain—that until occurrences of this kind become impossible, in consequence of the existence of a higher tone of gentlemanly feeling among all the so-called leaders of the profession, it is hopeless to expect that the profession will attain to that position of public respect and esteem to which the personal qualities and scientific attainments of the majority of its members so fully entitle it.

Yours faithfully,

H. S.

NOCTURNAL ENURESIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It will oblige me greatly if you will kindly insert this note in your next issue, as I am most anxious to get information either from yourself or from some of your numerous readers on the subject it refers to. A gentleman, aged about 45, has for the last six or seven years suffered from the most unpleasant and disagreeable annoyance of his urine coming away involuntarily at night. *During the day, and while he is awake* no water comes away, and he has full control over the bladder; but immediately *sleep takes place*, notwithstanding every precaution has been taken to empty the bladder previously, the water commences to flow and wet the bed. It is a most disagreeable affection and almost causes the gentleman's life to be miserable, as he cannot visit from home or go into a strange bed. The quantity and quality of the urine are healthy and normal. Could anything be done or any treatment suggested to remove the complaint?

Your obedient servant,

A Subscriber to the M. P. & C.

August 3rd, 1880.

INDIAN MEDICAL ITEMS.

MEDICAL OFFICERS OF CANDAHAR FORCE.—The name of Dr. Preston appears in the list of wounded at Kushk-i-Nakhud. Dr. Edge and Dr. Earle are among the missing of General Burrows' force.

THE *Indian Medical Gazette* has learnt from several sources that the increase of the scale of pensions is a mere question of time; that the question is under the consideration of the Secretary of State, and that an early and favourable isuse of orders on the subject may be expected.

INDIAN MEDICAL SERVICE.—Surgeon-Major R. Bowman is appointed to medical charge of political agency, Turkish Arabia. Surgeon-Major D. F. Keegan to medical charge of 1st Central India Horse. Surgeon R. Caldante, the 2nd Central India Horse, Western Malwa Agency, and Station of Ag. Surgeon H. Wortabet, from 2nd Madras N. I. to Peshawur.

CASUALTIES IN AFGHANISTAN.—A return has been made to the House of Commons of the numbers killed or dead of disease or invalided in each of the three armies operating beyond the Indus in the late campaign in Afghanistan (1878-79), from the date of advance beyond our frontier into the Khyber Pass up to the return across the Indus of the regiments ordered back at the close of the operations in the field. The numbers are given per regiment, troop, and battery, and the casualties of the three armies appear separately. The abstract at the close shows that eight European and two native officers were killed in action, and two European officers died of their wounds; 14 European and 21 native officers died of disease; 62 European and 43 native officers were invalided, Total casualties among officers—Europeans, 86; natives, 66. Among the British troops 17 men were killed in action, 3 died of their wounds, 315 of disease, and 1,176 were invalided—total, 1,151. Among the native troops 75 were killed in action, 23 died of their wounds, 1,129 of disease, and 1,586 were invalided—total, 2,813. The grand total of casualties among men was thus 4,324: including officers too, 4,476.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

AN EYE-WITNESS.—Letter received. We cannot deal with it until the whole of the facts are in our possession. We shall be glad to have all the information our correspondent can afford—in confidence—and will then investigate the matter thoroughly.

DISPENSARY RESIDENCES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Please inform me in your next issue what steps I am to take in order to get a residence built under Mr. Bruen's Act? The lord of the soil is prepared to give the ground for such purpose at a low rent. The Guardians of this Union were opposed to the passing of the Act in question, and consequently it may be difficult to get their sanction. On what terms can they borrow the money, and from whom? What time will it take to pay off the sum borrowed? The landlord will give a lease of ninety years. After the principal is paid off will the house become the property of the Guardians, minus the ground-rent? Can they charge the medical officer a higher rent than will pay the ground-rent and interest?

By answering the foregoing in your next issue you will much oblige,

Yours, &c.,

"A CONSTANT SUBSCRIBER."

[The Act will be found in the "Irish Med. Directory" for 1880, page 93. The steps necessary to be taken are—1. Owner must obtain from the Secretary of the Local Government Board a certificate that a dispensary house is needed in the district, and that the house proposed to be erected is suitable. Before granting such certificate, plans and specifications must be laid before the Local Government Board, and an inquiry held if necessary. 2. Such certificate having been obtained, an application for the money must be made to the board of works, and the certificate sent in. 3. If they agree to grant a loan, it must be repaid at the rate of 5 per cent. in each year for 35 years, and be subject to 3½ per cent. interest. 4. Guardians may agree with the owner for a lease and for a rent, and the said rent may be deducted from the salary of the medical officer.—ED.]

METRIC EQUIVALENTS FOR AVERAGE DOSES OF SOME MEDICINES COMMONLY USED.

Atropine Arsenic Strichnia Phosphorus	Grains, 1-30, 1-12 = ·002 ·005 or milligrammes, 2, 5.
Antimony tart. Extract elaterii Extract nucis vomicæ Extract physostygas Morphine	Grains, 1-6, 1-2 = ·01 — ·032, or 3 centigrammes, 2 milligrammes.
Calomel Opium Zinci sulphat Acid carbolic Digitalis fol.	Grain, 1 = ·076, or 7 centigramme, 6, 5.
Pil. hyd. Pil. rhen. co. Pot. iodid.	Grain, v. 10 = ·325 — ·65, or 325 milligrammes, or 65 centigrammes.
Pulv. rhei Sod. bicarb. Magnes carb.	Grains, 10, 20 = ·68 — 1·3, or 68 centigrammes 6 — grammes, 1 3 decigrammes.
Sodæ salicyl., gr., 20, 40 = 1-3 — 2-6, or 1 gramme 3 decigrams. — 2 grammes 6 decigrams,	

LIQUIDS.

Tr. opii Liq. morphiæ Tinct. aconiti	M v., M xe = C.C. 0·3 — 0·6.
Tinct. digitalis Liq. Potassæ Vin. ant. tart.	M. x. — xx. = C.C. 0·6 — 1·5.
Syrup papaveris Oxymil scillas Tr. camph. co.	M. 30 — ʒi., or C.C. 2 — 4.

VACANCIES.

Brighton and Hove Lying-in Institution.—House Surgeon. Salary, £120, with furnished apartments. Applications to the Secretary before Aug. 31.

Children's Hospital, Birmingham.—Assistant Resident Medical Officer. Salary, £40, with board, &c. Applications to the Secretary not later than Sept. 1.

Herefordshire.—Medical Officer of Health for the Rural Sanitary Authorities. Salary, £500. Applications to the Clerk of the Committee on or before Aug. 25.

North Eastern Hospital for Children.—House Surgeon. Salary, £70, with board and lodgings. Also a Registrar. Salary, £50. Applications to the Secretary not later than Sept. 1.

APPOINTMENTS.

BERKART, Dr. J. B., Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

BOVILL, Mr., House Surgeon at Guy's Hospital.

CROOK, Mr. J. S., House Surgeon at Guy's Hospital.

CROSSLEY, J. P., L.R.C.P.Ed., L.F.P.S.G., Medical Officer to the Workhouse of the Sunderland Union.

ERSKINE, J., M.D., L.R.C.S.I., Medical Officer to the South-West District of the Parish of St. Luke's, Chelsea.

HEATH, R. E., Honorary Surgeon to the Torbay Hospital, Torquay.

JOHNSTONE, J. C., M.D., C.M., Assistant Physician to the Royal Edinburgh Asylum, Morningside.

KIDD, P., M.A., M.B., M.R.C.P.L., Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

KIDD, P. H., M.B., C.M., Junior House Surgeon to the Carlisle Dispensary.

LANE, Mr. W. A., House Physician at Guy's Hospital.

LEDIARD, H. A., M.D., F.R.C.S., Surgeon to the Cumberland Infirmary.

MORGAN, Dr. W., Public Analyst for the County of Glamorgan.

POLLARD, W., F.R.C.S.E., Consulting Surgeon to the Torbay Hospital, Torquay.

RAKE, Mr. B. N., House Physician at Guy's Hospital.

SCOTT, Mr. A., House Physician at Guy's Hospital.

SMITH, W. F. F., M.B., C.M., Medical Officer to the Wildon District of the Orsett Union.

STREET, A. F., M.A., M.B., M.R.C.S.E., House Surgeon at the Royal Infirmary, Manchester.

WATTIE, A., M.A., M.B., C.M., Assistant Medical Officer to the Crumpsall Workhouse, Manchester.

WHITE, Mr. W. H., House Surgeon at Guy's Hospital.

WILMOT, T., L.R.C.P.L., M.R.C.S.E., L.S.A.L., House Surgeon to the Bradford Infirmary.

Births.

DAY.—Aug. 3, at Clayton House. Chapel Street, Pentonville, N., the wife of W. Henry Day, L.R.C.P., of a daughter.

THOMPSON.—Aug. 8, at Cranley Place, South Kensington, the wife of R. E. Thompson, M.D., of a son.

Deaths.

BEVAN.—Aug. 1, at Rickinghall, Suffolk, T. K. Bevan, M.D., son of the late Venerable Archdeacon Bevan, Vicar of Carmarthen.

DRYSDALE.—Aug. 7, at Hillend, Linlithgowshire, John Drysdale, M.B., L.R.C.S.E., F.R.P.S.E., late of Uphall.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 25, 1880.

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Abstract

OF THE

ADDRESS IN MEDICINE,

Delivered at the Meeting of the British Medical Association at Cambridge.

By JOHN BUCKLEY BRADBURY, M.D., F.R.C.P.,

Physician to Addenbrooke's Hospital, Cambridge; Linacre Lecturer in Physic; Medical Lecturer in Gonville and Caius College; and Assessor to the Regius Professor of Physic in the University of Cambridge.

Dr. BRADBURY's address was devoted to a *résumé* of the discoveries made within recent years by instrumental aid. By the aid of the microscope, he said, an advance has been made in the exact diagnosis of so-called idiopathic or progressive pernicious anæmia. This disease, although first described by Addison has only during the last few years been generally recognised—about fifty cases having been recorded by various observers. So far as I can ascertain, Addison made no microscopic examination of the blood in this disease; but, in the Guy's Hospital Reports for 1855, Dr. Wilks, who had been testing the blood in reference to the number of white corpuscles, soon after Bennett's and Virchow's discovery of leukæmia, thus alludes to it: "In that class of cases which had specially gained the attention of Dr. Addison, and which he has designated, *idiopathic anæmia*, and where, above all others, it might be presumed that the existence of an excess of colourless globules was possible, no such condition has been found." This observation of Dr. Wilks has been confirmed by all subsequent writers on this disease; and, in addition to this means of diagnosis, other important microscopical changes have been noted in the blood in this disease, which help to differentiate it from chlorosis and other closely allied diseases, such as leukæmia, &c.

Observers have noticed, in blood drawn from persons with this disease by the prick of a needle, that the red corpuscles do not collect into rouleaux, as in health, but lie separately, or form masses of irregular shape; that these corpuscles are very noticeably reduced in number, are variable in size, of great diversity in form; some being oval, others spindle-shaped; some having a tail-like projection; some are larger than the white corpuscles, others not one-fourth of the normal size. In all the abnormal corpuscles, the so-called zoid or yellow substance (hæmoglobin) seems to be collected in one part, leaving the œcoid or rest of the corpuscle (stroma) clear and transparent, and this probably gives rise to the apparent nucleation of the corpuscles.

I have carefully examined the blood in one well-marked case of idiopathic anæmia, and I failed to find the small spherical red corpuscles regarded by Eichhorst as pathognomonic of this disease. Rosenstein, Grainger Stewart, and Bradford have also failed to find these "microcytes." These corpuscles cannot, therefore, be regarded as diagnostic of essential anæmia; but the three combined abnormal conditions—viz., diminution of the number of the red corpuscles, their paler colour, and the alteration of their shape and size—may be regarded as characteristic.

C. M. Sörensen, of Copenhagen, emphasises the counting of the red corpuscles for the purpose of exact diagnosis, and says that the number of red corpuscles counted (according to Malassez's method) is only one-fourth to one-twelfth of the normal number.

In August of last year I saw, in consultation with Dr. Ingle of this town, a case in which it was impossible to arrive at a correct diagnosis without a microscopic examination of the blood. The case was that of a married woman, who, during the whole of her pregnancy and for some time previously, had suffered from anæmia. Her condition during labour was so critical that Dr. Ingle asked a fellow-practitioner to be present at the delivery. She lost scarcely any blood during her confinement; but when I saw her, a few days subsequently, she appeared perfectly blanched, the lips and gums being quite bloodless. She had extreme breathlessness, palpitation, and giddiness. Loud venous and cardiac *bruits* were audible. The temperature was 101° Fahr., and the pulse was remarkably soft and compressible. I at first thought the case was one of idiopathic or progressive pernicious anæmia, which, according to Gusserow, Biermer, and others, occurs most frequently in pregnant women. A microscopical examination of the blood, however, showed a large excess of white blood corpuscles; the proportion of white to red being about fifty, instead of three, to a thousand. Now, as in progressive pernicious anæmia there is never any absolute increase of the white corpuscles, we were able in this case to give a more cheerful prognosis; the patient, under the influence of iron, digitalis, and good port wine, making a rapid and perfect

recovery. The woman suffered to an excessive degree from the temporary leukæmia or leucocytosis of pregnancy. Iron did good in this case; whereas it has been found useless in pernicious anæmia, arsenic being the only remedy which has hitherto been found beneficial. Whilst upon the subject of the microscopical examination of the blood, I must not fail to mention the ingenious hæmacytometer devised by Dr. Gowers for estimating the corpuscular richness of any specimen of blood. This instrument has the great advantage of accuracy and simplicity of application in clinical practice, and is an improvement in the latter respect upon the "compte globule" of Malassez, and the hæmatometer of MM. Hayem and Nachet. M. Malassez has also devised an instrument, the hæmacrometer, for estimating the amount of hæmoglobin in blood, which is both accurate scientifically, and most convenient clinically. He has pointed out that blood-corpuscle counting is of little diagnostic or clinical use unless combined with estimating at the same time the amount of hæmoglobin present.

To mention all that medicine has gained by the use of the microscope during the last few years would be to give a record of pathological progress during the period, and would include such large and important subjects as the recent pathology of tubercle, pyæmia, septicæmia, relapsing fever, blood-entozoa, the infective element of vaccine lymph, &c. One further application of it as an instrument of precision is of considerable interest at the present time, and ought, perhaps, to be noticed in this address. It was only in 1860 that Zenker of Dresden made out, post-mortem, the disease of trichinosis in a patient that was supposed to have had typhoid fever. How many cases of trichinosis had before that been attributed to some other condition, cannot be estimated. The microscope has discovered the disease, and by the aid of this instrument it will probably be stamped out. In the year 1876 there were in Prussia no fewer than twelve thousand inspectors charged with the duty of inspecting slaughtered swine.

Thermometer.—But the thermometer has done even more than the microscope to place medicine upon a scientific basis, and to refute the statement that "we have even yet no science of medicine." I think it may be said without exaggeration, that the treatise on "Medical Thermometry," by Professor Wunderlich has more than any other work furthered the progress of medicine during the last ten years; for it is only during this period that the thermometer has come into general use in the profession, although the first edition of Wunderlich's book was published at Leipsic in 1868. Probably no one phenomenon helps us so much as the temperature of a patient to reveal the existence of complications, and to predict the favourable or unfavourable issue of fevers and inflammations. Furthermore, as we have learned the natural course of most acute diseases, so have we come to trust less in drugs, and to leave more to nature, or perhaps I should say to careful nursing, rest, cleanliness, and suitable nourishment. Again, as the temperature can neither be feigned nor falsified, the thermometer may render us assistance in determining whether a disease is feigned or not.

Dr. Wilson Fox and others have shown that, by appropriate cooling of the body by baths and other external means, patients suffering from acute rheumatism, with a temperature of 110° Fahr., may be rescued from death. In the German hospitals the method of treating the pyrexical state by the external application of cold has come into general use, and has also to some extent been introduced into private practice. Jürgensen, Liebermeister and Hagenbach, Ziemssen and Immermann, Brand of Stettin, and others, have published statistics of several thousands of cases of fever treated in this way; from which it appears that the mortality has been reduced more than one-half, being now only from 3 to 10 per cent.

The value of the thermometer in clinical medicine has recently received a fresh illustration in the most interesting researches and Peter and Vidal on local temperatures in acute pleurisy, phthisis, and some abdominal diseases. M. Peter had for a long time been anxious to settle the question whether a local morbid action was accompanied by a local elevation of temperature, and he has been able to answer the question in the affirmative.

M. Peter has found in acute pleurisy, from a long series of investigations (1) that the parietal temperature outside the pleurisy is from one-half to two degrees Cent. higher than the average temperature of the patient; (2) that the more rapid the effusion, the quicker the elevation of temperature; (3) that when secretion is not going on, and the level of the fluid remains stationary, the elevation of the parietal temperature decreases, but the temperature is still from ½° to 1½° Cent. higher than the sound side; (4) that pleurisy not only raises the parietal temperature of the diseased side, but also that of the opposite side; but the parietal temperature of the diseased side is always higher than that of the healthy; (5) that, while spontaneous absorption of the effused fluid is going on, the parietal temperature drops gradually; (6) that in dry pleurises the local excess of heat is less than when there is effusion, and the return to the normal temperature also occurs more rapidly; and (7) that the absolute elevation of the local temperature on the diseased side is more considerable than the absolute elevation of the auxiliary temperature.

M. Peter has also investigated the results of thoracentesis upon the parietal temperature, and has found, when the effusion is not reproduced, that although there is, immediately after the puncture, a slight rise, which lasts for some hours, nevertheless the parietal temperature afterwards decreases, and continues to do so until the normal figure is reached, unless the effusion is reproduced, when the local temperature rises again.

The observations of M. Peter on local temperatures in pulmonary phthisis, which have been fully confirmed by M. Vidal, are even still more interesting. He believes that, as soon as tubercles occur at any point, the local temperature rises there; and he points out that in doubtful cases of phthisis, where the physical signs are not developed, this local thermometry may materially assist us in arriving at a correct diagnosis.

M. Peter has made a further communication to the Académie de Médicine on the subject of local temperatures in abdominal diseases; and he has indicated the differences between the local temperatures of the abdominal parietes in ascites, and in the various forms of peritonitis—viz., (1) that which arises by extension from a chronic phlegmasia of the stomach, "gastrite sclereuse;" (2) chronic tubercular peritonitis; and (3) chronic cancerous peritonitis.

M. Peter used an ordinary clinical thermometer for the observations, which, on account of its simplicity, he prefers to instruments of greater precision.

General thermometry has been found useful in diagnosing cerebral hæmorrhage from alcoholic poisoning, the general bodily temperature (rectal) falling at first below the normal in cerebral apoplexy, but not in drunkenness. Such a case is recorded by Mr. Foster in the *Lancet* for December 27th, 1879.

General thermometry also assists us in the differential diagnosis of true apoplexy from the so-called apoplectiform seizures, which occur in progressive general paralysis, disseminated sclerosis, cerebral softening, and also from uræmic coma. Charcot says, "I have demonstrated by repeated observations that, in true apoplexy, especially when it depends upon cerebral hæmorrhage, the temperature constantly diminishes some moments after the attack, and afterwards remains, generally for at least twenty-four hours, below the normal standard, even when intense and reiterated convulsive fits occur"; whereas, in the congestive attacks (so-called apoplectiform seizures) which occur in progressive general paralysis and in disseminated sclerosis, "the temperature, on the contrary, rises above the physiological standard and tends to become gradually more and more elevated, during the whole continuance of the attack."

In uræmic coma, according to Bourneville, the temperature of the body begins to fall at the onset of the seizure, and continues to sink as long as the coma persists, so that it may fall as low as 90 degs. Fahr. in fatal cases. On the other hand, in coma due to cerebral hæmorrhage or softening, the lowering of the temperature is slighter in amount, and, in cases not fatal within this period, rarely lasts longer than twelve to twenty-four hours" (Bastian).

The thermometer is also useful in forming a prognosis in these diseases, but into this I have not time to enter.

Ophthalmoscope.—Physics have also furnished us with the ophthalmoscope, an instrument which, besides being invaluable in the recognition of diseases of the eye has of late years assisted us materially in the diagnosis of intracranial tumour, syphilis, chronic Bright's disease, acute tuberculosis, tubercular meningitis, cerebral embolism, locomotor ataxy, and other diseases which need not here be specified.

In his address on "Ophthalmogy in its relation to General

Medicine," (delivered before the Medical Society of London) Dr. Hughlings-Jackson pointed out how frequently cases of supposed brain-disease are indirect effects of anomalies of refraction, readily recognisable by the ophthalmoscope, and how the correction of a hypermetropia or a myopia by appropriate spectacles may completely remove these quasi cerebral symptoms, and save patients from needless drugging with "nervine" and other medicines.

The following case, which came under my observation in January, 1879, is one of no uncommon occurrence. A lady who had been ill for some time, and under two medical men, had occasion to consult an oculist for some defect of vision. The ophthalmoscope revealed retinal hæmorrhage, such as is met with in some forms of chronic Bright's disease. The urine was now for the first time tested, and found to contain a considerable quantity of albumen; but, previously to seeing the oculist, renal mischief had never been dreamt of. The lady died about eighteen months afterwards, with well-marked uræmic symptoms.

Dr. Gowers relates a case, in which the detection of an embolus in the central artery of the retina was the first thing which drew attention to the existence of the cardiac affection from which the patient suffered. The patient applied to the Moorfields Ophthalmic Hospital for a defect of vision, and then she was found to have mitral constriction.

The ophthalmoscope often enables us to detect inherited syphilis, when other indications, such as the peculiar teeth, are absent. The relation of disseminated choroiditis to syphilis is extremely striking and important; and such a distinguished observer as Hutchinson has gone so far as to say, that the patches of disorganisation left by choroiditis are almost as pathognomonic of inherited syphilis as the notched teeth.

Other interesting recent researches in this field of medicine are those of Dr. Gowers on the diminution of the calibre of the retinal arteries in some cases of Bright's disease with increased arterial tension; and those of Quincke, Becker, and Dr. Stephen Mackenzie on spontaneous visible pulsation of the retinal vessels in connection with aortic regurgitation; and those of Mackenzie and others, of retinal hæmorrhage in connection with purpura, leucocythæmia, idiopathic anæmia, ague, and diabetes.

Retinal hæmorrhages have also been observed in septicæmia and pyæmia. In puerperal septicæmia, they almost invariably occur during the last two or three days of life, according to Litten; and they augur an unfavourable termination of the case. As these hæmorrhages are not found in acute specific diseases, such as enteric fever, they are useful in diagnosis as well as prognosis.

Another important condition, revealed to us by the ophthalmoscope, is the simple atrophy of the optic nerve—atrophy without preceding neuritis—which is seen in some cases of locomotor ataxy, and which may be of help in the recognition of this disease at an early stage. This simple optic atrophy can be sometimes seen before ataxy begins; and along with absence of the "tendon-reflex," or with the presence of the lightening-like pains, it is an almost certain indication that the disease has commenced.

The ophthalmoscope must, therefore, no longer be regarded as an instrument of use only to the ophthalmic surgeon, but as a most valuable instrument in the detection of many morbid states which come under the notice of the physician.

Laryngoscope.—Our knowledge of the uses of the laryngoscope in clinical medicine to-day is little in advance of what it was ten years ago.

Owing more especially to the careful observations of Dr. Marcet, we can detect tubercular disease in the larynx before there are any physical signs of its development in the lungs. When laryngeal phthisis is present, there is a "whitey, milky, probably purulent mucous fluid in the laryngeal cavity." The diagnosis of laryngeal phthisis is of more value in prognosis than is generally supposed; for if phthisis can be detected in the larynx, we may be quite sure that the lungs either are, or will shortly become, tuberculous, if not obviously so at the time. It is also a well established fact that those cases of phthisis in which the larynx is early involved are less amenable to treatment than most other cases; and hence we are compelled to give a more gloomy prognosis.

In inflammation of the larynx, the laryngoscope helps us to ascertain the presence or absence of membrane, which the report on the subject of croup and diphtheria presented to the Royal Medical and Chirurgical Society by a committee, of which Dr. Dickinson was chairman, has shown to be of the highest importance, both as regards prognosis and treatment. About 90 per cent. of the cases of membranous inflammation of the larynx prove fatal; and of the 10 per cent. of recoveries, there are few that survive unless tracheotomy be performed. Indeed, "if a child have laryngeal obstruction and membrane is seen in its throat, the chances are all that it will either die or be tracheotomised, and not improbably both." On the other hand, cases of non-membranous inflammation of the larynx, even those in which dyspnœa is severe and protracted, almost invariably end in recovery; and the worst cases hardly ever require tracheotomy. Membranous inflammation of the larynx is, in a vast majority of cases, diphtheritic, and accompanied by albuminuria; whereas, in non-membranous inflammation of this organ, the urine is seldom albuminous.

Sphygmograph.—In the field of medicine in which the sphygmograph has been used, the harvest has been more abundant than in the case of the laryngoscope, chiefly owing to the researches of Burdon Sanderson having been elaborated by Galabin, Mahomed, and others. The condition of high blood-pressure, is of the greatest importance clinically, and should be watched and estimated as carefully as the body-temperature, as there is no doubt it will be when the sphygmograph has been further simplified. High blood-pressure gives the earliest indication of the grave series of degenerative changes throughout the body known as chronic Bright's disease, and may, if neglected, lead to disastrous results both in disease of the arteries and of the heart. High blood-pressure is the cause of all so-called heart disease in old persons; it is very amenable to treatment, and its treatment is imperatively necessary. Dr. Galabin writes: "I believe that one of its (sphygmograph's) successful applications would be to estimate the probable duration of life, by showing how far the vascular system has undergone the changes to which it is subject with advancing years, or which may be the only indication of commencing Bright's disease."

Dr. Handfield Jones has recorded a series of cases in which, without albuminuria or other symptom of Bright's disease, the sphygmograph has sufficed to diagnose the disease, the high pressure in the pulse being really its pathognomonic symptom.

In a paper published in 1874, Dr. Mahomed tried to show that a chronic condition of high blood-pressure led to arterio-capillary fibrosis. This view he has further elaborated in a paper in the last volume of the Guy's Hospital Reports, where he says that the hard pulse—the pulse of high tension—is *the* sign of Bright's disease; and that it should altogether replace albuminuria, for this is only exceptionally present.

High blood-pressure gives rise to many functional as well as structural disorders. In the paper referred to, Dr. Mahomed described the occurrence of this condition in an acute and transient, as well as in a chronic and permanent form, as the result of certain blood-poisons, and as an *antecedent* of kidney disease. He has also demonstrated its existence in pregnancy, and thus indicated the connection between pregnancy and kidney disease (so-called), and thus with puerperal eclampsia.

This condition of high blood-pressure appears to be recognisable early in life, before it has given rise to any structural changes or symptoms, and may be described as depending on the *diathesis*, or less correctly on the *temperament*, of the person. It is a condition which, when once detected, should be closely watched and treated, otherwise it will develop into chronic Bright's disease.

Dr. Mahomed has elaborated the use of the sphygmograph in the diagnosis of aneurism of the aorta; he has shown that it may in some cases be of value in determining the site of an aneurism, and in estimating the amount of arterial tension present and the result of treatment upon it. The plan of treatment advocated in aneurism by Mr. Tufnell has for its object the reduction of arterial tension.

The sphygmograph is further valuable as a scientific means of watching the effects of drugs on the vascular system, especially with a view to their use in the treatment of Bright's disease and of aneurism by reduction of arterial tension. Above all, it is valuable as an educator and interpreter to the finger; it has taught us the meaning of the *tactus eruditus*, and will always be of the utmost importance in teaching students *what* to feel for in the pulse.

The possibility of recognising Bright's disease in its pre-albuminuric stage by means of the sphygmograph leads me to think, with Dr. Handfield Jones, that this instrument has a great future before it. When people become wise enough to

pay their doctors for keeping them in health by periodically examining them to see if there be any abnormal change taking place in their bodies, the sphygmograph must come into general use in our profession.

The remedies for high arterial tension generally are a reduction in the amount of nitrogenous food, purgatives, diaphoretics, bleeding, &c. A milk-diet is of the greatest value in some of these cases, as Dr. George Johnson was the first to point out. I have over and over again relieved this condition of the circulatory system by placing patients in bed and on a milk diet.

As the profession comes more and more to recognise the importance of increased blood-pressure, the practice of bleeding must come again more and more into fashion. The *pulsus magnus, durus et tardus*, which the old practitioners invariably bled, was exactly the pulse of high pressure as we now recognise it. (Mahomed.) There can be no doubt that in the present day we too much neglect venesection. In cases of apoplexy, with increased vascular tension, bleeding is beneficial; and also in uræmic convulsions, which Mahomed regards as probably due to minute cerebral hæmorrhages, produced by increased arterial tension, and not to the circulation of excess of urea or ammonium carbonate in the blood (Frerichs), or to anæmia of the brain caused by spasm of the cerebral arteries (Hughlings Jackson and George Johnson).

Some time ago, it was discovered that amyl-nitrate and nitro-glycerine have the property of relaxing the arterioles, and of thus temporarily reducing blood pressure. This discovery affords a most beautiful instance of what I do not hesitate to call scientific therapeutics, and affords another example that medicine is advancing to the dignity of a science. The drugs I have mentioned are especially suited to those cases in which the heart fails to overcome the great arterial pressure, as, *e.g.*, angina pectoris, and the angina attacks occurring towards the end of chronic Bright's disease. To Dr. Brunton we are indebted for the discovery of the action of amyl-nitrite in angina pectoris. In his Gulstonian Lectures, delivered before the College of Physicians in 1877, he says: "Some years ago I was placed in exceptionally favourable circumstances for studying the disease. I was able to watch a patient at every hour of the day and night, and to observe every phase of the attack. By the aid of Marey's sphygmograph, I discovered that, during the paroxysms, the blood pressure rose and the pulse became quick. As the pressure rose, severe pain came on in the heart, and when the pressure fell the pain disappeared. It was, therefore, natural to look upon the pressure as the cause of the pain, and my opinion was confirmed by the effects of bleeding; for this lowers the pressure, and each bleeding prevented an attack. The pathology of the disease thus seems clear; and the next question was, how to treat it? The remedy wanted was one to dilate the vessels, and this the researches of Richardson and Gamgee supplied. Nitrite of amyl they had shown to possess the very power which I desired; and thus their experiments on the pharmacology of the drug, and my observations on the pathology of the disease united, led to successful therapeutics. I administered the remedy, and the pain disappeared."

Nitro-glycerine has been shown by Dr. Murrell to have the same physiological action as amyl-nitrite, and may be used in the same cases.

One other point of great importance in reference to albuminuria and arterial tension which must not be altogether passed over, is the so-called "Albuminuria of Adolescents," which was the subject of a paper by Dr. Moxon in the Guy's Hospital Reports for 1878. In those cases of albuminuria which occur in young men from the age of sixteen to twenty-two, the albumen is not always present in the urine, but intermits; it is generally, however, present in the urine at some period of the day, most frequently in that passed after breakfast. These patients are usually languid, listless, complaining of headache, are anæmic, and "generally out of condition;" but after a variable time, under the influence of tonic treatment, the albuminuria usually entirely disappears, and the patient's health is restored. Now, in these cases of albuminuria the arterial pressure is quite normal, or low rather than high. I am disposed to agree with Sir William Gull, that the albuminuria in these cases is due to atony of vessels and nerves. He says, that albuminuria occurs in young and growing men and boys almost as frequently as spermatorrhœa.

The probable causes of such albuminuria are, in Dr. Johnson's opinion either (1) imperfect recovery from an acute renal attack; or (2) exposure to cold and wet, especially after being overheated and fatigued by prolonged or violent exercise (common in boys at school); or (3) imprudently prolonged cold bathing; or (4) excessive consumption of animal food and of alcoholic stimulants, either separately or combined; or (5) inveterate dyspepsia in persons of strictly temperate habits; or (6) mental anxiety; and in some cases a combination of two or more of the causes.

There can be no doubt that at the present time physicians do not regard simply the presence of albumen in the urine as so serious a sign as they would have done ten years ago. The late Dr. Murchison regarded some cases of albuminuria as due to hepatic derangement. In his work on "Diseases of the Liver," second edition, p. 573, he writes as follows: "There are also reasons for believing that albuminuria may be induced by hepatic derangement, independently of structural disease of the kidneys. It is now generally acknowledged that albuminuria, even when copious, and in the absence of any acute febrile disorder, does not necessarily indicate renal disease.

Aspirator.—Another instrument of precision for which we are indebted to physics is the aspirator, which has proved such a great boon to the physician and surgeon in the diagnosis and treatment of various diseases. I may, however, perhaps be pardoned for mentioning the great success which has attended our treatment of hydatid disease of the liver by this instrument. This disease is very prevalent in Cambridgeshire. During the eleven years I have been physician at Addenbroke's Hospital I have treated a considerable number of cases of this disease with the aspirator, and only one has proved unsuccessful, and this by reason of the aspirator never reaching the sac, which had thick cartilaginous walls, although three punctures were made. My experience does not coincide with that of my friend, Dr. John Harley, who advocates a permanent opening, and the withdrawal of the hydatids from the cysts, and even of the parent cyst itself. Before using the aspirator in cases of suspected pleuritic effusion, hepatic abscess, &c., I now almost invariably make a preliminary exploratory examination with a large hypodermic syringe, which is really a sort of miniature aspirator. I was glad to see the importance of this preliminary test recently brought more prominently before the profession in a paper by Dr. Greenfield.

Stethometer.—The stethometer invented by Dr. Ransome, of Bowden, is another instrument of precision, of value in the detection of some chest affections. Like the sphygmograph, the stethometer is not of ready application at the bedside, and has consequently not come into general use in the profession. It is capable, however, of rendering important information in some doubtful cases of lung disease.

Spectroscope.—Another instrument which promises to be of use in clinical and pathological investigations is the spectroscope, which has yielded some important results in the hands of Dr. MacMunn. By means of this instrument it is said we can distinguish blood from the bladder or urethra from blood from the kidney, and blood from the stomach from blood from the lungs, &c.

Electricity.—The application of electricity to the diagnosis and treatment of diseases of the nervous system has been placed upon a much more scientific basis during the last decade.

It is not contended for electricity that it alone is sufficient to enable us to diagnose any particular disease of the nervous system, but its reactions, when considered in conjunction with a careful consideration of a case in all its bearings, are often of valuable assistance in forming a correct view of it. Let me cite one or two examples in illustration of my meaning. A patient suffered, among other symptoms, from paralysis of the left leg. The reactions of the nerves and muscles to faradism and galvanism were normal. Now, in paralysis from brain disease, as a general rule, the electrical reactions of muscles and nerves are normal, which is not the case in paralysis from spinal disease, or from disease of the nerves and muscles themselves. The case was diagnosed as depending upon cerebral mischief, and in the necropsy a tumour was discovered in the right hemisphere, in the posterior parietal region. Again, a patient has right facial paralysis. The response of the nerve to electricity is considerably diminished. This shows that the paralysis has not a central origin, but is due to cold; that the case is one of so-called rheumatic paralysis.

Electricity also assists us in distinguishing functional from organic paralyses, and is valuable in the diagnosis of paralysis from lead-poisoning.

I have found electricity of considerable value in some cases

of progressive muscular atrophy and of infantile paralysis; and there can be no doubt of its use in removing chronic facial paralysis from cold, and, in some cases, of chronic neuralgia. Faradism and galvanism are the forms in which electricity is chiefly used in the present day; but statical electricity, produced by the old plate machine, has recently been found superior to these in certain cases of hysteria.

Metallo- and Magneto-Therapy.—Connected with the subject of electro-therapy are the very interesting investigations of Charcot and others, on the influence of metals and magnets on the human body in cases of hemi-anæsthesia. The subject is not altogether novel, as it was a belief, even amongst the ancients, that metals applied to the body exercised some influence upon the nervous system.

Metallo-therapy has, however, entered upon a new phase since, in 1848, Dr. Burq propounded the two following propositions: first, "That in certain states of the nervous system, plates of metal, placed upon the skin, have the power of altering general and special sensation and cutaneous vascular supply; and that the susceptibility of individuals to the metals generally used—gold, silver, iron, copper, zinc—varies; a patient sensitive to one metal being insensitive to another; second, that when it has been ascertained to what metal the individual is susceptible, that metal may be successfully administered internally to cure the morbid state of the nervous system."

In 1876, the Société de Biologie appointed a committee, consisting of MM. Charcot, Luys and Dumontpallier, to investigate the alleged phenomena, which presented its first report in April of the following year. The cases selected were chiefly those of hysterical hemi-anæsthesia, in which the patients had lost superficial and deep common sensibility, as tested by plunging long needles into the skin of parts usually most sensitive. The senses of taste and smell were usually abolished, and there was dimness of vision, with more or less colour-blindness. The skin was paler on the affected than on the sound side; the temperature also was lower, and the muscular power less. The results of the investigations bore out in every particular Dr. Burq's assertions. The application, for ten or fifteen minutes, of a metallic plate of gold, copper, or zinc—according to the susceptibility of a patient for a particular metal—to the anæsthetic part, restored for a time sensibility in the part. At first, a sensation of heat or numbness was felt in the part, which became red and of a higher temperature. A needle-puncture caused great pain, and made blood flow freely, though previously it was with the greatest difficulty that a drop of blood could be drawn from the limb, even when the needle was thrust through it. The muscular power in the limb was also increased; and taste, smell, and sight were restored. But these effects were not permanent; by the next day, the anæsthesia, &c., had returned. One of the most curious phenomena in connection with these experiments is what has been called the "transference" of sensibility—that is, a loss of sensibility on the sound side in the parts symmetrically opposite to those in which it has been restored.

In the two cases of hemi-anæsthesia, dependent upon organic brain disease, the metals restored sensibility to the part affected; and the effect, instead of being transitory, as in hysterical hemi-anæsthesia, was permanent.

The committee reported again, in 1878, on M. Burq's second proposition: "That the external metallic aptitude being known, the same metal administered internally will determine the same results as its external application." Five cases are recorded, in which hysterical patients, sensitive to either gold or copper, recovered sensation on the internal administration of the chloride of gold and sodium, or of the binoxide of copper. Very curiously, when the sensation had returned, the outward application of plates of gold or copper produced a relapse of the anæsthesia.

These experiments appear to have been conducted with every possible precaution against error or imposture; the phenomena not being produced when any other metal than the one to which the patient was susceptible was used. For instance, in a patient sensitive to copper, plates of platinum were substituted for copper without her knowledge, but no results followed; the copper being replaced, the usual phenomena ensued.

In case of hysterical colour-blindness (achromatopsy), by the application of gold to the temples, the colours were restored in definite physiological order; and on the occurrence of a relapse, they were lost in the same order—a circumstance which excludes all suspicion of fraud.

A satisfactory explanation of these phenomena has not yet been made. M. Burq attributed the effects of the metals to the production of superficial currents of electricity, which influence the nerves of the part; and M. Regnard has conducted some experiments which seemed to bear out this hypothesis. It has been shown, however, by Westphal and others, that sinapisms applied to the anæsthetic parts produce the same effects, even the "transference," as the application of metals; and hence Adler and others think that these agents act in virtue of their power of producing mechanical irritation. Others, as Dr. W. B. Carpenter, regard these effects as due "to a sustained attention on the part of the patients" (expectant attention); but MM. Charcot and Schiff seem to have eliminated, as carefully as possible, the influence of "expectant attention" in their experiments.

"Expectant attention" may explain much, but it does not explain all in these cases. "It cannot account," as the writer of the article on Metalloscopy, in the *Birmingham Medical Review* for April 1879, justly observes, "for a patient recovering her perception of colours in exact correspondence with physiological law, as related in the second report of M. Charcot's committee. It cannot account for transference—a fact discovered by accident, to the surprise of the observers, and, we are told in one case, the *horror* of the patient. It cannot account for the positive and constant results of certain agencies and the negative results of others; the different effects of the different metals; of the two poles of the magnet; of the magnet with the circuit open or closed. Such facts as the permanence of anæsthesia, caused by superimposing another metal; the prevention of anæsthesia by the same means; the prevention of anæsthesia by placing another metal on the central side of the first, and the absolute powerlessness of the same metal, when placed on the distal side, are also quite opposed to the same views."

The practical outcome of these investigations is, in the hysterical cases, at present not very great. The tendency to relapse and the production of "transfer" render the prognosis gloomy.

I ought not to conclude without uttering a word of caution, especially to the younger amongst us, not to rely too exclusively upon the information derived from the use of these instruments, to which perhaps there is a great tempation. The knowledge with which they supply us is, on account of its accuracy, of the greatest value, and at present the advance in the recognition and treatment of disease is chiefly due to them; but we must not ignore the aids which stood our predecessors in such good stead—the information with which the physiognomy, especially of patients, furnishes us—the estimation of the nervous element in patients, and the other features of disease recognisable by our senses, which I need not here mention, but which are known to every cultivated physician, and which cannot be measured by any instruments.

Original Communications.

ON FEVERS IN INDIA.

By Surgeon-General C. A. GORDON, M.D., C.B.,
Hon. Physician to Her Majesty the Queen.

(*Continued from page* 131.)

m. "As to the 175 cases on which Dr. Gordon based his conclusions, it was admitted that only seven were real cases of enteric fever, the others being so-called 'climatorial' fever." My exact words occur under paragraph 40, pages 69 and 70 of my first Report, and are as follow:—"Let the preceding records of individual cases speak for themselves. They include 175 of sorts, as already remarked, out of which number, if my views ar correct, only 7 *approximate to the standard* of typhoid fever according to British authors, while in not one instance has the disease been traced to pythogenic causes. If not traceable to specific causes, then it seems to me necessarily to follow that the disease has resulted from general influences, in other words, from endemic conditions affecting masses or individuals." Under paragraph 17, page 238, of my second Report, I reproduce the above remarks, and add: "The conclusion is that according to

the theory at present in vogue, a new name is given to an old disease—the *name* itself applied with reference to special, that is, pythogenic causation, which, as a matter of fact, cannot be traced, to the relative neglect of conditions endemic and climatorial which are ever existing and apparent, but the influence of which the present tendency is to insufficiently acknowledge." At page 25 of my second Report I express myself thus: "Who are right? The older medical officers who look upon enteric complication and typhoid condition, whether existing singly or combined, as being part and parcel of disease induced by endemic influences, or the younger, who, without being able to find conditions from which pythogenic influences arise, assign a specific term indicative of origin from such?" I submit that nothing whatever occurs in the critiques now being commented upon to lead to any other reply than that it is the former who are right, a reply which obtains confirmation by the *results* of the new theory expressed in section *e* of this communication, namely, that "of late years the proportionate fever mortality has increased nearly a fourth, and the proportion of fatal cases entered as enteric fever to all other fatal fevers has nearly quadrupled!

n. "Of what value, it was asked, could seven cases, scattered over thirteen years, and throughout a wide territory, be in determining a question of this kind?" I remark, of very great value, and in these respects, the circumstance indicates how extremely rare in the fevers of southern India and of Burmah are the phenomena which *approximate* to the standard of typhoid fever; also that, as stated in the preceding paragraph, they *not* being traceable to specific causes, "it seems to me necessarily to follow that the disease has resulted from general influences, in other words, from endemic conditions affecting masses or individuals."

o. It was "proposed to accept the diagnosis as given by the recorders, and he was not prepared to admit a greater margin of *error* in diagnosis than could have occurred if a similar number of medical practitioners had been applied to by circular in England." I have already stated the standard, which, in accordance with official instructions, I adopted, and with reference to which my inquiries were conducted; I have also referred to, and enumerated, the 104 different *standards* of what is, by different writers and reporters, held to constitute typhoid or enteric fever. With reference to these, the following remarks occur at page 232 of my second Report, namely, "the fact is now clear from the comments by medical officers," "that the standard thus laid down" by me in accordance with official instructions "is not that to which their remarks (by medical officers) in all cases referred; also that several standards have, in reality, been adopted, differing from each other as to the actual nature and phenomena of the disease, designated synonymously enteric or typhoid fever. This circumstance is, of itself, sufficient to account for whatever discrepancy exists in our respective views." In my two Reports much more on this part of our subject occurs; but I limit myself for the present to the following transcript from remarks by one of the oldest and most experienced medical officers with whom I had the honour of being associated. It occurs at page 95 of my second Report. "If Dr. Gordon determines with the definition laid down and quoted from Murchison that no fever is enteric except such as is caused by excremental poisoning (which is a question for further inquiry), then I consider *he was justified in rejecting the cases he did.*"

p. It is remarked that deducting twenty-five cases as furnishing no information either in one way or another with reference to the question of etiology, "it was found that by far the greater proportion of the remainder, according to the reporters, had occurred under fæcal effluvium from latrines, or the patients have been exposed to the *chances* of infection to local conditions which are known to be chiefly associated with enteric fever." In reference to this I remark that in my Reports I deal, not with *chances*, but with actualities; also, that as already more than once noticed in this communication, "in no one instance" among the cases recorded in those documents "has the disease been traced to pythogenic causes." Adverting to the remark just quoted as to the greater proportion of the remainder having occurred under fæcal effluvium from latrines, I add that cases so referred to are given at pages 52 to 60, and 140 to 147 of my first Report. At page 14 of my second Report I write, "I visited the station referred to, namely Cannanore," in February, 1879. On that occasion it was pointed out to me that "with reference to the troops among whom what was called 'enteric' fever occurred during the period from December 1872, till the end of April 1873;" of the barracks occupied by the infantry, the men quartered respectively in the barrack nearest to and farthest from the part of the cliff over which the filth had been thrown, suffered *equally* from fever, and to a much greater extent than those who occupied the intervening barracks completing the square, according to which form the barracks are arranged. I observed that the two first barracks are placed *end on* to the prevailing wind, whereas the two latter face *directly*, and thus receive complete perflation. At page 51 of my first Report I summarise the results furnished by two medical officers of high standing who were specially sent to investigate the outbreak, and with regard to those reports wrote that "from the report by Dr. Cornish, we learn that the cases of fever witnessed among the natives of Cannanore were the ordinary malarious fevers of intermittent type, common there and on the west coast generally during the land winds of the south-east monsoon." At page 25 of my second Report it is asked: "How, also, are we to account for the circumstance that at Cannanore, of the classes exposed to fæcal emanations, the older soldiers and the married families suffered either not at all, or very slightly, from a disease which prevailed to a great extent among the young soldiers? How are we to explain the fact that among the troops occupying Fort St. George, in the near vicinity of a large escape of sewage, and in the midst of what a *Society* journal calls one solidified stink, have had no *enteric* fever for years? In the latter instance young and newly arrived regiments did not garrison the fort."

g. With reference to the views expressed in my paper, namely, that "if in Britain such phenomena and pathological conditions" as are in this country held to constitute enteric or typhoid fever, "are due to the operation of filth causes in the system, and *to none* other, the evidence adduced is amply sufficient to justify the conclusion that precisely similar phenomena and pathological conditions occur in India as results of endemic and climatorial influences operating on particular states of the system in individuals; and that those influences are of themselves alone amply sufficient for their causation." The remark has been made that such views "reminded him of the state of medical opinion in this country twenty-five years ago, before the pathology of enteric fever, and the difference existing between that disease and other continued fevers, were understood." To these remarks it appears to me that replies have been already given in the preceding paragraphs of this communication. As already observed, my inquiries have reference to a particular *standard;* my conclusion was that in not one single case was that standard come up to among those investigated by me. I seek for an exact English standard, and find myself forced, with reference thereto, to write thus, namely, at page 14 of my second report: "In paragraph 40 (page 70) of my first Report I summarise the views of eminent authorities in Britain, France, and America with regard to the causation and phenomena of enteric fever; and as a conclusion arrived at, observe that such are the differences which exist in the writings of those authors, that we in India may fairly doubt whether their descriptions apply to similar conditions. According to the current medical literature of the day, difference of opinion increases with regard to the causation of enteric or typhoid fever throughout Europe generally, and in America." The *standard* according to which, officially, comments has been made on the Reports of my investigations, have on two occasions

been altered since my inquiries began. A reference also to what occurs in section *c* of this communication on the standard according to which some of the comments I am now endeavouring to meet have been made, will no doubt show that I was justified in making the following remarks which occur at page 241 of my recond Report, namely, "Naturally enough, if my investigations proceed from one defined starting point, and take thence a particular direction, the matter must be left very much as it was, in so far as views are concerned, having by turns different starting points and courses. This circumstance induces me to again indicate what I have several times already done, that with a view to facilitate further investigation with regard to *enteric* or *typhoid* fever in this part of India, it is very desirable that a definite standard be authoritatively laid down and stuck to as to what, having reference to causation and phenomena, shall be considered to constitute the diseases so-called. On the subject of fever in India allusion has already been made, namely, in section *d* of this paper, as to the chief difference between the more recent views as compared with the older, and the results which have occurred as a consequence of the application of the fever. Whether change of theory, with regard to disease in England, necessarily includes *advance* in knowledge, as regards disease in India, is a question beyond the actual scope of my present remarks; but as a conclusion to this paper I transcribe as follows the paragraph at page 246 of my second Report, with which the postscript to that document concludes, namely, "On these points, I remark, as already observed, specific causes of a specific disease being absent, the specific disease depending upon them cannot exist. If the cardinal signs of a particular disease are absent while those of another are present, the grounds are not clear upon which a name is applied to the existing disease in accordance with those that are absent, instead of with such as are present and obvious." On the subject of post-mortem appearances in so-called "enteric" fever, I will again refer to the summaries from authors of repute, given at pages 9 and 11 of my first Report, and to the following comments thereon in the latter, namely, "In these remarks, then, we find one set of authors definitely asserting that certain morbid appearances are invariably present in, and distinctive of 'enteric' fever, other writers stating that similar appearances not only occur in diseases other than in enteric fever, but as results of poisons, mineral and vegetable; while the fact is rendered apparent that similar lesions have frequently been observed in fatal cases of Indian climatorial fevers of non-specific character. Thus, causation, symptoms, and pathological characters of climatic fever being all present, surely the proper designation of the existing disease is sufficiently indicated thereby. Thus was the form of endemic disease of late years designated *enteric* or *typhoid* fever, recognised by the older medical officers and treated accordingly, with the relative success already shown, namely, that as compared with former times, of late years the proportionate fever mortality has increased nearly a fourth, and the proportion of fatal cases entered as *enteric* fevers to all other fatal fevers has quadrupled. If such really be the *results* of new theories of causation of Indian fevers, and of so-called improved diagnosis of them, I would, in the interest of the soldier, submit whether or not it is desirable on such terms to persist in that theory, and that *improvement* in diagnosis. For my own part I most earnestly say—No. It is not."

TWO CASES OF LUPUS TREATED SUCCESSFULLY BY THE EXTERNAL APPLICATION OF CARBOLIC ACID.

By J. C. HALL, M.B., Monaghan.

HAVING seen carbolic acid spoken of rather favourably as an external application in the treatment of lupus, by Dr. L. Neumann, of Vienna, I determined to try its efficacy in that disease, and had an opportunity of doing so in two cases with the following results:—

My first patient, E. T., æt. 16 years, an unhealthy anæmic girl, with a family history of phthisis (though none of her immediate relatives died of that disease), was admitted into Monaghan Union Workhouse Hospital on 4th March, 1880. She had suffered from lupus of the nose for 2½ years which caused partial destruction of the right ala. There were also patches of lupoid ulceration on septum and floor of nasal cavity, gum of upper jaw on right side, and left tonsil. I put her on cod-liver oil, syrup of the iodide of iron, and painted the ulcerated parts with pure carbolic acid twice a week. After a few applications the diseased parts of nose began to look better, but the gum and tonsil were very obstinate. However, at the end of two months they yielded to the treatment, and she was discharged cured on May 11th, 1880.

My second patient, Mrs. D., æt. 45, was admitted to hospital on 5th May, 1880. She is mother of three children, all of whom are healthy. Her mother died of phthisis, but she herself has always enjoyed good health. The lupus began in her case three years ago on the tip of her nose. By degrees it spread to both alæ and septum, and involved the entire muco-cutaneous surface of nostrils, which, when I saw her, was covered with thick hard scabs; the external surface of nose, extending as high as the bridge and to the cheek on either side, was of a dark red colour, with here and there patches of a darker red about the size of a small pea, and a few small round ulcerated patches. The entire red portion was covered with dry bran-like scales. The disease in her case was the form known as lupus erythematodes, and caused little or no loss of tissue, although of three years' duration. I gave her 4 m. doses of liq. arsenicalis three times a day, and had nose poulticed until scabs came off, leaving an ulcerated surface behind, which I painted three times a week with pure carbolic acid and the red non-ulcerated portion twice a week. After a short time the ulcers began to heal, and the red non-ulcerated surface to assume a pale and healthy appearance. She was discharged cured on 30th May, 1880. I may mention here that the application of carbolic acid caused little or no pain after first minute. The rapidity of the cure in this case may have been accelerated by the arsenic; but the first case, never having had any, shows that the chief remedial agent was carbolic acid.

Clinical Records.

PUNCTURE OF BLADDER PER RECTUM FOR RETENTION OF URINE FROM AN OLD IMPASSABLE STRICTURE, WITH SUBSEQUENT CURE OF THE STRICTURE.

By JAMES GILLESPIE, L.R.C.S.I.,
Clones.

MAY 30TH, 1878.—This day at noon, Patrick Connolly, æt. 48, five feet ten inches in height, and evidently at one time a powerful man, called upon me in urgent distress from inability to pass urine—a condition from which he had suffered during the previous three days. His bladder was greatly distended, and reached almost to the umbilicus. All reasonable effort with various bougies, and gentlest manipulation, failing to afford relief, I ordered hyd. c creta, grs. xx, to be immediately taken, and a warm hip-bath used as soon as he could get home, and promised to puncture his bladder in the evening if he should have continued until then without improvement. Long before the time appointed his wife came for me and said that he was "suffering great agony." Upon consultation with Dr. Hoskins, of Clones, we each tried

catheterism again for a few minutes, but without any good result. The stricture being now manifestly impassable, and the patient's life in danger, we delayed the operation no longer Having placed him leaning upon his knees and elbows at the edge of the bed—an elbow *outside* each knee—so as to make his thighs support and steady the bladder, as well as keep up a certain degree of compensating pressure, I introduced my left forefinger oiled into the rectum, and felt for the notch in the prostate gland; this was found without difficulty, and fluctuation ascertained in the space beyond. Keeping the point of my finger in the median line, a little behind the posterior border of the middle lobe of the prostate, and in the place where I had obtained fluctuation, I now under its cover introduced a Cock's trocar, withdrawing its point a little within the canula in order to avoid injury to the neighbouring parts—and at the spot where my finger rested I forced the instrument firmly and quickly through the walls of the intestine, the intervening recto-vesical fascia of Tyrrell, and the parietes of bladder, until I found its point free within the cavity of this viscus. The withdrawal of the trocar was followed by a strong gush of urine through the canula; this for about the first second of time was tinged with blood, but the remainder came away of a natural colour, and completely filled a large bowl, which upon measurement was found to possess a capacity of 76 fluid ounces: a considerable quantity also spilled on the floor before the bowl could be rendered available—this it would not at all be unreasonable to estimate as ten fluid ounces, but taking it at only half that amount there was fully *half a gallon* of urine removed from the poor fellow's bladder. The canula securely attached to a bandage passed around the loins, was allowed to remain, and a draught of tincture of opium and peppermint water ordered.

Upon the 3rd June, the canula was taken away.

On the 4th the patient resumed his occupation of labourer: upon this day, too, the stimulus of pressure was commenced with bougies, and assiduously carried on with short intervals of remission.

On the 17th there was epididymitis on left side; this speedily yielded to ℥viij. of Smyly's emetico-carthartic mixture.

On the 24th July he could make water in a stream, and on the evening of August 24th, when he called upon me, I succeeded in passing a filiform whalebone bougie, after first reducing the thickness of its extremity one half: I could only leave it in for an hour and a half upon this occasion as he was obliged to go home.

Permanent dilatation was employed on the 25th Aug., and repeated frequently for periods varying from twelve to thirty-six hours until 1st November, when I passed a No. 12 gum elastic catheter, and tied it in. He was now ordered iodide of iron in pill, and forbidden to take alcohol in any form.

By 18th November, upon examination, he was found cured.

After puncture of this patient's bladder, bougies and catheters were used altogether with him upon sixty-two occasions, viz., thirty-four times before filiform bougie passed through, and twenty-eight times afterwards when permanent dilatation was practised. The stricture was of the long kind, very hard and stubborn, and appeared to occupy the entire of spongy portion of urethra from about two inches behind meatus. There was great suppuration within the urethra, a few slight rigors also, treated with some doses of quinine. The recto-vesical wound healed readily, and gave no trouble. The catheters and bougies were secured in bladder by a woollen thread tied around glans penis.

As the previous history of this patient in connection with his ultimate recovery is calculated to encourage remedial effort where even the faintest prospect of ultimate success exists, I will briefly give it in a condensed form:

He had served for twenty-two years as a soldier in India, first in horse artillery in East Indian Company's service for twelve years—then at amalgamation of East India Company with Imperial troops he joined 3rd Dragoons, in which he served for ten years. Was through the Mutiny in India under young Havelock; served through Abyssinian Campaign; was in China in 1854 at the taking of Canton. During all his service he had retention of urine only twice, first, shortly after he joined the army in India, and secondly in China in 1854—*from this latter period he observed the stream gradually becoming smaller;* he had never been intemperate.

About September, seven years before I saw him, he found himself unable to urinate except in drops, and applied immediately in succession to two medical gentlemen who tried catheterism, but without relieving him: during one of these operations he bled from the urethra "severely." Finding himself "in a bad way" he started by next train and obtained admission into a public institution, where catheterism being tried at once without success, after consultation, a cutting operation in the perinæum was performed at once, but without entering the urethra, as would appear from the fact that no urine escaped from the wound—only a little blood—and that a poultice was applied over it, and no instrument entered through it. At this time he could make water by drops, which relieved him, but he suffered great pain.

Here he remained for a month, by the end of which time he had become able by dint of baths, &c., to pass a stream of water "the thickness of a knitting needle," and to go home much improved. During this month, however, no attempt at getting through the stricture had been successful, but no doubt, had he remained for a longer time as requested, he would then have got cured.

In conclusion, I have only to add that Connolly has led an active and laborious life during the last eighteen months, out in all kinds of weather, and that I spoke to, and saw him yesterday (June 1, 1880), in the enjoyment of excellent health.

Translations.

DEAFNESS:
ITS DEGREES, CAUSES, AND THE VARIOUS MEANS RECENTLY DEVISED FOR DIMINISHING ITS INCONVENIENCES. (a)

By Dr. LADREIT DE LACHARRIERE.

Translated by W. DOUGLAS HEMMING, F.R.C.S.Ed., Bournemouth.

(*Continued from page* 133).

Affections of the Eustachian Tube.—The perviousness of the pharyngeal canal of the ear is as necessary to the perception of sounds as that of the external auditory meatus. As soon as the permeability of the Eustachian tubes is diminished, sensorial troubles begin to be produced; they are the result of modifications operating on the middle ear. The Eustachian tube equalises the pressure of the gas in the middle ear with that which the atmospheric column exercises from without on the surface of the membrane; when the Eustachian tube is obliterated or simply narrowed, the external pressure becomes greater than the other, and forces in the membrane, which little by little is pressed into the depths of the tympanum. The position of the ossicles is modified, and the transmission of the sound waves cannot take place under the ordinary conditions. The first symptom is buzzing (tinnitus); it is like the sound which one hears on placing a large shell to the ear. This vague and continuous sound occurring together with some degree of deafness, is characteristic of obliteration or narrowing of the Eustachian tube, or at least of obstruction to the circulation of the sound waves by the natural channel. Sounds which we utter are transmitted directly to the ear by the Eustachian tubes, and when these are altered in calibre, the affected persons do not hear their own voices distinctly. All affec-

(a) "Annales des Maladies de l'Oreille, du Larynx," &c. 1880.

tions of the tubes cause their obliteration or narrowing by the swelling of the soft parts. They have sometimes a very strong analogy to those of the external auditory meatus. We may mention simple obstruction by inspissated mucus, catarrhal affections, inflammatory diseases, herpetic manifestations in the pharynx, syphilis showing itself on the vault of the pharynx by mucous patches, naso-pharyngeal polypi, which may originate both in the neighbourhood or even in the very opening of the tube. Lastly, tumours which compress the orifices or set up in their vicinity a cause of irritation, frequently cause alterations in the tubes and auditory trouble.

Diseases of the Tympanic Cavity.—Acute affections of this region, when they are somewhat severe, cause almost complete cophosis; but the perception of sounds through the cranial bones remains. We have, without subjective phenomena, proof that the cause of the deafness is exclusively in the middle ear. Diseases of the middle ear may affect the mucous membrane of the tympanum, the membrana tympani, or the chain of ossicles. Catarrhal affections cause abundant secretion, which, not finding exit by the Eustachian tube, fills the tympanum. If the inflammation is somewhat acute, perforation and partial or general destruction of the membrane is produced. Moorhead, however (*Brit. Med. Journ.*, Aug. 31, 1878), has published a case of abscess of the tympanum opening into the Eustachian tube. In all these cases the changes in the tympanum are sufficient to cause some degree of deafness.

As a consequence of chronic inflammatory affections of the tympanum we have observed thickening and sclerosis of the membrana tympani. When the membrane is simply thickened it has a greyish, slate-coloured appearance, the colour of grey paper. Towards the centre we recognise the traces of its union with the handle of the malleus by a whitish, fibrous tract indicating an exaggerated fibrous engorgement at this point. There is no light triangle, the curvature of the membrane not allowing the refraction of the luminous rays.

Thickening of the membrane is very often accompanied by depression of it into the tympanum either by adhesions or from contraction of the intrinsic muscles of the ear. Such lesions would seem incompatible with even passable hearing. It is nothing of the sort, however, as I often see patients the aspect of whose ears would lead one to think that deafness was far advanced, who yet hear very passably, and would not seek any advice for their ears if they were not tormented by tinnitus, which wearies their existence. This tinnitus is characterised by a rustling, which the patients compare to the noise of leaves agitated by the wind, or to a very soft hissing. These two sounds are caused by a certain degree of compression of the fenestræ, and consequently of the labyrinthine fluid. The degree of deafness is in general much more marked in simple thickening of the membrane when the handle of the malleus is much displaced, since the chain of ossicles is then itself affected.

Sclerosis of the membrane occurs more slowly than simple thickening. It is characterised by cellulo-fatty deposits in the thickness of the membrane, either beneath the external or the internal mucous layer. The membrane assumes an irregular, greyish white, flocculent appearance. Generally this morbid condition of the ear is accompanied by marked cophosis. During the period of transformation patients complain of auricular noises, then all is quiet, but deafness daily increases, if treatment does not intervene to arrest the progress of the disease and restore to the membrane some of its lost mobility.

Calcareous Patches.—We observe also in the thickness of the membrane deposits of another kind, to which we give the name of calcareous patches. They consist of material deposited in the interstices of the membrane; sometimes they invade a considerable portion of the membrane and are semilunar in shape, occupying the circumference; at other times they are disposed in patches of irregular shape; sometimes they are single, at other times there are two, or even three. They are placed on either side of the handle of the malleus, and in the most sloping parts. In the unaffected parts the membrane sometimes preserves its physiological appearance; at other times it has a neutral tint which shows a morbid process; the handle of the malleus is very projecting.

The deposits consist of a chalky material, which is carbonate of lime. They may appear at all times of life; but according to Toynbee they coincide with similar deposits in the tympanum, around the chain of ossicles and the fenestra rotunda.

We do not know the conditions under which these calcareous products are formed. Miot attributes them to suppuration of the middle ear; but how is to be explained the presence of these patches on membranes which in their vicinity preserve an aspect of integrity and without rupture? We cannot admit this explanation.

No more do we believe that calcareous patches are much more frequent in the gouty; they are not changes which we consider as habitual manifestations of that diathesis. Politzer, who has well described calcareous deposits of the membrane, has observed them at all ages, and has ascertained that they are not incompatible with good hearing. It is possible that a calcareous patch deposited in the middle of a healthy membrane would not cause much auditory trouble; it would not necessarily be the same if the deposits covered a large surface or were very numerous. In this case the deafness is very marked, and is considerable when the patches are in the interior of the tympanum and the fenestræ.

Osseous Changes in the Membrane.—In my opinion this degeneration is rare. Triquet, however, affirms that it is a frequent complication in the otitis of gouty patients. This cartilaginous or osseous transformation may be partial; according to this author the membrane may acquire a strong hardness without the deafness being greater than in others in whom the septum only appeared cartilaginous. Bonnafont observed it twice. Delean cites the case of a congenital deaf mute aged twenty-three whose membrane was ossified, as well as a woman aged forty-five who became deaf from the same cause.

Relaxation of the Membrana Tympani.—The membrana tympani may, as the result of many diseased conditions of the middle ear, undergo a sort of relaxation, lose its natural contraction, and approach nearer to the promontory than in the normal state. Toynbee attributes this state to hypertrophy of the mucous layer and inflammation of the fibrous layers.

Kramer denies its existence. I think, however, we must attribute to this condition the care some people have to *wake*, as they call it, their ears by forcing air into the tympanum. This precaution causes improvement for a few moments.

Wounds of the Membrane.—Wounds of the membrane give rise to only transitory deafness when the membrane alone is injured, but not so when the organs of the tympanum are affected. The proof of this is found in the harmlessness of surgical paracentesis of the membrane, which indeed possesses a degree of cicatricial activity unsurpassed by any other part.

True Inflammation of the Membrane.—The membrana tympani may be the seat of small abscesses which are developed in its thickness. It may be the seat of variolous pustule, or of herpetic vesicles which by inflaming the neighbouring cellular tissue, may cause lasting perforations.

The degree of deafness which results is not in relation to the extent of the perforation. We have observed that a small perforation may give rise to more marked deafness than a much greater loss of substance.

In both cases the impairment of hearing is considerable; but we can understand that, when the membrane presents a small opening with more or less thickened borders, which does not allow free passage of the sound waves, the conditions are so modified that the physiological transmission by the chain of ossicles cannot take place with the ordinary precision.

On the other hand, when the perforation is large, and when the loss of substance has involved that of the chain of ossicles, the sound waves, no longer finding any obstacle, can act freely on the fenestræ. It is true that their energy, instead of being concentrated on these organs, as the crystalline concentrates the rays of light, is partly lost, so that deafness is always marked, though not complete. Itard admits that an opening in the membrana tympani may be sometimes a congenital lesion. We have, he says, among our congenital deaf mutes, a child who has one membrane perforated, and the other completely destroyed, without, her parents avow, her having had discharge at any time since her birth. He also reports that a child was brought to him who had vomited milk through the ears; there was no membrane in either. Without denying these facts, which we have not ourselves observed, we think they must be very rare, and remembering the little care and attention

which is given to discharges from the ear in all young children, we must admit that the evidence of the parents is not of much value, and that affections of the ear may have been forgotten or unperceived.

Authors are not agreed as to the results to the hearing of perforation of the membrane. Formerly it was admitted that destruction of the membrane involved necessarily total loss of hearing; experience now contradicts this opinion, and I have known many persons who for twenty years have had perforations of the membrane, without their deafness making much progress.

Catarrhal affections of the tympanum are very common. Sometimes they are caused by inflammation of the naso-pharyngeal mucous membrane, which reaches that of the tympanum through the Eustachian tubes; sometimes, on the other hand, they are primary. The objective symptoms of catarrh of the middle ear are—a red congestive suffusion which may be seen through the membrane, the slightly neutral tint of which does not reflect the light to the same extent. If the catarrhal affection be of long standing, and if the Eustachian tube is obstructed by the swelling of the mucous membrane, this neutral aspect is more and more marked; the membrane becomes of a greyish tint from the presence of mucus accumulated in the tympanic cavity. During the period of regression the membrane resumes an appearance which approaches more and more the normal state; but in general there remains about the handle of the malleus a red fibro-vascular engorgement, which may be cured and disappear, but which may also become organised and keep the chain of bones in a state of rigidity incompatible with perfect hearing. From the commencement of these troubles people experience acute lancinating pain, most intense in the ear, and radiating over the whole side of the head. Little by little the acute pain diminishes, leaving behind a sort of numbness. Patients complain that their voice resounds disagreeably; they have tinnitus, characterised by the vague shell-like sound mentioned when speaking of changes in the Eustachian tubes, and by roarings and rustlings caused by compression exercised on the labyrinthine fenestræ; lastly, they may experience vascular beatings perfectly synchronous with the pulse, of the arterial nature of which there can be no doubt. Lastly, there are buzzings which disappear. Patients are at first completely deaf, but the transmission of sounds by the cranial bones is generally preserved, and shows that the obstacle is exclusively in the tympanic cavity.

Inflammation of the tympanic mucous membrane may become very intense, and is then an acute otitis. The mucous membrane secretes abundant muco-pus, which may discharge itself by the Eustachian tube, but as this is generally obstructed by the inflammation, the fluid finding no issue, perforates the membrane. In acute otitis the pain is sometimes intolerable. Patients are unable to swallow, and the least pressure on the ear is very painful. They get no sleep or food, and only experience relief when an opening in the membrane, artificial or spontaneous, lessens the tension of the parts by permitting the outflow of the muco-pus. The symptoms are the same as in simple catarrh, only much more intense. It is not uncommon to see a general inflammatory condition produced characterised by fever and a catarrhal condition of the digestive tract. It is unnecessary to add that in the acute stage, and until the fluid has escaped, hearing is entirely abolished. If the inflammation reaches the periosteum, and even the osseous surface, the characters of the disease are modified, and otorrhœa is produced. This affection, characterised by muco-purulent secretion from the tympanum, is accompanied by ulcerations of the mucous membrane of the tympanum, and a swelling of the soft parts, which as a first result closes the Eustachian tube and inevitably causes rupture of the membrane. Sometimes this rupture is linear in form, sometimes it causes more or less considerable loss of substance, which leaves behind it an irreparable lesion. In any case, otorrhœa is accompanied by considerable deafness. It is almost complete at first; when the fluid flows freely it diminishes, but remains marked, unless the disease is of short duration, which is very rare; and in this case, if the membrane presents simply a slit, it may recover almost its normal condition; but more frequently the inflammation of the tympanum causes thickening of the tissues and lasting lesions which involve deafness.

(*To be continued.*)

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS, FOR THE GUIDANCE OF THE PROFESSION AND THE PUBLIC.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,
President of the Pharmaceutical Society of Ireland, &c.

WITH NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.,
Lecturer on Materia Medica and Therapeutics at the London Hospital.

(*Continued from page* 135.)

COMING, then, to the effects of the individual classes, we may briefly sum up their commonly reputed remedial value prior to a fresh investigation of their merits.

1. *Salines.*—The so-called bitter or purging waters owe their aperient qualities to sulphate of magnesia and soda, the effects of which as medicines need not be described. In small repeated doses they can be made to induce an artificial diarrhœa; in large ones they are more or less cathartic. The more freely diluted the more active they usually are, and in this class of waters, therefore, we have highly diluted saline laxatives, modified in their action by the other ingredients and the temperature at which they are taken. These waters are highly prized as occasional or habitual aperients, and are regarded as specially useful in congestion of the portal system, and in the condition termed plethora. Püllna water is rich in both sulphates; Friedrichshall contains less, but has in addition a good deal of sodium chloride. Cheltenham is much weaker. We have also saline waters in which magnesium sulphate is absent, or nearly so, as in Leamington. In some of these we find carbonate of soda present, as in the highly prized waters of Carlsbad. Next come waters in which sodium chloride is the sole or chief ingredient. Some of the most celebrated springs, as Kreutzmach, Wiesbaden, Baden, Homburg, belong to this division. The action of these waters is solvent and alterative. The salt in the blood is temporarily increased; it rapidly passes into the several secretions. Tissue metamorphosis is increased, the bowels rendered more active, and the kidneys notably stimulated. Absorption is thus promoted, but the belief in disappearance of tumours under its influence is mostly confined to the neighbourhood of the Spas, where these wonders are related. In gout some of these salt waters are very useful. In anæmia, hepatic disorders, and uterine maladies they are also in repute. In scrofula and chronic rheumatism those springs which also contain iodides and bromides are indicated.

2. *Alkaline Waters.*—In this class we have the direct and the remote alkaline effect to consider. Their antacid value as soon as they enter the stomach will be in proportion to the alkali contained. In Vichy, the type of these waters, we possess a powerful remedy containing a considerable quantity of sodium carbonate. As soon as

it is absorbed it will increase the alkalinity of the blood, and its effect is soon seen in diminishing the acidity of the urine, which fluid it may neutralise, and even render alkaline, if unduly pushed. This class of waters may therefore be employed in acidity of the primæ viæ, in chronic cutaneous affections, in some bronchial and pulmonary diseases, in calculi, diabetes, Bright's disease, gout and rheumatism, glandular enlargements, and functional uterine disorders. The indications are indeed too various to be discussed in a paragraph. Besides Vichy, already mentioned, Bilin and Vals are powerfully alkaline. Ems and Royat are much weaker. Mont Dore and Wildungen contain comparatively little soda, but the former boasts its small quantity of arsenic ; the latter its iron.

3. *Chalybeate Waters.*—The medical use of iron is so everyday an occurrence that no wonder waters known to contain the metal should be popular. There is little doubt that iron may be assimilated, if taken in these waters, in cases in which it is scarcely tolerated in the most refined pharmaceutical productions. When it occurs as carbonate it is most palatable, and often most effectual. Iron is often present in other classes of water affording useful combinations. Spa is the most popular spring of the kind, and very accessible. Schwalbach contains much gas, and is therefore good for bottling. Tunbridge has but little gas, but deserves its popularity as a simple chalybeate.

4. *Sulphurated Water.*—From what has been stated in the chemical division of this report, readers will be prepared to doubt whether the repute of these waters ought to be attributed so much to their sulphur compounds, and from the remarks made on waters in general, the other influences may obtain more notice than usual. Many of the most famous sulphurated waters are little else than indifferent ones with a flavour of sulphuretted hydrogen. Eaux-Bonnes and other Pyrenean springs, as well as Aix-les-Bains, may be thus described. It may be stated, however, that lately some writers have assigned remarkable therapeutic properties to sulphides in minute doses. Such statements must be received with caution, and certainly are incapable of accounting for the clinical records of the chief sulphurous spas. Some of these are in repute for respiratory diseases, as Eaux-Bonnes. In digestive disorders Eaux Chaudes is regarded as more suitable, while Luchon is celebrated for skin affections ; and at Aix-la-Chapelle the claim is asserted for removal of poisons from the system, whether syphilitic or metallic. No doubt all these waters stimulate the kidneys and skin. They are usually supposed to quicken the circulation, though some attribute to them an opposite effect. Whether in the diuresis induced the quantity of urea excreted is increased, is still in question. The bowels act more freely under their use, the dejections sometimes becoming blackened. Enlarged glands are reduced. Anæmia may follow prolonged use. These waters are most used in chronic rheumatism, in scrofula, in diseases of joints, and in numerous skin diseases. They are employed in some chronic respiratory diseases, in functional uterine disorders, and to eliminate mercury, syphilis, &c., from the system. Some of the most popular springs have been named ; to these should be added Harrogate, which, although English, is one of the most powerful, and situated in a fine bracing country, to which a visit might often be more restorative than a Continental trip, if less fashionable.

Indifferent Waters.—Under this head are grouped waters containing a minimum of solids ; some of them much less than ordinary potable water. As certain qualities are claimed for them it would be better to call them *table* waters, for this is their chief use in bottle, though many are largely used at their springs for bathing, especially the thermal ones. In the bottled waters the presence of carbonic acid would seem to be the chief point, for this gas renders them palatable, and we have seen that it may stimulate digestion. The marvellous qualities attributed to some of the ingredients met with in minute quantities—mere traces—serve to amuse the credulous ; and sometimes the presence of these substances induces people to replace injurious fluids by these innocent waters. Those waters which contain a little lime and magnesia are sometimes distinguished as earthy waters. Some are more related to saline, as they have enough sodium, carbonate and chloride, to give them character. Others contain traces of iron, lithium, or other minerals. It is, however, chiefly as pure water, usually agreeably aërated, that we must regard them ; and the effects of drinking water and of carbonated water have already been considered. Buxton and Bath represent these waters in our own country. The water of the latter has lately been successfully aërated. Malvern, and numerous "holy wells" that have lost their popularity, also furnish excellent table waters. France sends us the favourite St. Galmier, and Germany numerous specimens.

In the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Wolverhampton 16, Bristol 17, Portsmouth 17, Edinburgh 20, Glasgow 20, Bradford 23, Hull 23, Newcastle-upon-Tyne 23, London 24, Sheffield 24, Brighton 24, Nottingham 26, Norwich 26, Birmingham 26, Manchester 26, Plymouth 26, Oldham 27, Sunderland 28, Liverpool 28, Leeds 29, Leicester 33, Dublin 35, and the highest rate 38 in Salford.

In the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 19, Bombay 27, Madras 32 ; Paris 28 ; Geneva 20 ; Amsterdam 20, Rotterdam 26, The Hague 27 ; Copenhagen 20 ; Stockholm 33 ; Christiania 28 ; St. Petersburgh 42 ; Berlin 44, Hamburg 22, Dresden 29, Munich 34 ; Vienna 23, Buda-Pesth 42 ; Rome 27, Turin 38 ; Alexandria 48 ; New York 38, Brooklyn 30, Philadelphia 24, and Baltimore 21 per 1,000 of the population.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, AUGUST 25, 1880.

THE PROSPECTS OF MEDICAL REFORM.

THE observations make by Earl Spencer and Mr. Mundella, the Lord President and Secretary of the Privy Council, to the deputation of the British Medical Association the week before last ought to be accepted at once by medical reformers as a warning that redoubled energy will be necessary during the Parliamentary recess and at the opening of the next session, lest the obstruction of the General Medical Council and the open opposition of the Scotch Corporations may succeed in defeating the effort at medico-educational amendment which the profession has been making. It must be perfectly clear to every one who has studied the ministerial pronouncement to this deputation that the Government is indisposed to "take the bull by the horns" and trample down the obstruction of vested interests, and that this indisposition to deal with the question of medical reform arises not from any general unwillingness to grapple with abuses, but from a feeling that the medical profession are not worth fighting over. This impression is the reasonable result of the medico-political occurrences of the last twelve months, and we do not blame either the Lord President or Mr. Mundella for a disposition to act according to their present lights. The Duke of Richmond and Lord George Hamilton, the Lord President and Secretary of the Council in the last Government, had been compelled to grant a select committee upon the medical bills by the efforts of the Scotch members who—acting on behalf of the Scotch licensing bodies—were "canny" enough to see clearly that the delay which such an inquiry would involve, was a half victory for their obstruction policy. They would not have succeeded in getting this select committee if the profession had been true to its programme, and had vehemently represented what was, and is still, perfectly true—that as regards conjoint examination and direct representation—the salient points of the bills, no serious difference of opinion existed in the profession, and no inquiry was needed. But the profession did not put out its strength to support the then Government against the appointment of this committee as it ought to have done, and accordingly Lord George Hamilton was obliged to shelve the bills and to retreat before the Scotch bodies. At that time we expressed our sincere regret that the medical reformers had allowed themselves to be hoodwinked by this plausible demand for inquiry—meaning thereby a postponement which the Scotch bodies hoped—might end in indefinite adjournment. But what followed has put medical reform in a much worse position than the mere delay could cause it to occupy. The Select Committee met and took the evidence of fourteen witnesses, and then suspended the hearing of the cause. Of these fourteen witnesses eleven were either members of the Medical Council or Scotch obstructionists, two were medical reformers, and one was a nondescript who was asked a few questions because he happened to be in London. Thus, the testimony delivered before the committee was an almost unbroken laudation of the *status quo*—a chorus in honour of the General Medical Council, and a reiteration of the protestation that the nineteen-portal licensing system is everything that is to be desired. and that neither that system nor its patron — the Medical Council—ought to be interfered with on any account. Is there, then, anything surprising in the fact that the partial hearing of evidence by this committee, combined with the assiduous earwigging of the Government by the members of the Medical Council who have access to them, has left upon the minds of Lord Spencer and Mr. Mundella an impression that the doctors had better be left as they are for the present. When the new Parliament assembled in the early part of last May, and when the question arose as to the propriety of re-appointing the Select Committee and completing the evidence, we then urged, with all emphasis, that the Government should be stimulated at once and with energy to re-appoint. Our hope was that the case for the defence of the Medical Council and the gross abuses over which it has reigned, having been closed before the committee, the case for the profession at large as plaintiff might have been readily heard within a fortnight, and a report agreed to by the committee upon which final medical legislation might be based next February. Unhappily our advice was not followed, for the Reform Committee of the British Medical Association was totally disorganised by the loss of Mr. Mills's seat, and the Medical Alliance Association had not time to organise a deputation before

the ministerial mind was made up. Therefore, the Government, glad to escape for the fraction of a session which was before them from the necessity of burthening themselves with work which was not pressing, refused to re-appoint the committee. It would seem from the remarks of Lord Spencer and Mr. Mundella that the committee may never be re-appointed, and, therefore, that the case for medical reform will never be fully heard, and towards that consummation we observe that Mr. Horatio Nelson Hardy lent his voice. We are at a loss to understand in what capacity or by what authority (save his own) this gentleman undertook to advise Lord Spencer to dispense with the testimony of medical reformers, nor can we comprehend the nature of the mental process by which he justifies himself—the President of the Medical Alliance Association—in attending as spokesman on behalf of a Bill which that Association repudiates, and in advising that that Association and other witnesses for medical reform be not heard.

We have now before us a very serious, but not in any respect a desperate condition of the prospects of medical reform. We have, moreover, the significant statement of Professor Haughton at Cambridge, that the Government contemplates creating a state examination superior to and destructive of the examinations of all licensing bodies. We do not know upon what authority the statement has been made, but *primâ facie* it would seem not at all an impossible solution of a dispute respecting which the selfishness of corporations and the conservatism of the General Medical Council have made compromise almost impossible. The Government has no doubt learned what the profession knew three years ago, that the Scotch licensing bodies must be reformed by force or not at all, and that coercion is the only method possible with them. It is natural that the Government should shrink from petty legislation which involves the necessity for coercion, but if it must accept that necessity it would seem not unlikely that the Government will overcome the whole difficulty by a trenchant measure applicable to all licensing bodies. It is not the first time that a state examination has been spoken of. Some years ago the late Sir John Gray elaborated such a scheme and submitted it to Parliament, but it was, of course, futile for any private member to encounter the aggregate opposition of the nineteen licensing bodies, and the question now before us is not whether the present Government will be strong enough to override that opposition, but rather whether it cares enough for medical legislation or supposes that the country will care enough about the matter to justify the making of medical reform a matter of ministerial policy.

We are now on the eve of the Parliamentary recess, during which truce from political warfare the Government has promised to consider the question, and the medical reformers have before them seven months wherein to regain the ground which has undoubtedly been lost to them. Our earnest advice to them is to attack the Government with all the force at their command, to obtain from the profession at large such a demand for reform that no doubt can remain on Mr. Mundella's mind that there is unanimity and firmness of determination to secure a thorough amendment of the present medico-educational system, and to agree, if possible, upon a Reform Bill which will represent the hopes of the entire profession, and which will be accepted as a good compromise of contending views. There is not the least reason why such a demand should not be submitted to Government as will at once decide them to undertake medical legislation next session. The profession is united upon the point, and before its united voice the obstruction of the General Medical Council and the pocket interests of the Scotch colleges could not stand for a moment, if only a decisive declaration of opinion be organised and the political influence of such declaration fully utilised.

GOVERNMENT RESPONSIBILITIES FOR IRISH SANITATION.

THE profession in Ireland, not less than the Irish public and the Connaught peasantry, owe a full meed of thanks to Mr. O'Connor Power, M.P., for having elicited a debate on Irish sanitation which will prove of infinite benefit to the cause of sanitary reformers in Ireland, and which cannot fail to have made Parliament aware that the administration of public health law in that country is about as incompetent and ineffective as possible, and that the state of the dwellings of the average Irish peasant is simply indescribable. We give such portions of the debate as have reference to the sanitary condition of the people.

Mr. O'Connor Power called attention to the Reports of Dr. Nixon and Dr. Wodehouse presented to the Irish Local Government Board, and to the Reports of Dr. Sigerson, Dr. Kenny, and Mr. J. A. Fox, presented to the Dublin Mansion House Relief Committee, on the condition of the fever-stricken districts of Mayo. The hon. member said that the condition of the dwellings of the labouring classes in many parts of the West of Ireland was of the most dangerous character. He regretted that this matter had apparently escaped the attention of English members, for no paper had been laid on the table of the House during the present session more worthy of the attention of the members of the House. Dr. Nixon found 46 families, with a population of 140 persons, living in a most wretched condition in cabins filled with cattle and pigs, whose food was almost exclusively Indian meal without milk. In another place on the mountain side he found a family living in dirt with eight inches of manure on the floor, and where the woman of the house explained that she could not clean it out because there was no manure heap. Further on he spoke of three typhoid fever patients being tended in one room, in which there were three cows, a quantity of chickens, three cats, and a large dog. Some time ago it was shown that there were 94,000 one-roomed huts in Ireland, and over half a million of the population were living in the manner described in these Reports. The Reports of Dr. Sigerson, Dr. Kenny, and Mr. Fox, who visited these places on behalf of the Mansion House Committee, confirmed the official reports. These gentlemen said that the fevered people were practically allowed to lie in their hovels. With regard to the remedies to be applied, if the instructions already given by the Local Government Board to the local authorities were being properly carried out, that was a great point gained. He had no faith, however, even in the independent action of the boards of guardians with reference to measures for improving the condition of the people, especially with respect to sanitary arrangements. There was a strong obstructive party to be found in every one of those boards. So far as the sanitary arrangements in agricultural dwellings

were concerned, it seemed that the boards of guardians were greatly at fault in not having enforced the provisions of the Public Health Act, and it rested with the Local Government Board to stimulate them to do what was necessary. The hon. member concluded by moving: "That in the opinion of this House the present condition of the agricultural population in Mayo, Sligo, and other parts of the West of Ireland demands the serious and immediate attention of her Majesty's Government; that effective sanitary arrangements should be carried out in those districts under the authority of the Local Government Board; that it is essential, with a view to preventing the spread of contagious disease, that a change of nutritious food should be given to all persons receiving relief under the Poor-law, or under the system substituted for the Poor-law in certain localities, and that a competent medical staff should be organised without delay, and distributed over those parts of the country visited by fever."

Mr. Sexton, as representing one of the two counties which had suffered most severely from want, and from epidemic which had been the direct consequence of want, remarked that the boards of guardians in the West of Ireland were not fit to be entrusted with the administration of the Poor-law in the present crisis.

Mr. O'Donnell endorsed the suggestion that the administration of the Poor-law should be reformed, and the manner of electing Poor-law guardians improved, so that the latter body might be more representative than it was at present.

Mr. Forster said the hon. member for Mayo had made an interesting and a moderate statement—a statement that was not overcharged in any respect; and what he felt in listening to it was a sort of melancholy satisfaction that, as a result of the calamity and distress of this year, a very strong light would be thrown upon the condition of the people in certain parts of Ireland. The sanitary arrangements were, no doubt, another cause; in fact, it was surprising to anyone who had read the reports to find that when once the fever had got into those districts it had not spread more, and he could only account for the fact on the ground that the people had become, so to speak, acclimatised to the condition of things in which they had so long lived. The fever had decidedly decreased in every district, and he hoped and believed they had got over the stringent emergency of the crisis. An hon. member had suggested that the Local Government Board in Ireland should issue compulsory bye-laws. He would point out that the law could not go much in advance of public opinion, and that it did not therefore follow that what might be possible in England would be in any way possible in Ireland. He did not suppose that any fresh arrangement of the machinery would really cure the unsanitary grievance. The causes were more deep-seated than to be removed by a mere election of guardians—strongly as he disapproved of the present mode of election. (Hear.) He was extremely jealous of interfering with local management, believing it to be one of the reasons of England's greatness, and although sometimes and for the moment the central government might do a thing better than the local body, yet, in the end, local management would be found greatly superior. The only reason why he asked that the other portions of the Resolution should not be pressed was because he thought it might be interpreted as a condemnation to some extent of the Local Government Board in Ireland, which he imagined the hon. gentleman did not mean it to be, and also because, if the subject was to be fully considered, the Resolution did not embrace all the issues concerned.

Dr. Lyons thought that any sanitary reform or any sweeping reform of the dwellings of the poor was not to be thought of. Such a reform must be brought about gradually. He advocated the establishment of depôt hospitals in small towns, as a means of dealing with epidemic visitations. In such hospitals the people could be better attended to than in their own wretched homes.

We select one phrase spoken by the Chief Secretary as our text for comment on this subject. The right hon. gentleman says that "He does not suppose that any fresh arrangement of the machinery will really cure the unsanitary grievance." We answer this statement by the assertion which we make upon the authority of the proceedings of the Irish Local Government Board recorded within the last three years in these columns, that under the existing law it is impossible that the executive could remedy the insanitation of Irish peasant dwellings, and, moreover, that the Irish Local Government Board, under the direction of its late Vice-President, Sir Alfred Power, deliberately and intentionally arranged the law in this form because they did not desire either the trouble or responsibility of enforcing the Irish Public Health Act. When the revision of the law was under discussion by Select Committee, Sir Alfred Power testified that he had no inspecting staff such as exists in England for sanitary work, but he did more; he resisted in every way the proposal to provide the Board with such a staff, and elected to throw the public health law to the boards of guardians, and leave them to put it in force or not, just as they please. Needless to say that the great majority of these boards—being by tradition and by personal interest impelled to resist sanitary improvement—did absolutely nothing. In every step which they might have taken to administer that law efficiently, the Irish Local Government Board obstructed and discouraged them, and every remonstrance of the medical profession and of Irish sanitary reformers was met by them with open hostility or covert resistance.

The existence of that state of the dwellings of the peasantry of the West which the medical reports have disclosed—a state which exists in almost equal flagrancy throughout Ireland—is the natural and inevitable result of the fact that the Irish Local Government Board has no knowledge nor any means of knowledge as to whether any individual sanitary authority or its officers are discharging their duty. Before the appointment of these special commissioners, the department which is responsible for Irish public health was, in all probability, totally innocent of information as to the sanitary state of the fever-stricken district, except that they must have known that the state of affairs disclosed in the reports of these commissioners exists more or less all over Ireland. They knew, and know full well, that many, if not most, of the sanitary authorities in Ireland pay to their health officers a nominal salary, with the tacit instruction to those officers to give as little trouble as possible about the existence of dirt and disease within the district, and with this knowledge the Local Government Board neither asks for nor would desire to be supplied with the means of inspecting these districts and supervising the administration of public health law within them.

We deny most emphatically, and repudiate most earnestly, the statement which Dr. Lyons, M.P., is reported above to have made, for a long experience of the working of sanitary law in Ireland assures that a thorough reform needs only a little quiet energy and perseverance, and that both sanitary authorities and peasantry have readily conformed to the necessary orders when encouraged to do so. We appeal to the quarterly returns of the Irish Registrar-General for confirmatory evidence on this point, and we

without hesitation accuse the Irish Local Government Board with having for years past withheld the necessary encouragement. For the abominable state of affairs narrated by Mr. O'Connor Power, neither Parliament, nor the Ministry, nor the boards of guardians, nor the medical officers are responsible. It is to the proceedings of the Irish Local Government Board, and to no other cause, that the breakdown of the Irish sanitary system is due.

ARMY MEDICAL UNIFICATION.

In alluding to coming changes in the *personnel* of the Army Medical Department, a contemporary remarks that "the acerbities caused by the carrying out of unification have been toned down." In so far as a few officers are concerned who are themselves in the enjoyment of comfortable appointments, the remark is no doubt true; but we hesitate to believe that it is so with regard to the majority—those who, less fortunate, do the heavy work of the department, and are moved about from one station to another "according to the requirements of the service." But it is not so much in relation to individuals, as to the general interests of the service, that we desire to look at this subject. If, then, we consider it from this point of view, what do we find to be the case? We learn in the first place, that what is described as a new and improved *system* is but a reversion to a state of things which, having been found insufficient for the requirements of war as far back as the beginning of this century, and being then looked upon as no system at all, had to be so completely metamorphosed as to all intents and purposes to be abolished. In the second place, there has occurred nothing, so far as we have been able to ascertain, in the working of the unified *system*, either in Africa or in Afghanistan, to recommend it in substitution of the old *double* system, in which regimental and *general* establishments worked in unison, and—when properly equipped—well. But with regard to the ordinary requirements of soldiers, their families, and officers in garrison, not alone does it appear from information which has reached us that under the present state of things matters are by no means satisfactory, but that in not a few instances recourse is being had to private practitioners rather than to the medical officers of the *stations*, for there would appear now to be none appointed to the distinct charge of distinct bodies of troops. In all such instances, the officers or others who apply to private practitioners have, it may be safely presumed, to pay for advice, and afterwards for medicine, so that, especially with such as are married, a very heavy tax is thus added to those that have heretofore helped to reduce in amount the mere pittance in the shape of pay upon which those without private means of their own have to support the pomp and circumstance of their position.

But there is reason to believe that the interests of officers and men suffer in another and more vital manner, as a result, more or less direct, of a "system" under which, on foreign service, more especially in the tropics and India, medical officers are so frequently moved about that continuous experience has become almost a thing of the past. This is a phase of the question to which for the present we prefer to allude only in this very general manner, but it is one to which, if we are not much mistaken, the attention of the authorities must before long be directed, if indeed it has not already been so.

Notes on Current Topics.

Sanitary Work in Dublin.

In his last report to the Public Health Committee of the Dublin Corporation, Dr. Cameron, the Medical Superintendent Officer of Health for the city, details the steps which have been taken under his direction for the disinfection of fever houses, and the hints which he gives may be noted with advantage for the instruction of health officers generally.

In addition to the disinfection of rooms in Dublin in which cases of contagious diseases have occurred, the rooms and the articles in them are now thoroughly washed—carbolic acid soap being used—by charwomen. Strong women, above the ages at which contagious diseases are likely to be contracted, are employed for this purpose. Chemical disinfecting, lime-washing, and thorough scouring with soap and water, ought to remove the contagious matter from infected rooms. As these processes require some time to thoroughly perform them, Dr. Cameron expresses his strong conviction that shelters for the families whose rooms are undergoing purification should be provided. This suggestion has been more than once made to the Committee, and it is one of the recommendations set forth in the report of the Royal Sanitary Commissioners.

Amongst the houses closed as being unfit for human habitation Dr. Cameron mentions one of them was closed under peculiar circumstances. This house is large and in good repair. It contains twelve rooms, each of which is a separate dwelling or tenement. The inhabitants of these twelve tenements numbered nearly fifty persons. Within a period of two months, eight cases of typhus fever occurred in this house. It was evident that it was saturated with typhus poison, and that it could not be purified properly until detenanted. As each room was occupied day and night by a family the conclusion was come to that when the house came to be re-opened, the number of separate tenements should be reduced from twelve to eight.

The influence which an improved condition of their dwellings has upon the health of the people is shown in a remarkable manner. Dr. Cameron found certain cottages with earthern floors, damp, and below the level of the road; ill-ventilated rooms, tiny yards, with filthy privies placed up against the houses. The people complained of the discomfort of their dwellings. Illness was never absent from these cottages, and chest and rheumatic affections appeared to predominate over other classes of disease. He made minute inquiries in reference to the health of these people, and found it extremely unsatisfactory. The cottages were, last autumn, thoroughly repaired. Since then, not a single admission into hospital from these cottages has taken place; and the improvement in the health of the inmates is quite remarkable.

Dr. Cameron finds at this date there are occupied as

dwellings, 134 stables, and he certifies that they are unfit for human habitation when placed under the following conditions :—When the stables in which animals are kept are unceiled ; when there is not a separate entrance into the part of the premises occupied by human beings ; when the rooms are too small, badly ventilated, or out of repair ; when there is not proper sanitary accommodation provided for the occupants. A large number of stable dwellings have been closed.

The Action of Salicylic Acid and Salicylate of Soda on the Respiration.

THE experiments of Dr. C. Luin (*Tribune Médicale*) have shown him that the action of salicylic acid on the respiration is a complete one. Under its influence the respiratory strength undergoes changes according to the period of the observation and the doses of the remedy ; diminution with small doses, augmentation with large doses. The carbonic acid undergoes similar modifications, diminution under small and augmentation under larger doses. These changes are unquestionably of central origin, and it is in the respiratory nervous centres that we must seek the most probable explanation of them. MM. Bochefontaine and Chabert showed that one of the properties of salicylic acid was to diminish the reflex actions of the bulbo-medullary grey substance ; consequently the substance penetrating the torrent of the circulation would act very promptly on the properties of this substance and thus diminish the respiratory reflex. This will explain the initial slowing and at the same time the diminution of carbonic acid. But under the influence of larger doses the substance accumulating in the cerebro-spinal fluid acts directly on the roots of the pneumogastric, and by this excitation, slight at first, causes an acceleration of the respiratory movements, similar to that produced by feeble excitation of the central ends of the pneumogastrics ; but the excitation always increasing, after great acceleration, the respiratory movements soon begin to get slower and slower, and lastly, the excitation reaching its maximum, they stop under the influence of the great excitation of the pneumogastrics ; hence the asphyxia which always occurs in animals submitted to experimental doses of salicylic acid. What are the therapeutic conclusions ? These experiments show that in small doses salicylic acid is a substance which may really be of service, but one must always mistrust too large doses, which not only cannot be borne by some, but which are in themselves more hurtful than beneficial.

Inebriate Asylums.

IN their report recently presented to Parliament the Irish Lunacy Inspectors say, with reference to the Voluntary Self-confinement Act for Inebriates passed in 1878, that not a single person in Ireland has practically adopted the clauses of that well-intentioned statute. In the first place, the primary obligation of an applicant to assert uncontrollable indulgence in the use of spirituous liquors will never obtain with women, who are the greatest offenders ; and in the second, very few, indeed, if even one, will seek for a sort of imprisonment, an escape, or attempted escape from which would be a misdemeanor.

Comparative Lunacy Statistics of England and Ireland.

THE Inspectors of Irish Lunatic Asylums publish in their recent report some interesting general observations on the extension of lunacy in the United Kingdom. In their report for 1878 the English Commissioners supply a very valuable and interesting table. It appears from it that in 1879 the registered insane of all classes and denominations amounted to 69,885, in a general population of 25,165,386 ; 62,107 of them being located in public institutions, whereas in 1859, or twenty years prior, out of a population of 19,686,701 there were only 36,183, or little more than a half similarly circumstanced. If, since then, insanity had only extended *pari passu* with the increase of population, 46,200 in round numbers would now represent the lunatic element.

In 1868 the census of England and Wales reached 21,946,713, when there were exactly 51,000 patients between their private and public establishments for the insane.

As regards sex, in 1859, females labouring under mental affections numbered 19,006 as against 16,756 males ; similarly in 1869, 28,813 as against 24,366 ; and in 1879, 38,202 against 31,683, while in the general population there was scarcely a numerical difference between them.

In Ireland, dating ten years later, that is from 1868 (and we apprehend an analogy would hold good during the previous decennial period), there were 9,454 registered lunatics, setting down the inhabitants at the full figure of 5,760,000. Unlike, however, what has long obtained and still continues in England, the male have been uniformly far more numerous with us than the female insane, or nearly in a surplus ratio of fifteen per cent, as regards public asylums alone.

January last, the registered of both sexes under our supervision amounted in a population of 5,412,000 to 12,819, of whom 8,490 were maintained in district asylums. At the same time there were in English county and borough asylums 38,871, so far then as the respective population of the two countries is in question, the number of insane in either, who benefit by the Treasury rate in aid, is almost in equal proportions.

Regarding the amount of insanity as quoted at the two decennial dates, viz., from 1859 to 1869, and then to 1879, a rather close approximation is noticeable in its progress. It would seem in both countries to have nearly doubled in the course of twenty years, or less than a generation, substantially, however, more in England than in Ireland, where, with a decreasing population, it might reasonably be expected to decline. Did the diminution of the inhabitants here depend on natural causes alone, the inference would be correct, but when largely owing to emigration, the decrepid in mind, no less than in body are left behind. Hence a disproportion results between the sane and the insane, the latter being in excess. As it is, however, the registered insane in England Wales stand comparatively with those in Ireland in the ratio of 7 to 6¼, according to the latest statistics.

The inspectors see no reason to suppose that lunacy is actually on the increase ; various causes tend to bring its existence—occasionally indeed, it might be said its presumed existence—into light, but notably the establishment

of well organised receptacles for the treatment of mental affections, now, so well understood that longevity in asylums is almost proverbial.

The Differential Diagnosis between Laryngeal Syphilis and Laryngeal Phthisis.

Dr. Moure, of Bordeaux, in his graduation thesis, recently published, has carefully studied these two affections, especially in reference to their differential diagnosis, founding his conclusions upon numerous and careful observations.

He divides his work into two parts; in the first part he considers briefly other laryngeal affections, such as diphtheritic, stridulous, œdematous, and catarrhal laryngitis, in order to show clearly the points of difference between them and the two affections specially under discussion. In considering them in the second part he first considers the symptoms common to both phthisis and syphilis of the larynx, and then those that are different in the two affections. Thus in the secondary period of syphilis we have erythema, roseola, mucous patches, inflammatory hyperplasia, paralysis and dysphonia; in the tertiary stage tubercles, syphilomata, ulcerations, caries, necrosis, and syphilitic vegetations.

In the case of laryngeal phthisis, the course of which the author divides also into two periods, we meet with (1) in the catarrhal period, catarrh and erosions resulting from it, congestion, inflammatory swelling, and aphonia; (2) in the ulcerative and necrotic period, tuberculous infiltration, ulcerations, vegetations, and lastly, œdema.

All these symptoms being placed side by side will aid us in drawing a sure diagnosis between syphilitic and phthisical affections of the larynx.

Rötheln.

The question whether the affection known by this name is a distinct disease, or only a hybrid of measles and scarlatina, is one scarcely quite decided. A correspondence which has been going on for some time in the pages of a weekly contemporary shows that the profession is divided upon the point. An article appeared in the *Edinburgh Medical Journal* for last month by Mr. Douglas Hemming, of Bournemouth, in which the distinct nature of the affection is upheld. Mr. Hemming quotes the opinions of authorities who have previously written on the subject, and also speaks from cases which have come under his own observation. The principal points of diagnostic difference which he makes between Rötheln and measles and scarlatina are as follows:—1. The temperature rarely rises above 101° or 102°. 2. The eruption in Rötheln appears at once all over the body. This is an almost constant peculiarity. 3. Rötheln affords no protection against measles or scarlatina, and *vice versâ*. 4. Rötheln propagates itself, and never gives rise to either measles or scarlatina. 5. The eruptive patches in Rötheln are raised above the surrounding skin, particularly towards the centre of the patch where the colour is also deeper. 6. The degeneration in Rötheln is in fine branny scales. 7. The patches of eruption in Rötheln are larger and brighter in severe cases than in mild ones. 8. The tongue is dirty at first, then strawberry like, and finally smooth.

The New Sydenham Society.

The excellent work being done by the New Sydenham Society is progressing very favourably. The Report presented at the twenty-second annual meeting announces the probable publication for the current year, which comprise—1. A third fasciculus of the Society's Lexicon (already out). 2. The fifth and concluding volume of Hebra's Treatise on Skin Diseases, with index to the whole (already out). 3. Koch's Researches on the Etiology of diseases consequent on Wound Infection. 4. A third fasciculus of the Society's Atlas of Pathology, comprising diseases of the Liver. 5. A fourth fasciculus of the Lexicon. The Report then continues: "The Council has adopted, for reprinting, the classical Treatise of Dr. Stokes on Diseases of the Chest. This work, which has been always held in very high estimation by all authorities, has been for some time out of print. It will be edited for the Society, with short annotations, &c., by Dr. Hudson, of Dublin. It has also been decided to edit for the Society a selection from the works of Duchenne; and Dr. Vivian Poore has, at the Council's request, undertaken the preparation of the work. The translation of Prof. Charcot's Lectures on the Diseases of Old Age, and on certain Chronic Maladies, has been decided on. The work has been placed in the hands of Mr. Wm. S. Tuke. The preparation of the Society's Lexicon is in the hands of its editors, Mr. Power and Dr. Sedgwick, progressing satisfactorily and as rapidly as the difficulties of the task permit. Three fasciculi have been issued, and another is just ready. It is to be distinctly understood that the fasciculi of this work are always issued as soon as ready. The Council is prepared to devote to it any portion of the year's income that may be requisite; and nothing but the onerous nature of the editors' task will be allowed to delay its publication."

The Use of Physiology.

Dr. Michael Foster's address on physiology, delivered before the British Medical Association at Cambridge, should command the attention of everyone interested in the influence this study exerts over the training of the medical student. As a means of educating the mind to an accurate scientific apprehension of the significance of observed facts, the data of physiology, and the consideration of their bearing on vital economics cannot be too highly rated. It is not right longer to regard the mere acquisition of certain definite details of function, as that which must be learnt by the physiological student, but it should be accepted that the special science he deals with is to be a future aid to him in the decision of questions concerning complicated and wide-spreading derangements. Dr. Foster's appreciation of the real importance of physiology will find increased acceptance as there arises a truer sense of the actual bearing of this branch of knowledge to the others which enter into the medical curriculum. No longer subordinate to anatomy, it holds in the highest intellectual centres, a position of no inferiority, but is accorded the dignity due to it as the key to all that is most vital in treatment, and most essential in diagnosis. The method by which it is taught, moreover, calls for the revision the best teachers loudly demand; and we may possibly hope without a misplaced confidence, that in the

future physiology will assume its real position as the handmaid of medicine.

The Bennett-Stanford Prize.

SOME time since we announced that a prize of £100 had been offered by Mr. J. V. Bennett-Stanford, for the best essay on "Hydrophobia: Its Nature, Prevention, and Treatment." The duty of adjudicating the award was accepted by the Royal College of Physicians, and the report of the examining committee having been presented, the successful essayist is M. Bourrel, of Paris. There were nineteen essays sent in, and in addition to the one receiving the prize, a second, bearing the motto "*multorum annorum opus*" was highly commended by the examiners, who regretted the fact that there was no second prize with which to reward its author. Mr. Bennett-Stanford has offered £10 towards the sum of £50 to be subscribed for the purpose, which it is to be hoped will be accomplished. The arrangements for publishing the successful essay have not been made as yet, but it is to be hoped that something will be done to bring it before the profession at an early date.

Daring Frauds.

DURING the past few months some unprincipled person or persons have been perpetrating a series of well-conceived and most daring frauds. These consist in forwarding to professional and lay papers communications, purporting to be from a gentleman who is a student at St. Bartholomew's Hospital, but which, we are assured, in no single instance have been written by him. An attempt was a few weeks since made on us, but we were able to verify our suspicions of the *bona fides* of the communication sent to us, which, the same identically, has been successfully palmed off on the *Lancet*, and finds a place in the current number of that journal. We regret also to find that our usually accurate contemporary, *Nature*, has been similarly imposed upon, a letter appearing in it this week, apparently from the same hand, and bearing the same forged signature. That an occurrence of this kind should be possible is very much to be regretted; and it is to be hoped the perpetrator of what is really a criminal act may be speedily discovered and fittingly punished.

Benzoate of Soda.

ACCORDING to Müller of Breslau (*La Presse Médicale Belge*), benzoate of soda is not antiseptic. It has no action on bacteria, and does not prevent infection. Urine, to which from 1·50 to 20 per cent. of benzoate of soda added, and fresh meat soaked in solutions of 1, 5, 10, and 20 per cent., decomposed; the 20 per cent. solutions seemed somewhat to retard the appearance of the phenomena of decomposition, Benzoate of soda conducts itself very much the same as salicylate of soda. These salts have neither antiseptic nor antiputrescent properties. This is not the case with benzoic or salicylic acids, both of which have these properties in a high degree. It results from this that the action of these salts varies considerably according to the plan of absorption. In the stomach they are decomposed by the hydrochloric acid: salicylic acid and benzoic acid are set free, and may act locally as antiseptics.

The Treatment of Ulcers.

MANDELBAUM (*La Presse Médicale Belge*), advises in old ulcers of the legs, scraping, followed by the application of iodoform. When new granulations are formed, a plaster of mercurial soap may be applied, fixed by means of a bandage.

DR. WARD, the late M.P. for Galway, left Southampton by the Royal mail steamer for British Guiana. He has accepted a Government appointment on the medical staff of the colony. The plantation doctors are appointed by the Home Government, and are entirely under their control. The manager or owner of the plantation, to which the medical men may be designated, has no power to displace them. The salaries are paid out of the colonial revenue, according to a graduated scale, and range from £600 or £800 a year to £1,500 or £2,000.

THE annual death-rate from the seven principal zymotic diseases averaged 7·8 per 1,000 in the principal large towns, and ranged from 2·1 and 3·9 in Wolverhampton and Bristol, to 14·1 and 15·2 in Leicester and Salford. Scarlet fever showed the largest proportional fatality in Sunderland and Bradford. Small-pox caused 6 more deaths in London, 4 in Dublin, but not one in any of the other large towns. Two fatal cases of diphtheria occurred in Plymouth, Manchester, and Salford. The deaths referred to diarrhœa in these towns, which had been 577 and 711 in the two preceding weeks, further rose to 807.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

REGISTRAR-GENERAL'S REPORT.—According to the weekly return of births, deaths, and marriages for the eight principal towns of Scotland, the death-rate for the week ending with Saturday, the 14th inst., was 20·1 per 1,000 of estimated population. This rate is 4·8 above that for the corresponding week of last year, and 0·3 above that for the previous week of the present year. The lowest mortality was recorded in Paisley, viz., 15·9 per 1,000; and the highest mortality in Leith, viz., 24·0 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·9 per 1,000, nearly the same as the rate for last week. An increase occurred in the number of deaths from scarlet fever in Leith. Acute diseases of the chest caused 70 deaths, being 3 more than the number for the previous week.

MORNINGSIDE ASYLUM, EDINBURGH.—Dr. Charles Johnstone, some time medical assistant at the Fife and Kinross Asylum, has been appointed to a similar position in the Morningside Asylum, Edinburgh.

COUPAR.—Dr. Keith Macdonald has been appointed surgeon to the Prison, Coupar.

DEATH-RATE OF GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 14th inst., were at the rate of 20 per 1,000 per annum, against 21 in the preceding week, and 15, 21, and 22 in the corresponding periods of 1879, 1878, and 1877.

HEALTH OF EDINBURGH.—For the week with Saturday, the 4th inst., the deaths in Edinburgh numbered 80, equiva-

lent to the annual mortality of 18·21 per 1,000. Of the persons who died four were above 80 years of age, and three above 90 years.

Literature.

THE HYPODERMIC INJECTION OF MORPHIA. (a)

Some time since, Dr. Kane, of New York, addressed a circular, through the medium of the medical journals, to the profession, relative to the hypodermic injection of morphia. Three hundred and sixty-eight answers were received, and on these, together with information the result of "personal inquiries and letters," the work now before us is based. Although the material thus collected is given to the reader in a very raw condition, it is, nevertheless, quite apparent that the author has bestowed considerable time and trouble in arranging his correspondence in a form in which it might be readable. If he had paid more attention, however, to selecting the lengthy quotations and compressing his matter into a considerably less space he would have had ample material of a useful and valuable nature to have carried out his original intention of making two or three interesting journal articles. In order to make the subject extensive enough to form a book, a great deal in the nature of filling-in matter or padding has been introduced. In many instances the details given are very meagre, and as often cases are reported only on hearsay, the conclusions drawn therefrom are of very little value. For these reasons we apprehend that the work in its present condition, being little more than undigested correspondence, will add little to our present information on the subject of which it treats, nor will the author's notes founded thereon materially alter the present opinion of the use of a hypodermic injection of morphia.

Perhaps we should best meet the wishes of our readers by giving a brief outline of the work.

The first chapter commences with the history of the subcutaneous method of administering drugs. This method, as is well known, was almost simultaneously discovered by Dr. Alexander Wood, of Edinburgh, and Dr. Rynd, of Dublin.

With regard to the doctrine of localisation, with which this portion of the work also treats, the author writes: "From a consideration of various arguments *pro* and *con*, it would seem that localisation is only to be had recourse to for a single or a few injections." This certainly is not our experience. There can be no doubt that in many cases, as, for example, a case of sciatica, local injection is of much service.

The second chapter is given up to accidents attendant on the use of the hypodermic syringe. It is difficult to reconcile the different results reported by Dr. Kane's correspondents. One gentleman has had abscesses formed in one out of every *ten* punctures; while another says, "in a practice of twenty years in which I have used the hypodermic syringe many thousands of times, I have seldom had inflammation, and never abscesses." The author writes, "of the 357 physicians who answered my questions 28 reported absceses as common, 69 as rare, and 213 have had none."

The third chapter deals with idiosyncracies and egotisms. The author thinks a dose of morphia for hypodermic use "in commencing should not exceed one-third of that ordinarily administered by the mouth." Professor Wood reports having seen a case very nearly fatal from one-sixth grain. Other similar cases will be found in this portion of the volume, and at page 98 we have mention of a patient sleeping twenty-four hours after one-twelfth of a grain.

The fourth and fifth chapters treat of the more severe accidents, alarming syncope, and death. We cannot help thinking that the accidents narrated in these chapters were invariably caused by the needle being inserted into a vein. There is no doubt to inject a solution of morphia into a vein is a very serious accident, but to do so, in our mind, shows that the operation has been very carelessly performed. The author gives a simple rule by which this accident may in all cases be avoided: if, when the needle has been introduced under the skin, the piston be drawn in a little, if the point be in a vein blood will be drawn into the syringe. It would be well in our judgment to adopt this simple precaution. Dr. Kane writes, "I think no physician should be free from blame in case of accident where he had not a ligature or tape loosely encircling the arm above the point of puncture; at the first indication of danger this should be drawn tight and kept so for several hours, being loosened gradually, thus permitting but gradual entrance of the drug into the circulation."

We cannot agree with the author in the necessity for this precaution. We ourselves have used the syringe thousands of times and have known it to be used at least ten times that number without the smallest accident. We are strongly of opinion that if the needle be introduced with care, so that its point be not in a vein, there is no danger whatever. Dr. George Oliver believes that all danger is done away with by inserting the needle perpendicularly to the surface and passing it well in.

The sixth chapter gives the treatment of opium narcotism.

The seventh chapter treats of the "convulsive and tetanising action of morphia on man," as also with cases of tetanus produced by "rusty or unclean needles."

The eighth chapter discusses the advantages or otherwise of using atropia with morphia. The majority of Dr. Kane's correspondents do not use it.

The next chapter treats of the morphia habit. One hundred and thirty-one physicians report 184 cases, and 197 physicians have never seen a case of this kind. Opium-eaters must be rather common in America when we have one gentleman reporting that in two years he treated 800 cases of opium inebriety in one hospital.

The last chapter is given up to conclusions. In summing up the author says of the hypodermic method, "its value in cases specially suited to it cannot be over estimated; its use in cases unsuited to it or where other means would answer as well cannot be too heartily and strongly condemned."

(a) "The Hypodermic Injection of Morphia: its History, Advantages, and Dangers." By H. H. Kane, M.D. New York: Charles L. Bermingham & Co. Pp. 354.

THE ORGANIC CONSTITUENTS OF PLANTS AND VEGETABLES. (a)

The above is a work of compilation, but still one of great utility, and one of very considerable research. A slight error has crept in in the heading of the second part, which is called "Molecular Weights of Organic Compounds." It is really only a list of the organic substances with their formulæ. To arrive at their molecular weight it would be necessary to perform in each case a calculation. This list, however, we are informed, differs frequently from the text, and where such differences occur they are the results of recent investigation. It is most desirable that we should possess such a list.

AN INTRODUCTION TO THE PRACTICE OF COMMERCIAL ORGANIC ANALYSES. (b)

The title of this work is a very modest one, considering that the volume before us is merely the first instalment, and deals only in the cyanogen compounds, alcohols and their derivations, phenols, and acids. Mr. Allen is one of the most energetic of the public analysts in England, and is therefore one of those men who treats his subjects from a practical, and not a theoretical, point of view. There are, perhaps, not half-a-dozen chemists in the whole of the United Kingdom who would be justified in attempting such a book. Its scope is ample, as it professes to be a treatise "on the properties, proximate analytical examination, and modes of assaying the various chemicals and preparations employed in the arts, manufactures, medicine," &c. (*sic*), with concise methods for the detection and determination of their impurities, adulterations, and products of decom-

(a) "The Organic Constituents of Plants and Vegetables." By Dr. Wittstein. Translated by Mueller. Melbourne: McCarron, Bird, & Co.

(b) "An Introduction to the Practice of Commercial Organic Analyses." Vol. i. By Alfred H. Allen. London: Churchill.

position. Mr. Allen states that most of the processes given have been personally verified; also that many of the results copied from book to book for the last thirty years have been found to be worthless, and in such cases they have been rejected. In these days of book compilation such a statement is quite refreshing, and we believe, from the author's great practical experience, that such is quite true of his work. We have only one objection to the book before us, which, after all, is a debatable point. The attempt to arrange a purely technical work on a basis of scientific classification is, we think, a mistake. It can present so few facilities for reference, and, therefore, nothing is gained.

University of London.—First M.B. Examination. Examination for Honours :—

ANATOMY—First Class.

Cooper, George Fredk. St. Thomas's Hospital*

Third Class.

Evans, C. S., St. Thomas's Hosp. | Horrocks, W. H., Owens College
Moline, P. F. University College | Norvill, F. H. King's College
Martin, S. H. C., B.Sc., Univ. Col.

PHYSIOLOGY AND HISTOLOGY—First Class.

Price, J. A. P., Guy's Hospital † | Halliburton, W. D., B.Sc., Univ. College
Tunzlemann, E. W. von, Univ. Col.*

Second Class.

Horrocks, W. H., Owens College | Martin, S. H. C., B.Sc., Univ. Col.‡
Booth, Edward H., Guy's Hosp. ‡

Third Class.

Collier, Joseph, Owens College | Evans, C. S., St. Thomas's Hosp.

CHEMISTRY—First Class.

Price, J. A. F., Guy's Hospital † | Overend, W., B.Sc., St. Barth's ‖

Second Class.

Stephens, Lockwood Edward Walter, Guy's Hospital

Third Class.

Spicer, Robert Henry Scanes, B.Sc., St. Mary's and Guy's Hospitals.

MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

First Class.

Halliburton, William, B.Sc., University College †

Second Class.

Brooks, Walter]T., King's College | Wilkinson, W. C., B.A. Syd., Univ. College
Overend, W. B.Sc., St. Bart'lmew's

Third Class.

Beverley, J. M., Owens College ‡ | Adams, W. C., University College
Price, J. A. P., Guy's Hospital ‡ | Berry, J., St. Bartholomew's Hosp.
Faulker, J., St. Bartholomew's

* Gold Medal. † Exhibition and Gold Medal. ‡ This Mark denotes equality of merit. ‖ Obtained the Number of Marks qualifying for a Medal.

Army Medical Service.—The following candidates were successful for appointment as surgeons in her Majesty's British Medical Service at the competitive examination held in London on the 9th August, 1880 :—

No.	Names.	Marks.	No.	Names.	Marks.
1	S. A. Crick	2510	36	L. W. Swabey	1610
2	J. R. Dodd	2240	37	R. Haselden	1605
3	A. J. Struthers	2230	38	R. E. Ricketts Morse	1600
4	G. E. Twiss	2230	39	W. J. B. Lyons	1590
5	R. F. Adams	2225	40	W. Rowney	1590
6	C. G. D. Mosse	2135	41	T. J. R. Lucas	1565
7	A. B. Cottell	2075	42	C. J. Addison	1560
8	T. Archer	2035	43	A. G. Kay	1560
9	S. G. Hamilton	2035	44	W. W. Pope	1560
10	H. J. R. Moberly	1990	45	R. Porter	1560
11	A. P. Hart	1955	46	R. C. K. Laffan	1555
12	H. J. Barnes	1930	47	C. A. P. Mitchell	1555
13	R. W. S. Sawyer	1930	48	G. I. Coates	1550
14	W. G. A. Bedford	1920	49	G. W. H. Cook	1545
15	R. Jenning	1910	50	T. B. A. Tuckey	1535
16	S. C. B. Robinson	1880	51	F. A. Harris	1515
17	H. S. Parker	1840	52	C. B. Lewis	1500
18	T. F. W. Fogarty	1825	53	T. H. Parke	1450
19	R. W. Ford	1825	54	F. A. B. Daly	1445
20	C. I. Coutts	1820	55	A. S. Rose	1445
21	A. Sharpe	1800	56	D. L. Porter	1430
22	C. L. Young	1800	57	J. Battersby	1425
23	C. Reid	1780	58	J. Maconachie]	1415
24	W. J. Baker	1770	59	A. H. Morgan	1405
25	A. T. Sloggett	1755	60	C. H. Dixon	1400
26	R. R. K. Elmes	1715	61	J. Moynihan	1375
27	H. K. Allport	1700	62	M. W. O'Keeffe	1370
28	E. Butt	1680	63	T. J. O'Donnell	1360
29	S. Townsend	1680	64	J. Osburne	1355
30	T. R. P. Woodhouse	1675	65	H. E. R. Wolrige	1355
31	I. Gibson	1650	66	R. P. Hetherington	1315
32	I. H. A. Rhodes	1625	67	R. C. Johnstone	1295
33	A. Hickman	1620	68	T. A. Dixon	1270
34	T. C. Nugent	1620	69	W. C. T. Poole	1250
35	G. S. Lewis	1610			

NOTICES TO CORRESPONDENTS.

Dr. Haughton.—The letters came to hand too late to be noticed in the present issue. They shall receive careful consideration; but on a rough survey, there seems scarcely ground for publication of the whole correspondence.

Caritas.—Very. Charity is the distinguishing virtue of the present age, and in our profession it is the most conspicuous of all the amiable qualities that mark a medical man. The higher we ascend the more charitable we become, the more forbearing and considerate for others. The Americans mistake us, of course.

VACANCIES.

Children's Hospital, Birmingham.—Assistant Resident Medical Officer. Salary, £40, with board, &c. Applications to the Secretary not later than Sept. 1.

Flintshire Dispensary.—House Surgeon. Salary, £100. Candidates must be conversant with the Welsh language. Applications to the Hon. Sec. on or before Sept. 7.

Huddersfield Infirmary.—House Surgeon. Salary, £80, with lodgings. Applications to the Hon. Sec. not later than Sept. 1.

Islington Workhouse and Infirmary.—Resident Medical Officer. Salary, £200, with furnished apartments. Also Resident Assistant Medical Officer and Dispenser of Medicines. Salary, £100. Applications to to the Clerk on or before Sept. 1.

New Ross Union, Fethard Dispensary.—Medical Officer. Salary, £100, with fees. Election, Sept. 7.

Newry Union, Mountmorris Dispensary.—Medical Officer. Salary, £120, with fess, and £15 as Medical Officer of Health. Election, Sept. 6.

North Eastern Hospital for Children.—House Surgeon. Salary, £70, with board and lodgings. Also a Registrar. Salary, £50. Applications to the Secretary not later than Sept. 1.

Preston and County of Lancaster Royal Infirmary.—Senior House Surgeon. Salary, £120. Applications to the Secretary on or before Sept. 1.

Wolverhampton Union.—Medical Officer. Salary, £80. Applications to the Clerk to the Guardians on or before Sept. 2.

APPOINTMENTS.

Brown, A. S., M.R.C.S.E., L.S.A., House Surgeon to the Warneford Hospital, Leamington.

Elliott, H., M.R.C.S.E., L.S.A., House Physician to the North Staffordshire Infirmary, Hartshill, Stoke-upon-Trent.

Finegan, A. D. O'C., L.K.Q.C.P.I., R.C.S.I. L.M., Assistant Medical Officer to the St. George's-in-the-East Infirmary and Workhouse.

Forsyth, R., M.D., C.M., Medical Officer of Health for Drighlington, Yorkshire.

Frazer, G. B., M.R.C.S.E., L.S.A., Honorary Medical Officer to the West of England Sanatorium.

Hacon, W. E., L.R.C.P.L., M.R.C.S.E., Resident Medical Superintendent of the Christchurch Lunatic Asylum, Canterbury, New Zealand.

Hall, Mr. T. L., House Surgeon to the Bridgnorth Infirmary and Dispensary.

Hayes, T. E. D., L.K.Q.C.P.I., M.R.C.S.E., L.S.A., Medical Officer to the Hawkhurst District of the Cranbrook Union.

Jacob, E. H., M.A., M.D., Honorary Physician to the Leeds Fever Hospital.

Kenny, J. B., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to the Killeshandra Dispensary, Cavan Union.

Marsh, C. J., M.R.C.S.E., Medical Officer for the Second District of the Yeovil Union.

Vlieland, C. J., M.R.C.S.E., L.S.A., House Surgeon and Secretary to the General Infirmary, Hertford.

Wright, A. H., M.D., Associate Lecturer on Physiology at the Toronto School of Medicine.

Births.

Barry.—Aug. 5, at Thurles, co. Tipperary, the wife of M. J. Barry, L.R.C.I., of a son.

Davidson.—Aug. 17, at Priory Row, Coventry, the wife of C. Davidson, M.D., of a son.

Goodhart.—Aug. 12, at Hervey road, Blackheath, the wife of J. F. Goodhart, M.D., of Weymouth Street, Portland Place, W., of a son.

Grimshaw.—Aug. 14, at 13 Molesworth-Street, Dublin, the wife of T. W. Grimshaw, M.D., of a son.

Mackesy.—At Waterford, the wife of Ald. G. I. Mackesy, M.D., J.P., of a son.

Power.—July 30, at Borrisoleigh, co. Tipperary, the wife of J. Power, L.R.C.S.I., of a son.

Stevens.—Aug. 16, at High Street, Stoke Newington, N., the wife of A. Felix Stevens, M.D., of a daughter.

Marriages.

Ward—Leonard.—Aug. 20, at Margate, M. F. Ward, M.D., to Ellen, only child of the late Robert Leonard, Esq., of Norwich.

Deaths.

Henry.—June 8, at Penola, South Australia, Alexander Donaldson Henry, M.B., T.C.D., L.R.C.S.I., aged 34.

Herbert.—Aug. 11, at Markyate Street, near Dunstable, Jonas T. Herbert, L.R.C.P.Ed., L.R.C.S.Glas., aged 39.

Davis.—Aug. 16, at Conie Brae, West Malvern, Henry Davis, M.D., F.R.C.S., formerly of Putney, aged 70.

Murray.—July 10, at Peshawur, Punjab, India, Charles H. Murray, M.R.C.S.E., Surgeon, Bengal Army.

Pratt.—Aug. 10, at Mountnorris, co. Armagh, Thos. Pratt, M.R.C.S.E

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 1, 1880.

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Original Communications.

AN ANALYSIS OF FIVE HUNDRED CASES OF PERFORATION OF THE MEMBRANA TYMPANI. (a)

By GEORGE P. FIELD,
Aural Surgeon to St. Mary's Hospital.

(*Continued from page* 86.)

Among other effects produced there were 58 cases of perforation with incurable deafness; that is, where no improvement had taken place from treatment. Scarlet fever here, again, is the most productive cause; 29 patients, 4 of them with loss of hearing in both ears, 14 from injury, 1 double, 6 from cold, 3 from measles, 1 from small-pox, and in 4 it was not known how the deafness occurred. Of these 58, 38 of them were totally deaf in one ear, and 5 in both.

And now I come to other sources of evil-producing perforations. There was 1 patient from croup with a perforation in both ears; 2 from scarlet fever and measles combined, 1 being double; diphtheria, 1. In this case very rapid mischief had taken place. Pain is not severe, for the acute stage passes into a virulent chronic form of otitis, and the bone rapidly becomes necrosed.

If, therefore, we get in diphtheria ear symptoms, puncture of the drum head is the only means we have of preventing the terrible gangrenous inflammation that is likely to follow, by allowing a free exit for pus, and so effectually stopping the rapid destruction of tissue likely to occur. (b)

Three cases in typhoid fever, and 1 in typhus. The acute inflammation in these diseases runs the same course as in the virulent exanthematous forms. The pain is severe at night only, and after the membrane has given way. At early morning we get a discharge of thin, serous, colourless fluid, which, after a time, changes to a creamy-looking discharge, with entire loss of pain. Early treatment is especially called for.

Then comes 1 case after ague, 1 double perforation from mumps, 3 after small-pox, 1 double (4 perforations).

I believe the origin of the mischief in small-pox, as in scarlet fever and measles, is in the throat, and extends through the Eustachian tube to the ear.

Two cases said to have arisen from syphilis. I have a patient with double perforation now under my care at St. Mary's. J. H., æt. 22, a pawnbroker's assistant; all treatment utterly failing to aid him until I put him on anti-syphilitic remedies. I prescribed 5 grs. of iodide of potassium 3 times a day, and he quickly lost the discharge, and the tympanic membranes, although perforated, assumed a healthy aspect. There is no special appearance to be noted, as far as I have seen, in syphilitic disease of the membranous tympani. The second case I shall come to presently.

I find only one out of the 500 from phthisis, and 16 are said to be due to "abscess;" 2 patients from convulsions. In one of these, a little boy, both drums were perforated.

W. F., æt. 8½, was brought to me at the hospital, Oct. 11, 1879. His mother stated that twelve months previously he ate a biscuit with some poison on it, that had been placed in the garden for the purpose of poisoning a dog. Soon afterwards he was seized with violent convulsions, both drum heads gave way, and he had considerable hæmorrhage from the ears. A thick discharge had been running from both ears since, and he had become deaf and dumb—quite unable to hear any sounds. I have now been treating him for seven months. I saw him again lately. The discharge, which was at first of a most offensive nature, has entirely left him. This desirable result was obtained (1) from the use of often changed astringent lotions and powders; (2) from counter irritation behind the ears; (3) from paying great attention to the general health; and (4) from the application of

(a) Read before the Harveian Society, May 20th, 1880.

(b) There is another rare form of disease in which, after the purulent form has lasted some time, there is an increase of pain, and the appearance of a white diphtheritic membrane, which adheres most closely to the inflamed structures. It is usually found in scrofulous subjects."—*Burnett*, 269.

Politzer's bag regularly twice a week. The employment of Politzer's process is especially beneficial, for by "mixing air and lotion within the tympanum thus, with the subsequent use of the syringe, the cavity becomes in time thoroughly cleared of its contents of viscid or purulent secretions, and old perforations, if not of very great size, will often heal. It is desirable sometimes to touch the edges of the orifice with nitrate of silver." (Hinton.) The perforations in this case have both remained, but the boy is gradually but slowly regaining his hearing.

Another case (sent to me by Dr. Morton) I saw last year at the hospital; it was that of a little girl, æt. 12, who was supposed to have become deaf and dumb after scarlet fever. The mother had been told so over and over again, but I said to myself I will regularly clear out the tympanum by means of Politzer's process, and I did so with the other treatment I have mentioned, and she, too, has gradually recovered speech and hearing.

I have had several others of a like nature; one under my care now of great promise, lately sent to me by my friend, Mr. Edmund Owen. I am sure much may be done for some of the so-called deaf and dumb. I am sorry to say they are hardly ever given a chance, for it is customary, I believe, to say, "Oh, deaf and dumb, take it away," and all treatment is habitually neglected. Only a few weeks since at the hospital a woman said to me, "Three years ago, sir, you told me not to despair; my child might hear." The same treatment I have mentioned has been carried out; the boy has been occasionally brought, and I have often told her I was afraid it was no good, but she would persevere, and a short time since she said to me, "The child can hear, sir; and what is more, he can talk."

I remember in the early part of this year seeing some remarks in one of the medical journals by a French surgeon, Dr. Bonnafont, on this very point.

Four years ago Mr. Philps, of Peckham, sent me a so-called deaf and dumb boy, æt. 9, who had lost his hearing five years before after scarlet fever. He has by very slow degrees regained his hearing, and could a month ago say many little words.

Then I find in the list two women from cold after confinement; 3 cases from myringitis, or acute inflammation of the drum head alone. This is a very rare disease, as usually the tympanum on the one side, or the external auditory meatus on the other, are implicated. The perforation seems to begin from the outside; the membrane is intensely red, and the hearing is not so much affected as where the tympanum is diseased. The most common cause of this malady is sudden cold, such as that brought on from taking a header into cold water.

I see that 8 patients out of the 500 have suffered from perforation of the drum head from bathing, but in all cases the tympanum as well as the drum head was thus involved. In one, a lady sent by Dr. Randall, who three years previously had ruptured the membrane in brushing her hair, from running a hair-pin, which had somehow become attached to the brush, into her right ear, again ruptured the same membrane from taking a header into the sea, and which I had the satisfaction of closing again for her. I had also another patient who twice ruptured the same ear by taking a header into the sea, who on both occasions I was fortunate enough to cure. Plugging the ears with cotton wool before bathing will always prevent injury.

Two patients from whooping-cough. In these there is generally an accumulation of mucous in the tympanum, and the membrane suddenly gives way from mechanical pressure on a distended mucous membrane during a fit of coughing. Some of these later cases almost belong to Part 2, Perforations of the Drum Head from Injury.

These are a much more satisfactory class of cases to deal with, for traumatic ruptures are apt to close much more readily than those caused by disease, as I will presently show. Out of the 500 I have had 80 patients—12 double, or 92 perforations—from accidents, 11 from falls on the head—4 double. Other injuries to head, 30 patients—1 double. Boxing the ears, 8 patients—2 double, making 10 perforations, out of the 500 cases. This is a large percentage; and just a few words on this objectionable practice. All the patients were boys who had received the injury at school from the hands of their tutors. Several of the lads are permanently injured; 2 of them very deaf in both ears, and several more or less disabled for life. This is not the only form of correction administered about the ears at schools; there is a novel treatment that boys call knuckling, which is likely to cause rupture of the membrana tympani; I had two cases lately. I will endeavour to describe the operation for the benefit of school boards. Place the boy's head under the left arm, double up the right fist, projecting the second joint of the index finger, then bring the knuckle forcibly in contact with the boy's external auditory meatus, and if it is well done it will probably induce hæmorrhage from the ear. I have been told that this is an ingenious German method of punishment lately introduced into this country.

In the nineteenth century it is disgraceful that such a barbarous penalty should be still enforced in our schools. Boys will be boys, and I do not altogether blame the schoolmasters, for they are not aware, I suppose, that such serious mischief may take place simply from concussion of air forcibly driven inwards on to the drum head; but it is high time they were taught.

From other blows on the head, 16 patients, 2 double; forcing pen-holder into ear, 1; forcing hair-pin into ear (I have already mentioned), 1; injury from foreign bodies, 4; kick from horse, 1; blows on the head from cricket ball, 2; injury from football, 1; fall of flower pot on head, 1; 1 case of perforation in both ears; violent sneezing, 2.

(To be continued.)

GENU VALGUM. (*a*)

By OSMAN VINCENT, F.R.C.S. Ed.

As it is my intention to make these lectures eminently practical, I shall avoid as much as possible, except for the thorough understanding of the subject, any mention of the various views propounded by numerous authors for the last thirty years on the cause and treatment of knock-knee, but endeavour practically to prove to you, and, I think, convince you, through the medium of your common sense, the true nature of the complaint we are considering, and its proper treatment. I propose to limit my remarks to the acquired form of knock-knee, as the rickety variety will necessarily come under consideration in my next lecture among rachitic deformities. Let us first glance at the anatomy of the joint. The knee-joint is a hinge joint formed by the articulating surfaces of the femur and tibia, kept in apposition by external and internal ligaments. Those mostly involved in the deformity before us are external, to the joint the lateral, internally, the crucial. The former governing the extension and flexion of the joint, the latter to check what little rotation the healthy knee-joint is capable of; and it must be borne in mind that rotation of the joint cannot be made, but in the flexed or semi-flexed condition of the limb, and consequently when the lateral ligaments are in the greatest state of relaxation.

This accounts for the curious disappearance of the deformity, when the patient, "the decubitus being dorsal," flexes the legs on the thigh, and the thigh on the pelvis. In this position the inner ankles can be brought into direct apposition, although before, with the limbs extended, they were several inches apart.

Observe also the greater length of the inner condyle, when compared with the outer, the bone being held perpendicularly. Now, as the centre of motion is the centre of gravity, and the centre of gravity in man is a moveable

(*a*) A lecture delivered at the National Hospital for the Deformed.

point, limited in the variation of its position between the pubes and sacrum, it necessarily follows that when the balance is disturbed the above-mentioned fact operates largely in aggravating and continuing the deformity. Acquired genu valgum may vary from the slight tilt necessary to counter-balance a wide pelvis to the extreme deformity of nearly a right angle with the femora. These severe cases now are happily rare, owing to the better knowledge of the subject by the practitioner, and the better education of the parents, who are slowly beginning to distrust the dictum of the kind friends, who tell them that they (the children) will grow out of it. I may here remark, *àpropos* "of growing out of it," that such cases have never come under my notice; and among the out-patients here for the last nine years, I have had the opportunity of seeing a vast number of knock-knees, and am, therefore, qualified to speak, and I have also the authority of the Father of orthopædic surgery in this country, my esteemed colleague and friend, Dr. Little, who states in his work on "Deformities," "I have been consulted concerning many patients with the highest grade of this affection (genu valgum) in whose early infancy their parents were assured the "weakness" and deformity would spontaneously subside, that the children would, in fact, grow out of it. I advise you not to trust implicitly to nature in these cases. When once the straight line is, to any extent, destroyed by this inward inclination of the knees, the assistance of art is imperatively required for its relief." But to go back to our subject.

1st. *The Causes.*—Acquired knock-knee in the earliest and simplest cases that come under our notice, occurs when the fond mother, having had more confidence in the food that man has proposed, rather than that which God has ordained, puts her child, age 10 to 12 months, upon the ground, and teaches him to walk with any amount of adipose deposit, but little or no phosphate of lime; what can you expect but that the super-incumbent weight of the body being too great a strain on the internal lateral ligament, the first stage towards genu valgum is begun.

This is the genu valgum of the first dentition. The next class of cases occurs in boys and girls (particularly boys) whose previous life and bringing up has been such as to fit them by their thoroughly unhealthy and debilitated state for the production of any deformity, and being allowed to be on their feet running about the street from "morn to dewy eve," and even midnight, some kind of curvature of the legs will most certainly take place, and I am inclined to give the preference to genu valgum.

This is the genu valgum of the second dentition. The next class of cases occurs in adults, such as bakers, smiths, warehousemen, and others, who have many hours on their feet, and carry heavy weights on their heads or shoulders; also the youths and girls employed in the large shops of the metropolis and other big towns, and who are often on their feet fourteen, sixteen, or even more hours at a stretch. This, combined with the fact that the surroundings are most unhealthy "in the way of bad ventilation, overcrowding, and inferior food," and also that the larger number of these young people come from the purer air of the country, are just at, or about the age of puberty, and therefore, more liable to favour any deviation from nature's laws, it is not to be wondered at that after a few months' exposure to these adverse circumstances the signs of impaired nutrition from imperfect assimilation becomes evident. From these external causes, combined with the constant super-incumbent weight, the lower extremities suffer, and knock-knee results, commonly associated with its step sister, "flat foot." Having thus glanced at the various causes which produce genu valgum, let us see what happens in the joint should the mischief be allowed to continue.

The internal ligament slowly but surely gives way until the knees touch each other or even cross, and the feet cannot be brought together without stooping the body or bending the knees. The internal condyle of the femur becomes in a parallel line prominent, the external often to a certain extent absorbed. At the same time the tendon of the biceps as well as the lower edge of the vastus externus become very distinct. In fact, the biceps by its action helps to increase the deformity, after the leg has assumed a certain degree of angularity; and, as a rule, the arch of the foot yields to the superincumbent pressure. This assemblage of malpositions, slow at first, increases in proportion as the feet diverge, for the strength of the column of support afforded by the lower extremities passes away *pari passu* with the increasing obliquity in the direction of the femur and tibia. There is sometimes pain, often to a considerable extent, in the joints, from the stretching of the soft parts, but there is always a feeling of weakness, after a time becoming so great that the sufferer has to relinquish his usual employment to seek relief.

Genu valgum is generally double, that is, both knees implicated; but a single knee may be affected, generally from accident or rheumatic arthritis weakening the joint, and the deformity of one knee may reach an extreme degree, the leg being everted almost to a right angle with the thigh, the opposite member remaining straight. Whenever there is inequality of the two limbs or a strong irregularity in the gait, there will be either some degree of lateral curvature or an unnatural flexibility of the vertebral column, or both combined, arising from the constant efforts made by the patient to preserve the proper balance; but as this lateral curvature is only compensatory, we must look for its cure, or at least its amelioration, when the cause is removed, and the inequality in the length of the limbs adjusted.

We may here ask, are the changes which take place in the articulating surfaces (for change there certainly is produced by the prolonged displacement of the bones)—are these changes permanent? I am disposed to think not.

Nature is always too glad to assist the surgeon should he go with her, and not in direct opposition to her laws; and when we, by removing the pressure from the oppressed condyle, relaxing the overstretched internal lateral ligament, and stretching the lax external ones, bring the joint as near as possible to the normal state, we find a ready helper in the conservative dame. Then when the bones have been set straight, does the patient regain the proper amount of strength and comfort, and I have seen several cases of 17 and 18, after eighteen months or two years' treatment, able to leave off supports, a circumstance which would have been impossible had the proper direction of the articular surfaces been permanently altered.

So much for the causes and effects of genu valgum. Let us turn to the treatment, which, after all, is the most interesting part, and which, if properly conducted, will bring honour and profit to the surgeon and patient alike. I propose first to describe the treatment we pursue here, and afterwards glance at the much vexed question of osteotomy.

The treatment here we will divide into three parts:—

1. The removal of the superincumbent weight, which tends to increase the deformity.
2. The straightening of that already existing, and
3. The constitutional treatment.

1*st. The Removal of the Superincumbent Weight.*—In the infant, if the deformity is slight and discovered early, this is all that need be done, and with children under six, who have no resources for the purpose of amusement, is best accomplished by keeping them in bed. They are then tolerably safe and out of mischief. I may here remark that not only does it seem an accepted opinion of the great mass of the public, but with members of the profession itself, that remaining in bed destroys health and is "so weakening," but the prejudices against this treatment have arisen from the fact that patients are generally sent to bed with a weakening disease upon them, and when the period of convalescence approaches they attribute to bed that weakness and debility which is the consequence of the complaint for which they were consigned to it, and not the confinement to the bed itself. Six weeks rest in bed with

frictions and manipulations is all that is required for this class of cases ; but one word on the kind and mode of application. They can best be employed by making a fulcrum of your own knee placed between those of the patient, the power being your hands holding the legs at the ankles, and the weight the resistance of the contracted tissues. But even with this simple but effectual method great care must be taken that during its application the leg be kept straight and the toes looking directly upwards, otherwise rotation would occur at the knee, and we should do more harm than good.

The mechanical treatment of the second class I mentioned consists (unless severe) of rest and the application of long outside splints, with or without knee caps of webbing, depending on the severity of the case, and it must be borne in mind that it is next to useless in cases of single knock-knee to apply the splint to the affected leg only, as without the controlling power of a splint on the sound leg by means of the back strap, that on the deformed one has a constant tendency to twist over or ride upon the anterior surface of the limb ; but with the back strap properly adjusted such "riding" is rendered impossible. Together with the application of splints, manipulation and friction should also be used to prevent as far as possible that loss of nutrition which is inseparable from a limb in a constant state of bandage ; and a most important part of the treatment in all forms of the complaint is the passive motion of the knee-joint, which may be made by placing the child or adult on the table and making him swing the legs for a few minutes daily, in order to overcome the stiffness caused by the more or less fixation of the knee-joints.

In considering the treatment of the third class of cases, we include those neglected ones which have been allowed, from various causes, to assume the greatest possible degree of deformity.

Putting aside for a few minutes the question of the desirability or non-desirability of operative interference, and looking upon these cases as possible to be dealt with by mechanical means alone, we shall find that the best way of gaining our end is by what is called the trough-splint, which is an apparatus of either tin or wood, designed to fix the femur and lower leg and foot, and then by a rack and pinion acting on a strong knee-cap, exercise sufficient force to gradually reduce the deformed leg to its normal condition. This splint will require to be worn for from three to twelve months, according to the amount of deformity to be reduced, the age of the patient, and the consolidation of the bones—the elasticity and amount of contraction of the soft parts to be overcome.

Although slight cases may, when the leg shall have regained its normal straightness, be allowed to walk without mechanical supports, yet, as a rule, in severe cases they will be required for two years after the treatment by rest and splints has reduced the deformity to a proper degree of straightness, and until the articular surfaces have become adapted to the change in their relations, and until the muscles have regained their proper functions.

The constitutional treatment of knock-knees should be that of any debilitated state, combined with that usually needed for deficient earthy material in the bones—viz., iron, iodine, cod-liver oil, quinine, and sea air ; and as regards diet, restriction in the quantity of fluids, increase of animal food, and especially fatty materials.

The question of the division of the hamstring tendons, or at least the biceps, has often been argued. I am of opinion that it is a step to which recourse should not be had as being very rarely necessary, except in severe adult cases ; and, thanks to the better knowledge of the nineteenth century and the stride orthopædy has made, these severe adult cases are now but seldom seen. And again, so great an authority as Dr. Little himself classes such division among the "unnecessary orthopædic operations."

Given sufficient time, I believe any tendon or structure contracted by malposition or *external* influences, and not by nervous irritation, will yield to mechanical extension [illegible] and constantly applied. Still, section of the biceps is a proceeding which may give important assistance with ordinary precaution, is free from risk, and saves the patient's time by a few weeks, which is often a consideration, especially in those cases which, by force of circumstances, are obliged to gain their own living, or are dependent on precarious assistance.

Osteotomy for curvature of bones is not at all a new operation. Louis Stromeyer, Little, formerly one of the surgeons to this hospital, operated in this room, in the year 1867, for severe anterior curvature of the tibia, with a very good result, but it was not until quite lately that the femur has been divided for the relief of genu valgum.

Mr. H. Taylor, of Guildford, in October, 1876, divided this bone transversely above the condyles, for a case of knock-knee, with advantage ; reported in the *Lancet* of that year.

Mr. Barwell and Dr. McEwen last year had a paper war in the same journal, as to the priority of their various *procedures* for the cure of this deformity by the removal of a wedged-shaped piece of bone.

Professor Ogston's subcutaneous section of the internal condyle is above all others the one least open to objection. He opens the joint in performing this operation, but it is so thoroughly subcutaneous that no ill consequences have been found to follow.

But now comes the important question : Is so severe a procedure warranted by such an easily treated deformity ? Which of us would like our knee-joints opened, however subcutaneously and antiseptically, with all the steam power of carbolic spray and Listerian germ destroyers ? Would we not rather for ourselves and our children adopt the treatment which I have laid before you, no doubt imperfectly, but with a firm belief, founded on no small experience, that it is the best, the most applicable, the safest, and the most satisfactory ?

Proof being everything I will bring forward two cases in support of my statement, both being fair examples of at least twenty so treated without the aid of the saw and chisel, during the last twelve months.

E. H., æt. 11 ; severe genu valgum ; an otherwise healthy girl—when standing 11¼ inches between malleoli. (Fig. 1.) Trough splint applied Dec. 22, 1879, and worn night and day with manipulations and friction.

Fig. 1.

January 19th, 1880.—Much impoved, 6½ inches between ankles.

March 16th.—The ankles now touch, but another month is considered advantageous for the treatment.

In the end of May this year walking instruments were applied, and the last I heard of the case was that she could stand and walk with properly straight legs (fig. 2), and I am confident after a few weeks' sojourn at the seaside, she will next year be able to leave off the supports.

FIG. 2.

H. H., æt. 15; seventh out of eight children, others all healthy. Born in the country and nursed twelve months. Has passed safely through all infantile diseases. On coming to London to reside six years ago he soon felt the change, and began to get "weak at the knees." His mother sought advice, and was told he would "grow out of it," but as usual in these cases that prophecy was vain. He was then occasionally treated with long splints, but with little result, owing to the treatment being only half carried out.

In May 1879 he was brought to me on account of the inconvenience of locomotion. He was a thick set, strong built lad, well developed for his age. No history of struma, and no rachitic affection of upper extremities or trunk. As he stood with his knees touching there was 9 inches between the inner ankles. The knee-joints were large and the feet somewhat flat.

I ordered trough splints and complete rest for three months.

The splints were applied on June 6th, and worn night and day. With the exception of some slight synovitis during the first weeks, due to the over-zealousness of the mother and the patient in keeping the knee-caps rather too tight, the case progressed favourably and quickly, and on the 15th August he was ready for his walking instruments, being able to place his knees and ankles in close apposition.

On the 9th September the instruments were applied, uprights to hip with fixed joint at the knee and knee caps, and he was allowed to walk round the table.

Two months after this (Nov. 10th) he can walk about all day without fatigue, and hold a coin between his knees and ankles while standing erect, without his instruments.

In all probability in a few months he will leave off his supports and be a straight-legged useful member of society.

The woodcuts are taken from photographs taken by Mr. Holloway, of Anerley, S.E.

IN the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Brighton 16, Bristol 16, Edinburgh 17, Glasgow 20, Wolverhampton 20, London 21, Portsmouth 22, Oldham 22, Norwich 23, Bradford 24, Birmingham 24, Newcastle-upon-Tyne 24, Leeds 26, Nottingham 29, Sheffield 29, Liverpool 30, Sunderland 30, Manchester 31, Salford 33, Leicester 35, Plymouth 35, Dublin 38, and the highest rate 40 in Hull.

Clinical Records.

EXTENSIVE EXTRAVASATION OF URINE OCCURRING TO A PATIENT, ÆT. SEVENTY-NINE—SUCCESSFULLY TREATED,

By JAMES GILLESPIE, L.R.C.S.I.,
Clones.

ON Sunday morning, the 4th of November, 1877, I received a note at 7 a.m., from Lisnaskea, a town some nine miles distant, requesting my immediate attendance upon a gentleman there stated to be suffering from retention of urine.

Upon arrival at his residence I found my patient, a man of large frame, very corpulent, and aged, as I was informed, about 79 years, calmly lying on his back in bed quite free from pain, or distress of any kind, although appearing somewhat weak. I was told that during the four days previous to my visit he had passed no water whatever. Originally of robust constitution, and active habits—travelling about a good deal too—he had always available and enjoyed the comforts of good living. With the exception of a few slight fits of the gout, I could not learn that he had ever suffered any serious illness.

A fortnight or so before the commencement of this urinary derangement he had given up his custom of taking a tumbler or two of whisky punch every evening.

Upon examination, the pulse was found irregular and intermittent, numbering 103 beats in the minute, the tongue moderately moist, clean, and pale; surface of body rather cool. No distension of bladder could be felt by introduction of finger into rectum and tapping above pubis, but a doughy swelling was palpable all over the iliac, hypogastric, and lower portion of umbilical regions The extremity of penis was scarcely perceptible, the organ being almost completely buried in an enormously distended and gangrenous scrotum—purplish black in colour. The perinæum presented a swelling of the same character as that on the abdomen, but not extending laterally or posteriorly beyond this space.

Careful review satisfied me that urinary extravasation had taken place—most probably the result of a rupture of the urethra occurring behind an old stricture: the attachment of the middle and superficial layers of perinæal fascia to the rami of the ischia and pubes, and their posterior connections sufficiently accounted for its limitation here.

The feet, ankles, and lower thirds of legs were swollen, and pitted on pressure. I was now proceeding to operate, when a bystander suggested the assistance of Dr. Sandels, living in the town. This gentleman having agreed as to the necessity for immediate operative measures, and the patient being placed in as convenient a position as possible at the edge of the bed, I commenced by dipping a Liston's bistoury for two-thirds the depth of its blade into the upper part of the scrotum, about an inch to the left of the median line, and swept it obliquely downwards and inwards through the entire extent of the swollen mass, carrying the incision through the root of the scrotum into the perinæum. A similar incision was then made on the right side meeting the extremity of the first one at an acute angle. A good deal of thickish urinuus fluid, with a little pus, escaped from the wounds, which were then dressed with strips of lint saturated with turpentine; there was no hæmorrhage of any account. The penis having now become accessible was hooked forward, the prepuce slit, and with considerable difficulty a small bulb-ended catheter passed through a stricture into the bladder.

Unwilling to tax our patient's strength farther, and in the hope that what had been done would prove a sufficient drain for the extravasated fluid, we ordered barm poultices to be applied, gave him a dose of tincture of iron, and put him on strong beef tea, with a glass of grog every third hour, during the day-time, and port wine *ad libitum* at night.

Next day, Nov. 5th,' upon examining the scrotum we could plainly see that the tunica vaginalis testis had escaped without injury: it was gathered up closely under the penis like a small purse, its parietal layer being slightly rough, and of a dirty yellowish white colour. The swelling over abdomen still persisting and the patient feeling pretty strong, an incision upwards and slightly outwards about 2½ inches long, and commencing an inch or so above crest of right pubis was made into it, but without the result expected, nothing but a deep layer of fat becoming visible. Charcoal and barm poultices were now applied, quinine with full doses of tincture of iron ordered, and the beef-tea, grog, and wine continued.

Upon the 6th his general condition was not so favourable.

On the 7th he was suffering severe constitutional disturbance: a great angry welt of a dusky red colour extended across umbilicus from one lumbar region to the other, while towards upper part of left iliac region, a minute hole appeared, through which, upon the slightest pressure, a dark, thin pus flowed copiously. The introduction of a probe demonstrated an immense abscess, occupying the greater part of the seat of the doughy swelling before referred to. A director being entered at the hole as a guide, the anterior wall of the abscess was slit through its whole extent transversely, with a sharp-pointed bistoury; this incision nearly met the upper extremity of the one over the pubis: after a few days the intervening tissue sloughed, and they communicated, giving the anterior wall of the abscess the appearance of a large triangular flap. A considerable quantity of dark pus escaped from the abscess, which was then together with the other parts implicated, plentifully syringed with tepid water, and after that, with a tepid solution of hyposulphite of soda, ʒj. ad. oj. A carrot poultice, and a couple of compresses. secured by a bandage, completed the dressing.

From this time the condition of the patient steadily improved: the abdominal abscess and sloughing scrotum were everyday carefully syringed with tepid water, followed by the solution of hyposulphite of soda; the latter leaving nothing to be desired as an efficient, cleanly, and manageable anti-zymotic.

On the 15th Nov., the lower two-thirds of scrotum had sloughed away, or been removed, and we now drew the remaining parts together gently with silken sutures, commencing above.

Dec. 6th, saw the abscess healed.

By the 22nd December the scrotum had healed entirely; a fistula, however, communicating with the ruptured urethra, and through which the urine flowed, and the index finger could be passed, remained open behind it.

The case having thus far progressed satisfactorily, the cure of the stricture with a view to subsequent occlusion of the fistula was next attempted.

On the 28th December a No. 1 bougie was got through it, and on January 1st a No. 10 black gum bulb catheter passed into the bladder. Upon oiling, and introducing my left fore-finger into the fistulous opening, I could now estimate the extent to which the floor of the urethra had been destroyed; by feeling that portion of catheter in the channel, which after its passage into the bladder remained bare to my touch: this amounted to about an inch. The instrument was tied in, and left without a spigot, in order to secure, if possible, the passage of the urine through it.

Sir Henry Thompson writing on Urinary Fistulæ in Holmes's "System of Surgery," second edition, vol. iv., page 985, says:—"It is better to withdraw all the patient's urine by introducing a catheter three or four times a day, or more frequently if necessary. When the patient can do this cleverly for himself, and thus insure at every want to pass urine during a period of several weeks that it is carefully removed without contact with the urethra, a most successful result may be hoped for. I have had an instance of this under my own care, where a large portion of the floor of the urethra being lost, the opening closed after three or four months' attention to his practice."

Circumstances preventing this preferable course, a catheter was retained in the bladder almost continuously, viz., for the following periods.

From 1st to 4th January. From 4th to 6th January. From 6th to 8th January. From 8th to 15th January. From 16th to 23rd January. From 23rd January to 2nd February. From 6th February to 20th February. From 23rd February to 9th March.

On the 13th March a selection of catheters was given to his attendant, with directions to draw off the urine four times a day, or more frequently if requisite.

It may be proper to mention here, that from the 23rd January, in addition to the catheterism, an india-rubber ball inflated with air was worn in the perinæum during the daytime, the patient sitting in a chair, and proved very efficient in keeping the fistulous orifice closed.

Commencing on the 26th January various, substances were applied to the fistula, viz., perchloride of iron, the sulphates of copper, zinc, and iron, the nitrate of silver: all these both in solution and in the solid form; the latter yielded by far the best results, at first with the pencil, and when the track became smaller, with the powder introduced in the groove of a director.

Upon the 16th March, by keeping the point of a finger upon the opening, the patient could urinate in a full stream through the meatus urinarius.

At what proved my last visit to him on the 29th March, and before applying the nitrate of silver, I found the fistulous opening so small that it would hardly admit the point of a crow-quill. He now presented a very good scrotum, patched up from the remains of the old one, and only differing in appearace from it by its smaller size.

I may here state that the œdema at first apparent in feet, ankles, and legs, extended upwards into the thighs during the progress of the case, and gave great trouble. It was treated by a few incisions—1½ inch—and punctures, with warm bathing and careful bandaging. A small anthrax on the back of the left thigh was also dealt with.

The relative agents administered internally were preparations of iron, quinine, bark, opium, strychnia, sulphuric acid, alcohol, beef tea, singly or in combination, the two former always, and in as full doses as could be borne. Towards the close of treatment the daily allowance of alcohol was reduced to three-fourths of a wine-glassful of whiskey made into punch.

The catheters used varied from Nos. 4 to 10 of Weiss's scale, and were mostly gum-elastic. It is worthy of remark that their presence did not at any time occasion either irritation of the bladder or suppuration in the urethra, nor did they ever become loose in this channel. This I think may in a great measure be fairly attributed to the iron, opium, quinine, and strychnia part of the treatment.

The urine was entirely voided through the instrument, none passing from the fistula, at which sometimes a drop or two of muco-pus appeared.

Some criticism having been provoked by the retention of a catheter in the bladder and urethra for such lengthened periods, it was comforting to find the same practice confirmed by such an eminent authority as Dr. Wheeler, of the City of Dublin Hospital, who, in a paper read before the Surgical Society of Ireland, and appearing in the columns of the *Medical Press and Circular*, of February 6th, 1878, page 110, gives the following account:—"One interesting case I will briefly state: It was that of a gentleman, on whom I operated for several urethral perinæal fistulæ. Mr. Butcher, Mr. Tufnell, Dr. Benson, and Dr. Harley were present. In this case I eventually closed the last unhealed opening of the urethra by passing a pin from one side to the other, approximating the edges by a figure of 8 suture. *I was obliged to keep in a catheter for twenty-seven days.* He had much ropy mucus; in truth, it was as excessive as one suffering from an aggravated attack of chronic catarrh. I gave him pareira brava and washed out his bladder with

sulpho-carbolate of zinc, as is my plan in these cases. He was relieved of his distress and mucus, and I was enabled to retain the cathether in his bladder till I believed it might safely be withdrawn."

The bladder in this case was not washed out, the catheters never became covered with deposit and the mode of securing them adopted was by a woollen thread tied behind glans-penis.

Two or three days subsequent to my last visit the patient travelled to Dublin, and since that time he has gone about everywhere as usual. I met him last year at a distance from home in a neighbouring town, walking firmly and unattended over a rough cobble-stone foot-path.

Upon frequent occasions up to March last, I have seen him walking briskly about and evidently in fair health, which, I have been informed within the last few days, still continues; but I have not learned whether the last application of the nitrate of silver effected the final closure of the fistula. I presume, however that it did.

The very advanced age of the gentleman who suffered from this terrible accident, and his recovery, notwithstanding the circumstances of delay at the outset, with other points of interest in the case sufficiently obvious, invests it, I venture to hope, with a degree of importance warranting me in thus laying it before the profession.

P.S.—Since writing the above I have been informed that occlusion of the fistula was not completed by the last application of the nitrate of silver; but I have no doubt that it would now require little further treatment to prevent it giving any more trouble.

Translations.

DEAFNESS: ITS DEGREES, CAUSES, AND THE VARIOUS MEANS RECENTLY DEVISED FOR DIMINISHING ITS INCONVENIENCES. (a)

By Dr. LADREIT DE LACHARRIERE.

Translated by W. DOUGLAS HEMMING, F.R.C.S.Ed., Bournemouth.

(*Concluded from page* 158.)

The fleshy granulations which are developed in the tympanum are often the origin of polypi; but it must also be remembered that these little tumours whose histological composition varies with their situation may be primarily developed without being preceded by otorrhœa. In this development they fill the tympanum and are not slow in making their way through the membrane. Such a lesion causes considerable deafness mechanically, by obstructing the passage of the sound waves and by provoking an inflammatory condition of all the organs of the middle ear. The tympanum may also be the seat of hæmorrhage, and the blood may either exude from the surface of the mucous membrane or come from the nasal fossæ. To be collected in the tympanum the hæmorrhage must take place at the orifice of the tube, but most often the blood passes into the ear when the nasal fossæ are tamponed. The blood continuing to flow in a space hermetically closed by the plugs, experiences a pressure which forces it into the neighbouring passages. We have often seen hæmorrhage of the tympanum due to this cause alone. Most frequently, however, wounds cause this accident. Sometimes a blow or a fall causes a fracture of the petrous bone, at other times there is direct lesion of the tympanum by a pointed body. I had under my care a colleague who injured his tympanum by a penholder with which he was scratching the meatus; and last year a lady who wounded herself under similar circumstances with a knitting-needle. In both these cases abundant hæmorrhage was produced in the tympanum. Everyone knows that artillerymen suffer from hæmorrhage when they fire very heavy guns without taking the precaution of well closing their ears with cotton-wool. In these cases it is the concussion of atmospheric air which causes the rupture and the hæmorrhage; almost complete deafness is always the consequence. It is more or less lasting according to the time when it comes under treatment. We must not count on the disappearance of the blood-clots; it is better to open a way through the membrane and empty the tympanum, as then we shall avoid the fibrinous deposits which may originate adhesions causing almost incurable lesions.

The affections of the middle ear indicated above cause alterations in the chain of ossicles interfering with their play. Triquet (a) has well described ankylosis of the ossicular chain. It may be present in different degrees. In incomplete ankylosis, we find a simple hypertrophy or thickening of the mucous membrane, often plastic thickenings in the form of indurations and inflammatory in origin. Complete ankylosis is characterised by fibrous expansions or calcareous or bony deposits. It will be understood that the degree of deafness will be in proportion to the extent of the lesion and the immobility of the chain. Herpetic affections of the ear may be propagated to the tympanum and to the organs which it contains. Engorgement of the chain of ossicles due to this cause alone may be frequently observed. The membranes which are always more or less affected in these cases always lose some of their transparency. They are slightly dull and thickened.

Chronic thickenings of the ossicular chain may also be observed without any neighbouring lesion. They are most often caused by the gouty diathesis. The handle of the malleus shows notable thickening and appears like a whitish vertical streak, the promontory is more projecting, sometimes the handle of the malleus is abnormally vascular, and appears on the membrane like pannus on the cornea. The membrane preserves its ordinary physiological conditions. Very often its aspect alone will allow us to recognise the primary cause of this lesion. This form of deafness is almost always hereditary. We know of gouty families all the members of which present in different degrees the same lesions of the ossicular chain.

Whatever may be the lesion of the chain and whatever its degree, its inevitable consequence will be more or less marked cophosis, feeble sound waves being unable to set the ossicles in motion or penetrate to the labyrinth. This form of deafness is most often accompanied by tinnitus of a whistling character, which may be explained by slight compressions of the fenestræ.

The form of deafness which has the most serious characters is undoubtedly that caused by a lesion of the labyrinth. It may be the result of a wound, either from a fall or a blow on the head. Under these conditions the deafness is almost always absolute and incurable. Some years ago I treated without any result a working gilder who on a frosty day fell on his head and was carried home unconscious. When he recovered he was totally deaf and could only be communicated with by writing. The middle ears were intact; the deafness could only be explained by a lesion of the labyrinth.

In the course of severe fevers, particularly of typhoid, there is often a certain degree of deafness accompanying the stage of prostration or the delirium. Sometimes the loss of hearing is complete and irremediable. We annually receive into the National Institution a number of children whose deafness is due to no other cause.

The herpetic diathesis and malarious influences may also cause labyrinthine trouble and deafness. In these cases this is generally not complete, and is accompanied by affections of the vaso-motor nerves, characterised by congestive pulsations in the ear and its neighbourhood, and most annoying tinnitus. Patients complain of whistlings, noises of bells, and most varied musical sounds. Some neuroses, such as migraine, are accompanied by analogous morbid phenomena. The auditory trouble is sometimes characterised by a very exaggerated impressionability of the hearing. The tinnitus produced by sulphate of quinine may be explained similarly by a transitory congested condition of the labyrinth.

We cannot terminate this somewhat lengthy enumeration of the causes of deafness without mentioning Ménière's disease.

This is always characterised by vertigo and deafness. The malady described by Ménière manifests itself by a sudden

(a) "Annales des Maladies de l'Oreille, du Larynx," &c. 1880.

(a) "Leçons sur les Maladies de l'Oreille," p. 122.

onset of vertigo and absolute deafness. On post-mortem examination one finds serious lesions of the labyrinths, particularly hæmorrhage. Now-a-days, the range of this disease is somewhat extended, and under its name are included some affections of the labyrinth which are characterised by vertigo and tinnitus, but in which deafness is only relative or transitory.

The account I have just given of the causes of deafness will show how many difficulties stand in our way in appreciating the progress, making a prognosis, and devising methods of treatment for this infirmity.

It will be understood how often our efforts are powerless against such diverse and numerous changes.

Until lately, we have only endeavoured to lighten the weight of the infirmity by the use of trumpets and hearing tubes; trumpets are of very ancient origin, and I do not propose to consider them now. Hearing tubes are of more recent date and have lately been brought to great perfection. They consist of a tube, to one extremity of which is placed a cup of horn, and at the other a nozzle which the patient places in the ear. The tube is made of silk and indiarubber, is very simple, and a good conductor of sound. Mr. Rein, of London, who is very skilful in this manufacture, has made for me tubes three metres long and three centimetres in diameter, dividing into numerous branches, allowing deaf persons who cannot hear the voice at a distance, to take part in general conversation, and to enjoy the charms of music. For the latter purpose it is sufficient to place the receiving cup into the case of the piano.

The hearing tube is certainly the most useful instrument which we possess, but it is irksome to use, cumbersome when large, and only allows conversation with a small number of persons. We can understand then the favour and delight accorded to inventions announced as capable of restoring the deaf to the delights of life. Some of these inventions are remarkable only for the impudence of their claims; of these we shall say nothing, they deserve but oblivion; others have attracted the attention of learned bodies, and such marvellous properties have been accorded to them that it is necessary to mention them, and bring them down to their due level of merit.

All audiphones are based upon the principle, that in persons whose acoustic nerves are not paralysed, it is possible to make the sound waves appreciable through the medium of the teeth or the cranial bones.

Towards the end of 1879, Mr. Rhodes, of Chicago, took out a patent for an apparatus called an Audiphone, the remarkable efficacy of which was proved by many experiments. Some experiments undertaken in deaf and dumb institutions showed the possibility of making promptly audible musical sounds, and even the articulation of the voice; hence rendering rapid instruction possible. Such an instrument would of course *a fortiori* be still more useful to those partially deaf.

Rhode's instrument, made of hard rubber, was in the shape of a triangular fire screen, kept in a state of semi-flexion by a thread fastened to the handle.

The apparatus is about 24 centimetres wide and 30 long. The deaf person holds the handle and places the opposite extremity between his teeth, with convex surface outwards.

Dr. Colladon, of Geneva, (*a*) wishing to make the instrument attainable even by the poorest, used, in place of hard rubber, a plate of smooth pasteboard, or "carton d'orties." These pasteboards, says the author, are tenacious, compact, homogeneous, and elastic; they are also very supple, if not more than one millimetre in thickness. Slight pressure of the hand holding a disc cut from one of these sheets of pasteboard, whilst its upper extremity is arched against the teeth of the upper jaw, is sufficient to give a convenient curve variable at pleasure, without fatiguing the hand or the teeth.

"Among other experiments at which deaf mutes assisted." writes M. Colladon, "I would cite one which took place on January 14 in the presence of several persons. We first ascertained those who could only hear the sound of a grand piano very near, and then determined the distance at which they ceased to be affected without using acoustic instruments. Some felt the vibrations only by movements of the parquet covered with carpet. When they were furnished with audiphones they all showed that the sensation of sound was distinctly transmitted to the head, sometimes on one side and sometimes on the other, according to the individual." M. Colladon cites many examples, truly marvellous, among others that of a young lady, formerly an artist, a very good musician, who had become completely deaf, but who showed excessive joy when, by using the audiphone, she was able for the first time for fifteen years to hear airs on a piano.

After reading all this we became impatient to verify the exactitude of such good results. The apparatus of Rhodes and Colladon were supplied by M. Trouvé, the ingenious and skilful maker of magneto-electric instruments. Experiments were made at the National Deaf and Dumb Institution in the presence of Drs. Hermet, Moure, and Jacquemart, M. Trouvé, and many who attended my clinique. We chose a certain number of deaf mutes easily reading the lip language, speaking very correctly, very intelligent, having preserved the possibility of hearing the voice, but unable to distinguish words by the ear. The eyes being closed, they were never able to comprehend a single word spoken, even in a loud voice, against the audiphone.

Giving up the deaf mutes, we continued our experiments on patients. We chose those who had some difficulty in distinguishing speech at a certain distance; all declare that they experienced with the aid of the audiphone no great difference in the way in which they heard.

I have tried the audiphone in my practice, amongst other cases in that of a young lady who seemed in particularly favourable conditions. She was affected with anchylosis of the ossicular chain, and could only hear speech with the assistance of a hearing-tube, or when one spoke into her ear. I was able only to make myself heard when speaking to her at 5 or 6 centimetres distance from the audiphone, and a little below the middle of the instrument; without the help of the instrument, and at the same distance she could not hear me. For her the instrument had some value, but it was only relative, since it was necessary to speak in the most inconvenient manner, two persons could not be heard at once, and the piano was only heard at a few centimetres distance.

How can we explain the differences between M. Colladon's experiments and mine, unless we think that the author has been deceived, and that lip-reading has sometimes supplied the deficiencies of the instrument.

It only remains to study the telephone and its utility in deafness.

Bell's telephone which, by electricity, transmits sounds to a great distance, is of no advantage to the deaf. If, indeed, the distance is left out, the intensity of the sound is not increased, and perception by weakened or malformed organs is impossible. The telephone which transmits the sound-waves by increasing them, is the instrument called the thread-telephone which, up to the present time, has only been an infant's toy, or an instrument employed only for demonstration in the chamber of the physicist. M. Trouvé conceived the idea of making an acoustic instrument of it, and although we have together made researches on the best applications we can make of it, I do not hesitate to publish, prematurely perhaps, the object of our researches.

The telephone is composed of vibrating plates, to the centre of which is attached a thread of hemp or metal, which, when it is very tense, transmits the sound-waves to a great distance, and with mathematical precision. This apparatus may be used by the deaf in two ways. If the strengthened sound-waves can enter by the external meatus it may be used like an ordinary ear-trumpet. If the sound-waves cannot be transmitted through the middle ear the vibrating-plate of the receiver is replaced by a piece of wood to which the thread of the telephone is fastened by a small iron hook. This piece of wood is held between the teeth of the deaf person. The sound-waves are transmitted by the hempen thread with great exactitude and great intensity. What facilitates the hearing of the semi-deaf person is the prolongation, so to speak, of the sound-wave which allows the organ to appreciate the sensation which it experiences.

If the hempen thread be replaced by one of metal, the intensity of the sound is increased tenfold, and the impression becomes painful by its exaggeration. The inconvenience of the iron thread is, that it alters the tone-quality (timbre) of the sound, rendering it metallic and very disagreeable. Another inconvenience is, the necessity of always having the thread tense between the vibrating extremities. This condi-

(*a*) *Nature*, Jan. 14, 1880.

tion makes a portable apparatus of little use. The telephone, therefore, must be especially a fixed apparatus. The thread may follow the shape of a wall, provided there is a vibrating plate wherever there is an angle.

The telephone does not require one to speak against the surface of the vibrating lamina. A sufficiently large apparatus—the head of a drum, for instance, might be placed in front of, or above, the head of an orator and allow the propagation of the sounds in all parts of the enclosure in which he speaks.

We may conceive numerous applications which might be made of this apparatus. In schools half-deaf children could be admitted into the ordinary classes from which their infirmity now excludes them. In political assemblies certain parts might receive the telephonic threads and allow the speaker in the tribune to be heard. In theatres certain boxes might be specially furnished for the deaf, and the isolation in which their infirmity places them would be considerably lessened, since they would be able to take part in public life.

These are yet but hypotheses and hopes, but theory justifies them, and we count upon their early realisation.

Department of Lunacy.

"MEDICAL PRESS AND CIRCULAR" SPECIAL COMMISSIONER'S REPORT ON PRIVATE LUNATIC ASYLUMS.—II.

THE arrangements for securing the safety of lunatics, and of the public to which they are a source of danger, might be in some particulars altered with advantage. In so far, however, as the plan in vogue of certifying insanity is made use of to convey patients to private asylums, there is absolutely no reason to regard it as inefficient, or as favouring improper practices. The certificates are not at the command of proprietors, and these latter are, under the severest penalties, required to demand the most absolute proof of certification in a proper manner, ere venturing to receive any new inmate. Not a few statements have been made to the effect that individuals have been, and are even now, occasionally incarcerated on the requisition of some interested person, who, by bribery, has been able to purchase the acquiescence of an asylum keeper in an unjust imprisonment. Those who are given to spreading such false statements do not reflect on the harm they are guilty of doing, nor do they stop to think how utterly untrue they must be. Every asylum is licensed for a definite number of inmates, beyond which none can be received. Each patient's arrival is at once entered, and news of it forwarded to the Lunacy Commissioners, and to the local magisterial authority. These, one or other, or both, visiting the establishment unannounced, unexpected, carefully inquire into the history of, and examine, the fresh arrival, and any flaw in the method of committal must, on the spot, result in the discomfiture of the one attempting the fraud. It may possibly happen that a patient is unnecessarily certified; that is, may be described as of unsound mind, while in reality suffering from nothing more serious than a passing aberration. In this state anxious friends, and physicians called to examine the case, may possibly agree that temporary seclusion in a licensed establishment would be desirable; and it may happen that on arrival at the institution selected, the patient has recovered his mental balance. This, I was informed at two places, viz., Stretton House, and Haydock Lodge, had occurred shortly before my visits, and the patients were as quickly as possible returned to their friends. It may be well for a moment to consider the influence of public and private asylums in these particular cases. A patient properly committed arrives at the prison-like abode in which the county locates its mad, and at the very outset receives a shock of itself sufficient to affect a recently restored balance. Forthwith, ere it is possible any evidence can have been elicited to prove the case is not one of the ordinary kind, the unfortunate patient is hurried into association with a horde of lunatics, and being at once left with no sane being near other than the salaried attendants, what else than despair will be engendered, and a feeling of utter despondency induced by the rigid officialism everywhere exhibited? The mind but recently recovered from its disturbed state is placed under the least favourable conditions for maintaining the improvement effected; and there can be but little doubt the prison-like atmosphere of public asylums has in numberless instances, converted a merely temporary brain disease into a chronic madness. Search diligently as one may, there will never be found records of "discharged on admission" from the Government institutions, such as are among the documents of private asylums, the cause being sufficiently evident. On reaching the private retreat, the dazed, tired traveller is received with expressions of kindness and sympathy in place of the routine utterances of officialism; he feels he is amongst friends who are interested in him, and the home-like surroundings serve to strengthen his confidence in the place to which he has been brought. If, haply for him, his condition is that of one whose insanity has gone from him, the fact is very quickly made apparent, and the existence of the patient, pending the formalities preceding his removal, is one of pleasant association with the family, in which he is received as a guest. Under the one system every inducement is held out to preserve the regained balance, every aid is rendered to the same end; under the other no special heed is taken, but a dull, machine-like routine is maintained, under which it is left a matter of chance whether the patient progresses or recedes.

Nothing less than the wide-spread ignorance of the people on all points relating to asylum management could admit of the erroneous ideas on the subject of committal to one of these places. It should be remembered, however, that these misconceptions have been persistently fostered by sensational writers, and by authors who have chosen to make capital out of depicting scenes that have no existence in the present. "Hard Cash" was written of a time that was before the benevolent efforts of Lord Shaftesbury; and the novelists who have followed in the steps of Charles Reade, instead of improving as the system he denounced has been abolished, have continued to reproduce, with the servility of imitators, descriptions which the original author would hasten to correct. Every attempt ought to be made to remedy the great evil being done to the character of institutions to which society owes much of its comfort; and among the earliest impressions it is wise to instil, is that of the absolute inability of any asylum superintendent, of his own accord, to decide the fate of a lunatic.

When the certificate on which the patient has been removed, is presented, and its accuracy established, then, and not till then, does the authority of the keeper commence. In the instances where this authority is that of a paid deputy, it must be apparent that his only interest is to duly perform the task he is paid to execute. It is nothing to him that a case is more or less sane on admission; for him to inquire fully into it would require an amount of time and trouble, which no salaried officer, as a rule, will care to expend. In the private asylum, however, it is very different. It has been ungenerously asserted that patients are detained at these places even when no necessity for the proceeding exists. In my experience the very reverse is the case.

Undue willingness even is shown to discharge the unfortunate subjects of disease, so that it does not unfrequently happen that the same patient is within a very short period returned as a relapse. There are two incentives to this. In the first place a large percentage of "discharged cured" ensures a high reputation to the institution, and a certainty of its being held in favour. In the second, the natural instincts and kindness of *interested* attendants ensure that a patient able to enjoy the home association with personal friends and relatives, shall as speedily as possible be sent where these are of the most perfect kind.

It needs only a slight acquaintance with the great majority of private proprietors to be assured these feelings *have* a weight with them; and the more certainly since they know by experience the benefits to themselves and their charges thereby accruing. I had the pleasure to stay more than a week at one institution; during this time two patients were admitted, and I was struck by the excessive minuteness of the observances in connection with their entry. The utmost confidence is to be placed in the regulations as they have to do with the asylum proprietors. How far the actual certification can be amended is another matter altogether. I am concerned only with the admission, here, of such as *are* duly certified; and there is on this head no possibility of an undue influence being exerted by the proprietor.

THE BARONY PAROCHIAL ASYLUM.

The Barony Parochial Asylum at Wodilee in the neighbourhood of Glasgow, may perhaps afford some indication of the economy which may be expected should the management of the pauper insane in England be taken out of the hands of the magistrates and placed in the hands of boards of guardians, or of committees of county boards with guardians as a predominating element. It has been erected by a parochial board—the Scotch equivalent of a board of guardians, and is the most costly and sumptuous asylum in Scotland—while the rate of maintenance of its inmates does not betoken parsimony in its domestic affairs. It was unfortunately the scene of a fire, which destroyed its west tower on the 16th of October last. It is very creditable to the management, as the visiting commissioner remarks that even, when the fire was at its height the wants of the patients received their customary attention, and perfect tranquillity was maintained. No confusion occurred, and neither patient nor attendant received any injury. The importance of having a trained and properly exercised fire brigade was made very apparent. By their exertions the spreading of the fire was prevented.

The annual death-rate from the seven principal zymotic diseases averaged 7·9 per 1,000 in the principal large towns, and ranged from 2·9 and 3·9 in Bristol and Brighton, to 15·0 and 24·1 in Hull and Leicester. Scarlet fever showed the largest proportional fatality in Oldham and Leicester. Three deaths were referred to diphtheria in Birmingham. Small-pox caused 4 more deaths in London, 5 in Dublin, but not one in any of the other large provincial towns. The deaths referred to diarrhœa in these towns, which had steadily increased in the nine preceding weeks from 51 to 807, further rose last week to 864, and were equal to an annual rate of 6·0 per 1000.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, SEPTEMBER 1, 1880.

DR. ORME DUDFIELD'S "ANNUAL REPORT."

The Annual Report on the health, sanitary condition, and other matters connected with the parish of St. Mary Abbotts, Kensington, by Dr. T. Orme Dudfield, Medical Officer of Health, has just been issued. We have before drawn attention to the admirable manner in which Dr. Dudfield's reports are presented, and the present one is in every respect worthy of receiving the highest commendation as a painstaking, laborious, and careful epitome of the medical history of the district over which he exercises an official control. Many points dealt with in this Report are of striking interest, and while it details the actual sanitary condition of Kensington, it is, in places, pregnant with suggestions for the better administration of the district comprised within the account. The parish of St. Mary Abbotts increased in population in 1879 to the number of 2,650 over that of 1878, but it is satisfactory to find the death-rate below the average, though higher than that for 1877, which, as will be remembered, was exceptionally low. The number of new houses rated in 1879 exceeded 700, and it is much to the credit of the sanitary arrangement connected with so large an increase in the number of habitations, that the mortality of a rapidly

spreading district is kept within the limit mentioned. In a new neighbourhood there are always to be contended against, evils of a kind that do not affect an old established parish, where fresh buildings are few and far between; and in the parish under Dr. Orme Dudfield's care exceptional disadvantages exist to favour the prevalence of a high death-rate, in the absence of that rigid supervision which it is the duty of a medical officer of health to exercise. We learn that "there are miles of streets of houses inhabited by a class of persons who, in the older parts of the metropolis, would find shelter in dwellings that, by comparison, might be termed squalid. But rents are high, and high rents mean over-crowding, which is sure in the long run to raise the death-rate wherever it exists; and, indeed, there is reason to believe that it has already led to a greater variation in the rate of mortality in different sections of the parish than ought to prevail." The zymotic diseases, the deadly scourge of unsanitary districts, gave rise to a number of deaths below the average; whooping-cough, diarrhœa, scarlet fever, and measles being those diseases to which the higher rates are attributed. The mortality, however, from all the several zymotic diseases, excepting diphtheria and whooping-cough, has been below the average, a circumstance on which justifiable satisfaction is expressed. The manner in which disease may become epidemic is well illustrated in this Report, Dr. Dudfield having been at particular pains to show the culpable way in which persons suffering from infectious complaints are permitted to come into contact with others susceptible of receiving the taint. On this subject he very pertinently remarks, "if we would trace all outbreaks to their origin, such a case would be made out as would fairly startle the public mind, and help to get rid of the too common notion that infectious diseases being 'in the air,' it is useless to take precautions against the spread of them, the fact being that the 'area of infection' is very limited, the victims having been brought within that area sometimes through sheer wilfulness, sometimes through indifference, and sometimes through ignorance. Now and then the conveyance of infection is effected by the 'sick' person himself, who, being allowed to mix with healthy but susceptible individuals—mostly children—becomes a migratory centre from which disease spreads, and there can be little doubt that in the circumstances of our poor, living as they do in crowded and un-ventilated rooms, clothing, *e.g.*, of parents and unaffected children, exposed by day and night to infection, become a means of spreading disease in schools, workshops, &c." This conclusion is little liable to refutation, and is more than borne out by the details presented in the volume, and it is a matter to which serious attention ought to be directed, because of the very important influence it must exert over the spread of infectious complaints. Many objections are urged against the present system of parochial assistance in fever cases, a system to the disadvantage and circumlocution of which a goodly number of deaths can be attributed. Not only does it in a measure favour the designs of those who seek to keep infectious cases under home treatment, but in many ways it affords means for the evasion of rules of removal, &c., that should be rigidly enforced in every instance of fever or other dangerous illness. The regulation requiring the vestry of a parish to pay for the continuous maintenance of the number of beds considered necessary for its needs in a special fever or small-pox hospital, if it would retain the privilege of sending patients to it for treatment, is, says Dr. Orme Dudfield, not unreasonably objected to, seeing that during considerable periods there might be no occasion for them. The report then explains "the only perfectly satisfactory mode of dealing with the question would be to spread the burden of infectious diseases over the whole metropolis, or a 'common fund,' and to give free admission to all sick persons desirous of being isolated in the hospitals, or who may be sent to them for isolation (excepting only such persons as may be able to pay for medical treatment, &c., and these should go to the London Fever Hospital, or the London Small-Pox Hospital)." This suggestion has been made before by the same authority, and there seems good reason why it should be fully discussed as a means of settling a vexed question.

There are many other matters of great interest dealt with in Dr. Dudfield's report, to which, if practicable, we shall turn again at an early date.

THE LITTLE SUCCESS OF SANITATION, AND WHY?

At the meeting of the British Medical Association in 1879 Dr. Fergus asked the question, What influence had *sanitation* during the past forty years exerted in decreasing the rate of mortality in the home population? He answered thus: "During these forty years large sums of money have been expended in sanitary improvements." Yet, "discarding individual years in which there had been fluctuations in both directions from various causes, it happens that in each of the three decennial periods, 1841—50, 1851—60, and 1861—70, the rate of mortality has been identical—namely, 22·35 per 1,000." With reference to the above, the deduction appears reasonable, either that "sanitation" has yet to be applied in the particular direction in which its influence will tell in the most definite manner; or else, that conditions are at work, the effect of which is to a great extent to neutralise the results that otherwise would accrue from the application of the principles of preventive medicine. He adds: "The first facts that strike us is the increase in the diarrhœal group of diseases, the addition of a new zymotic—namely, diphtheria—which does not appear till 1851, and *the small diminution of typhoid* in the fever group." It would seem evident from these remarks that the desire of the lecturer was not to depreciate the value of cleanliness and good conservancy, but to bring into *relief* the too great tendency of the time, to consider them, and neglect a variety of other conditions affecting individuals and masses.

Some of the conditions which have so far neutralised the best devised measures of *sanitation* are thus enumerated in the *Contemporary Review* for August, 1880. In Ireland there are 227,000 families living in mud cabins of a single room. "Are there not in our great cities other 227,000 families living in cellars and single rooms, in worse air, and in worse surroundings, and in worse contamination, both in mind in body, in close contiguity

to gin palaces, and other incentives to vice? And we should not be far wrong if we doubled, or even trebled, these 227,000 for the whole of Great Britain." In rural England the state of things appears to be equally bad; the majority of cottages in rural parishes are deficient in almost every requisite "of health." Physically, a ruinous, ill-drained cottage generates any amount of disease, fevers of every type, catarrh, rheumatism, and intensifies to the utmost the tendency to scrofula and phthisis, which, from their present inter-marriages and their low diet, abound so largely among the poor. Here is a description of such a cottage: "An agricultural labourer's family occupying a single room; there were thirteen children; four occupied one bed, two lying at its head and two at its feet; two slept under this bed; an infant was in a cradle—a kind of box fastened on the window-sill; the rest were about the floor." In our cities things are equally bad; families living, and sickening, in foul rooms of nine, or at most ten feet, square; the only society for the men and women, the public house; drunkenness, brutality, and degradation such as to demoralise their victims until they become an opprobrium to our civilisation. Are these not in such conditions sufficient to account for the ill-success that has hitherto attended mere measures of sanitation? It is not alone to the *water*, the *milk*, used by persons under such circumstances that we should look for the causes of disease among them; but it is to the ulterior circumstances under which they are, in a manner, *forced* to occupy such places, and to lead such an existence as they do.

THE INDIAN TROOP SHIPS.

Is it really the case that the "authorities" contemplate the "reorganisation" of the Indian troop service? According to rumour some such change is actually entertained. Perhaps the one grain of truth in it is contained in the contemplated adoption of Kurachee as a post for its purpose instead of Bombay; and if this be so, convenience and economy would no doubt be alike consulted, in so far as the transport is concerned, of our troops proceeding to and from the Punjab and Northern India generally. Perhaps it is that a change in the present undoubtedly costly system of moving our soldiers and their families has come to be considered from a financial or other point of view.

It would appear that the *idea* of having a distinct line of Indian troop vessels was adopted from the success with which similar ships belonging to the French navy conveyed troops to and from China during the expedition of 1860-1. Besides the military reasons, with which, in these pages, we have no concern, the introduction of a line of vessels somewhat after the model adopted by our allies, was advocated on medical grounds. It was thought that, instead of sending invalids in great numbers to hill stations, where comparatively few recovered sufficiently to be of any subsequent real use as soldiers, they would by these ships be speedily transported to their native climate, and so obtain an increased chance of recovering their health; at the same time that the service itself would benefit by the restoration of *old* soldiers to the ranks. This reasoning has been a good deal affected by changes of system introduced into the army since the Indian troop service was matured: nevertheless its soundness at the time is confirmed by statistics then adduced. As illustrations of what actually happened per thousand invalids sent to the hills in those days, the stations of that nature in the Bengal Presidency were taken with the results that at Darjeeling 50·63 died, and 139·24 had subsequently to be sent to England; Nynee Tal, 21·73 and 118·47; Landour, 147·05 and 147·05; Kussowlie, 35·14 and 55·08; and Murree, 29·26 and 229·26 respectively. The recommendation was therefore natural that such stations should rather be utilised by sending to them young and newly arrived soldiers of whose health the cool climate of such elevated regions might be expected to be preservative, the sickly and weakly being shipped for home as freely as circumstances would permit, the railways and tramways, such as they then were in India, being used as means of speedy transit to ports of embarkation. With the near prospect in view of the Suez Canal being completed, the relative advantages to health of the "overland" route, and that round the Cape was considered in their medical bearings, the result being that taking a crowded ship by either route, the advantage seemed to rest on the side of a speedy return to England, rather than with all the advantages of a long sea voyage, *plus* its monotony and chances of severe weather, and its attendant discomforts. Rightly or wrongly, it was at the time thought that with the increased comforts and other advantages to be obtained on board the proposed troop ships, and by the intended arrangements connected with them, no particular harm need be looked for from transit through the Red Sea and arrival in England, irrespective of season. Suffice it to observe, however, that the views on these points now entertained differ materially from those of fifteen years ago; that in fact one of the greatest drawbacks against the system now in force is that of landing men, women, and children in the dead of winter in this country direct from the great heat of India, the condition of body often ill suited to withstand the effects of such sudden change—the clothing, more especially as regards soldiers' wives and children, by no means such as were required to protect the person from cold.

Certain forms of illness were specially named in medical reports on the contemplated new system as likely to be aggravated by the return of their subjects to England during the severity of the winter season, namely, chest affections, rheumatism, and constitutional syphilis. But then, it was argued, persons affected with either of these diseases seldom, if ever, again become efficient soldiers; hence probably their individual requirements in a purely professional, and from a "service," point of view, were not necessarily in accord. As, however, in the event of the changes being really contemplated in the method of sending troops to India and bringing them home again, it seems desirable in the interests of them and their families, that these and some other matters here touched upon, be taken into consideration by "the powers that be."

In so far as the troops themselves and their belongings were concerned, personal comfort was secured on board the magnificent contract ships by which, prior to 1867, troops were conveyed to and from India, to a degree beyond what from the nature of things is attainable on board the troop ships by which since that date this service has been

performed. No doubt also the competition between shipping interests resulted in our troops being transported at the smallest possible cost, except as regards the one item of "fittings," and these had to be put up in each successive vessel engaged, to be of no further use than the one voyage—outward or homeward, as the case might be. The circumstance, however, of England being dependent upon private enterprise for the conveyance of her troops to and from her greatest dependency, was looked upon as no longer advisable, and no doubt the occurrences of the Indian Mutiny in 1857 hastened this decision. The fact of numbers of disused, but seaworthy and good ships lying useless in our dockyards, and of naval officers on half-pay being anxious for employment, further indicated the readiness with which ships could be fitted out in every respect for the transport of troops; but the idea never entered the minds of the chief advocates of this plan that the vessels in question were to be on the establishment as regular men-of-war, or, indeed, anything else than what was indicated by their very purpose, namely, that they should be *floating barracks and hospitals;* nothing more, and nothing less.

Notes on Current Topics.

The Convalescent Home for Dublin.

THE small-pox epidemic in Dublin which now, happily, shows signs of dying out, has brought again to the front the effort to establish a convalescent home for the city which, a couple of years since, was ineffectually made. At that time a sum of money was subscribed by the public which now lies at interest, but the amount was utterly inadequate to provide, much less to endow, such an institution, and the Dublin Corporation did not see their way to undertake the responsibility of the establishment. In July last the Organising Committee adopted and forwarded to the Public Health Committee of the Corporation resolutions which asked the civic body what annual sum they would contribute, or whether they would consent to pay a capitation for each patient admitted from the city to the home.

In reply the Public Health Committee adopted the following curious resolutions—

"1. That any Convalescent Home for the reception of patients recovering from infectious diseases should be attached to Cork-street Hospital, and constitute a department of that institution. 2. That the amount already contributed towards the erection of a Convalescent Home should be handed over for that purpose by the Mansion House Committee to the governors of Cork-street Hospital. 3. That when such Convalescent Home shall have been provided, the Council be recommended to contribute towards its maintenance, by way of a liberal capitation grant for the support of such patients as may have been admitted to the fever hospital from the city; the support of patients admitted to it from the suburban districts being necessarily defrayed by their respective local authorities."

The *prima facie* sense of the resolutions is, that the Public Health Committee will recommend the Council to pay for the city convalescents on condition

a. That the citizens provide the establishment without any help whatever from the civic sanitary authority;

b. That the money already subscribed be handed over to the managers of a single fever hospital;

c. That the Home in which the patients are to convalesce shall be "attached" to the Fever Hospital which is at the moment reeking with epidemic infectious disease.

The Public Health Committee does not say whether or not "attached" means "adjacent," and we can hardly believe that it is seriously proposed to build a convalescent (!) Home within the precincts of a city fever hospital. But, in any case, the reception of the proposal by the Public Health Committee is decidedly not encouraging to those who are striving to do the work which the Committee itself ought to have done long ago.

Unwise Lingering.

THE manner in which our legislators are lingering over the patchwork proceedings to which the failing energies of fagged-out members are at present being devoted, is a melancholy exhibition of that unwise spirit characteristic of the multitudes who, through ignorance or carelessness, neglect the dictates of nature. If they have worked honestly and well, the members of the two houses of Parliament have earned and require a holiday from labour. But the past week will probably have contained incidents enough to prove that earnest or good performances are a long way from the minds of those who constitute, at least, one assembly of the body politic. From the point of view, either of expediency or of health, there was nothing but miserable show of obstinate perversion contained in the prolonged sitting of Thursday and Friday. If the House of Commons desires to effect anything that will be of advantage to the country, ere its sittings are adjourned, it will best achieve its purpose by exercising a wise discretion in the choice of its business hours. Sleepy legislators, and yawning partisans, are little likely to aid on any measure of advantage, or to be in a position to submit the propositions laid before them to a critical analysis that can be possible only to calm judgments and well-rested minds. The commendable course is for the House to dismiss its present purpose, and seek immediately the change and repose it so urgently requires, by adjourning at once to sea and moor.

Worked to Death.

A CURIOUS case of death through overwork was investigated at the Coroner's Court in Sheffield last week. An iron worker suddenly fell down dead after labouring continually from Thursday morning until Friday afternoon, the sustained effort having been made at the demand of the master, who desired to complete an order with all despatch. The verdict returned by the jury at the inquest recorded death from exhaustion, caused by overwork, but there is no evidence to show the condition of the heart or other organs. The case would be one of great interest to have in detailed account, but nothing can detract from the serious nature of such slave-driving as this unfortunate man has been subjected to. There is reason to fear that Sheffield is not the only scene of such accidents.

Inquest Episodes in Belfast.

THE Belfast Borough Coroner who, it may be necessary to premise, is a medical man, has been distinguishing himself, and, if we may accept the reports of his proceedings in the Belfast papers as correct, has been contributing a considerable quota to the contempt in which coroner's courts are usually held. We find it narrated in the *Belfast Morning News* of August 14, that a boy was kicked on the leg by a man, fell ill, and died, and the medical man deposed that death was caused by inflammation of the periosteum. The lad was kicked on the 31st of July and died on the 12th of August. He was professionally attended by Dr. Graham, Dr. Browne being finally called in for consultation. The verdict of the jury was of the usual comical character, namely, that the deceased came to his death by injuries. The Coroner directed that Dr. Browne should be summoned to give evidence, and not Dr. Graham. Dr. Browne attended, informed the Coroner that the case was not his, but Dr. Graham's, and declined to interfere. Then, and then only, the Coroner sent a summons to Dr. Graham, who informed the messenger that if he had been summoned in regular course he could have attended, but that he could not do so then, having an engagement for seven o'clock. The messenger duly informed the Coroner, who told the constable to take a fellow-constable with him, and bring Dr. Graham to the court. The constable very prudently asked for written authority for so high-handed a step, and the Coroner was about to make out a warrant when it was announced that Dr. Graham was at hand.

The Coroner—You are here now, and had better remain. Dr. Graham—You can issue your warrant. The Coroner—And I'll do it. Dr. Graham—I will abide the consequences. The Coroner—Well, we will take your evidence very shortly. Dr. Graham—It is now ten minutes to seven, and if you say I will not be kept more than ten minutes I will stop. The Coroner said he could make no such promise. Dr. Graham—It is all your own fault. The Coroner said he must stop. He had been duly summoned. Dr. Graham (emphatically)—It is disgraceful. The Coroner—Put that man under arrest, and retain him under arrest. Constable Welsh then took Dr. Graham into custody. Dr. Graham—Now, have I been fairly treated in this matter? The Coroner—Dr. Graham, I want no altercation. You are to give your evidence. You are now in custody, and will be until I give an order for your release. Dr. Graham—I really have an engagement at seven o'clock that I must attend to. The Coroner—I am not disputing that, but this is your first engagement. Dr. Graham—Am I under arrest. The Coroner—You are. Constable, will you come here and give the doctor the book. Constable Welsh having hand the book to Dr. Graham, the Coroner said—You are going to be sworn as a witness, and your position is now that of a witness. Dr. Graham—Am I under arrest? The Coroner—You are not at present, if you please, to take the book. Dr. Graham—I am under arrest? The Coroner—Take the book. Dr. Graham—I am under arrest now. Don't you say I am in custody? The Coroner—Take you that book. Dr. Graham (with emphasis)—Am I under arrest? The Coroner—Come forward and take the book.

The *Belfast Morning News* asks what the medical profession will think of this, and we feel it necessary to say that the transaction was most unseemly, and, in all its aspects, discreditable to the Coroner. That officer is empowered by the Act to summon any duly qualified practitioner "in actual practice at or near the place," and he, therefore, did not act illegally in calling for Dr. Browne, though he plainly infringed the spirit of the law, which is, that the medical man who had best knowledge of the cause of death should be called as a witness. Then again, the Coroner has a right to summons his witnesses for any time and place he pleases, but he is both legally and morally bound to name such time and place as the witnesses may reasonably attend, and, by giving Dr. Graham an hour's notice, he did not fulfil this obligation. Lastly, the scene above reported displayed ill-temper, which was to be regretted in each case, but was altogether indefensible in the judge of the Court. We doubt that the Coroner had any power to arrest Dr. Graham under the circumstances reported, and we do not believe that he has any right to compel witness to swear by such means. So much for our legal view of the Coroner's conduct. From a professional point of view, the squabble in open court was, we think, very discreditable, and we hope that the Coroner will benefit by the publicity which he has achieved, and learn in future to treat his medical witnesses as gentlemen should be treated by a gentleman.

Association Meetings.

Two important associations will hold their annual meetings within the next few weeks, both at Edinburgh, and both in a sense associated with medical science. The Library Association of the United Kingdom is a useful society which unobtrusively, but certainly, is doing valuable work in the way of library classification and improvement, and its influence is being felt even by those in charge of medical libraries. Though but four years old, it has accomplished much useful work, and we learn that it is in contemplation to invite aid in a special attempt to associate within one descriptive guide an account of all the important libraries of medical and allied societies in the Kingdom. This would be of inestimable service to the great multitude of hard-worked professional men who devote their attention to extending the literature of their calling, and deserves the warm support of everyone interested in the profession. The other body is the Social Science Association, the President for 1880 being Lord Reay. Dr. John Beddoe, F.R.S., will preside over the "Health" section, and there is good reason to anticipate that the Edinburgh meeting will be in no wise less interesting or less fruitful than that held at Manchester in 1879.

Butterine.

THE Corporation of Dublin recovered penalties last week from a number of provision dealers for selling butterine as butter. They were fined £2 each, and were informed that repetitions of the offence would make them liable to a fine of £20.

We believe that the sale of butterine, under the name of butter, in the United Kingdom is simply enormous. Travelling in Holland recently we saw two large manufactories of it, and the steamer which conveyed us to English shores brought an exceptionally small consignment of 800 barrels of the stuff. We should, indeed, be well pleased to see it largely introduced into consumption as a cheap and good element in the people's food, but we are equally glad to see that the Dublin Corporation is engaged in the prosecution of rogues who palm it off on the public as butter.

Iodoform in Chronic Otorrhœa.

AMERICAN physicians have advised the use of iodoform in otorrhœa (*La France Médicale*). Czarda has tried it with success in the otiatric clinic of Professor Zanfal, of Prague, and given his results in the *Weiner Mediz. Presse*. He has used it in twenty-one patients of ages varying from four to thirty-three years. Most of them had suffered for months—some for years. The otorrhœa was consecutive to scarlatina, measles, typhus, &c. In most of the cases the membrana tympani was more or less completely destroyed; in the others it was perforated. The mucous membrane of the aerial passages was swollen and red. The secretion was very abundant in many cases; in five of eighteen patients both ears were affected. In eight cases instillations of a solution of nitrate of silver had been used for months; in two patients recourse had been had to powdered alum.

The iodoform is used thus:—After the ears have been thoroughly cleansed, a quantity of powdered iodoform, at first moderate, is blown in; later, when the suppuration has diminished and there is marked amelioration, there is introduced into the tympanum cavity a plug of cotton wool imbued with iodoform.

The insufflated powder or the plug of cotton wool is left in its place for three or four days; each time it is renewed the ear is carefully cleansed. The suppuration diminishes rapidly from the first application of the remedy. The pus has no fetid odour, even after a prolonged presence of the iodoformed plug. Cure generally takes place in from one to four weeks. The mucous membrane of the auditory passages gradually resumes its normal character.

The iodoform acts as a disinfectant, a resolvent, and a protective. It has besides the advantage of not forming with the pus fetid concretions, as is the case with alum. The odour of iodoform is easily covered by the addition of camphor, ethereal oil of bitter almonds, tannin, or a few drops of essence of peppermint or of fennel.

The Constant Current in Intestinal Occlusion.

DR. BOUDET reports two successful cases in the *Progrès Médical*. The first patient was suddenly attacked with strangulation of the small intestine from peritoneal bands or adhesions, shortly after recovery from an acute peritonitis; the recent date of the latter prohibited any attempt at surgical interference. In the second case there was such obstinate obstruction with intestinal paralysis from fæcal accumulation in the cæcum and sigmoid flexure, that all ordinary treatment failing operative measures were contemplated. In both cases the constant current from a Gaiffe's peroxide of manganese battery of 6 increased to 10 or 14 cells was used, the poles being applied either abdominally, or recto-abdominally (the negative attached to a female catheter in the rectum, and three rheophores from the positive pole on the abdomen). The applications, 10 in the first and 8 in the second case, varied in duration from half-an-hour to an hour or an hour and a-half each, but were not made continuously, Contact was established about every half minute and over, during a second—each closure of the current produced a violent intestinal contraction, and the sound placed in the rectum showed well these contractions by its in and out movements—several times the induced, instead of the constant, current was tried, but it provoked intolerable pain and seemed to act only on the muscles of the parieties. It caused no intestinal contractions or rumblings, or movements of the rectal sound. He uses the induced current only for exciting the muscles of the abdominal walls whose contractions are often very valuable in aiding those of the intestine. With proper precautions there need be no risk of eschars from the constant current. A hollow rectal sound is advisable in order to allow fluid and gaseous matters to escape through it. It is necessary to repeat the application much oftener than is indicated in special treatises, and to prolong them according to the state of the intestine. In one case there was sudden strangulation by peritoneal bands or adhesions, the intestine preserving all its contractility, strong excitations augmented its contractions and detached it from its adhesions. In the other case the electrical current gradually restored to the intestine its energy, and after each application it emptied itself partially of its contents, but four days elapsed before obtaining a complete result.

Lunacy in Ireland.

LOOKING to the conditions of lunacy in Ireland in a comparative point of view, the inspectors of Irish asylums remark that, as regards the years 1878 and 1879, very little difference is noticeable.

On the 1st January, 1879, there was, as already enumerated, a total of 8,407 patients in district asylums. During the year 2,392 were admitted between both sexes, of whom 1,955 were cases of first attack, and 438 relapses—the comparatively large number of the latter indicating a marked difference between the liability of a recurrence of diseases in mental and physical affections. As regards the aggregate of 10,800, 1,004 were sent out recovered, being at the rate of 42 on admissions, and not quite 10 on the whole number under treatment.

The deaths, of which two were accidental, and one from suicide, amounted to 949, constituting a percentage of mortality of $8\frac{3}{4}$ on the entire number in asylums, or nearly one more than in 1878—an excess which can be very fairly accounted for by the unprecedented harshness of the season, and with it the prevalence of bronchial diseases. Hitherto deaths in Irish asylums have been, as a rule, below par.

To get Leeches to Fasten.

ALMOST every physician has at times experienced the difficulty of getting these animals to bite. The following plan is commended, and will be found effectual in all cases when the leeches are healthy. Put the animals in a small glass vessel half filled with water. The part of the body which is to receive them is carefully washed with warm water, and the glass is quickly inverted upon the skin. The leeches attach themselves with surprising rapidity. When all the animals have bitten, the glass is carefully removed, the water escaping being absorbed by a sponge. If a single leech is to be applied, the same plan is adopted, using a test-tube in place of a glass; by this means the animal may be compelled to bite at just the point desired.

Anti-Vaccinators' Penalties.

A RETURN has been presented to the House of Commons, showing that up to March last 3,888 persons in England had been fined, and 87 imprisoned for non-compliance with the requirements of the Vaccination Acts. Of the latter 73 were sentenced to periods exceeding a fortnight, but less than a month. In three cases only has the same person been imprisoned twice, and no one person more than twice. In numerous cases, however, fines have been repeatedly imposed on the same person; one in Lancashire has been fined twenty-one times, the total amount paid having been £25 17s.; and one offender in Berkshire has appeared before the court twenty-five times, but in this case the accumulated penalties have reached only the sum of £17 9s. 6d. In some few instances the proceedings have proved abortive, but these are quite exceptional.

New Aids to Hearing.

AT a recent meeting of the Paris Academy of Medicine M. Hardy showed, for Dr. Mathieu, of Estissac, a number of small instruments intended to collect the sound waves and transmit them to the ears of deaf people through the medium of the teeth and the bones of the cranium. The apparatus consisted of pieces of pasteboard folded in the shape of cigars or flowers, which the deaf person holds between his teeth when being spoken to.

These instruments are only useful in cases of complete deafness, due either to obliteration of the external auditory meatus, or to an affection of the middle ear, with preservation of the sensibility of the auditory nerve.

A precisely similar conclusion with regard to the limits of use of the audiphone, was the result of a discussion on the instrument in the sub-section of Otology at the recent meeting of the British Medical Association at Cambridge.

The British Soldier.

OUR contemporary, the *United Service Gazette* lately commented on the evils of the system now in force of training an army of boy soldiers, and remarked that in a mere money sense the loss to the country caused by desertion and enlisting weakly lads is enormous. It is true, perhaps, that just at present an improvement has taken place in the physique of the recruits; but so long as the conditions of service remain what they are we do not expect any such improvement to be more than very temporary indeed. We are somewhat anxious to learn what has been the actual state as regards military efficiency of the young soldiers now in Afghanistan. There is, however, no proper means of making a trustworthy comparison on this point, for the simple reason that there are no *old* soldiers to compare them with; but on all previous occasions—more especially throughout the campaign of the Mutiny—it was proved that whereas old soldiers of fourteen and even seventeen years' continuous service in the plains were able day after day to execute long marches, often meeting and beating the rebels on the way, or at the end of the march, the *young* lads, then newly out from England, unable to undergo such exertions, and to withstand such fatigues, had to *be carried*, thus, instead of adding to the effective *force*, becoming so many incumbrances.

The Health-Rate of Dublin.

THE mortality for the week ending Saturday, August 21st, in twenty large English towns, including London (in which the rate was 21·3) was equal to an average annual death-rate of 24·3 per 1,000 persons living; in Glasgow the rate was 19·5; and in Edinburgh, 17·0.

The average in the sixteen principal town districts of Ireland was 27·9, the respective rates for the several districts being as follow, ranging in order from the lowest to the highest:—Drogheda, 5·2; Lurgan, 6·7; Newry, 12·5; Sligo, 15; Cork, 16·4; Londonderry, 20·2; Galway, 21·1; Limerick, 21·2; Dundalk, 25·6; Belfast, 26.8; Kilkenny, 27·0; Wexford, 27·5; Waterford, 30·6; Queenstown, 36·1; Dublin, 37·3; and Clonmel, 40·6.

In the Dublin district the deaths represent an annual rate of mortality of 37·7. Fifty-one per cent. of the deaths were of children under five years of age, 72 being of infants under one year old. There were 71 deaths from zymotic diseases registered, being 7 more than in the preceding week, and 38 over the average for the 33rd week of the last ten years: they comprise 5 from small-pox, 3 from measles, 15 from scarlatina, 3 from croup, 3 from whooping-cough, 5 from fever (2 typhus and 3 typhoid or enteric fever), 1 from erysipelas, 25 from diarrhœa, 3 from simple cholera, &c. Fifty-four of the 71 deaths in this class occurred amongst children under ten years of age. The registered deaths (5) from small-pox are one over the number for the preceding week, but are less than in any other week since that ending 1st May last. There were only 5 new cases of the disease admitted into the Dublin hospitals during the week; 23 patients were discharged; 3 died; and 48 remained under treatment on Saturday last, being 21 under the number in hospital at the close of the previous week. Deaths from diarrhœa, which rose from 9 in the week ending 7th inst. to 23 in the following week, further rose to 25 last week. All of these 25 deaths were amongst children under five years of age.

The Medical Officers' (England) Superannuation Act.

A PARLIAMENTARY return has been issued showing the number of applications made under the Medical Officers' Superannuation Act (England) to boards of guardians for superannuation allowances. From this return it would appear that since the passing of the Act in 1870, out of 649 unions in England and Wales, applications for allowances have been received from medical officers by the guardians of 108 unions. In these unions 122 applications were made, 70 were granted, 50 were refused, and two had not been decided upon at the date of the return. Among the reasons for refusals of applications, we find the following: "the guardians were of opinion that the officer after seventeen years' service, had been sufficiently paid for what work he had done;" in two instances, after forty-one and forty-two years' service respectively, "the officer was comfortably off;" in one instance, after forty-two years' service, the guardians had an "objection to the entire system of superannuation;" in another instance, after twenty-two years' service, because the officer "was not incapacitated by age or infirmity; he left the union for his own advantage." In several instances superannua-

tion allowances were not granted because the guardians held that the officer had sufficient means from other sources, either as private means or as derived from private practice.

Social Condition of Lunatics in Ireland.

Of the 8,490 persons resident in Irish district asylums at the beginning of this year, the probably incurable stood as nearly as possible to the curable as three and a-half to one—a proportion more favourable to recovery than generally obtains; but the subject is involved everywhere in a certain obscurity. The inspectors, however, in their late report say, that it would be quite fallacious to regard the mental contingencies of the insane in respect to their recovery as the grounds on which to establish distinctions in their management or allocation; the most hopeless as to intellectual manifestations, and the most tranquil apparently in conduct for indefinite periods, needing quite as much care and judicious treatment for their own safety and that of others, as the worst or wildest in demeanour.

Investigating the antecedents of the above aggregate, 3,697 belong to the farming and labouring classes—2,594 men, 1,103 women; next in number come domestic servants, no less than 906, of whom the remarkable excess 839, is constituted of females, against 67 males. It is difficult to discover a reason for this disproportion, unless it is to be found in the disappointments, hardships, and isolation of women when removed from their families and friends without protection, and then perhaps having recourse to dissipation.

Seamstresses, too, as a class, would seem to be largely affected by mental diseases, and, relatively speaking, tradesmen working within doors and at sedentary occupations, more than those employed in the open air. Discharged soldiers and policemen number 266, which appears a percentage disproportionate to the respective forces in this country.

Railway Mortality.

From the annual report on the accidents upon the railways of the United Kingdom for the year 1879, recently presented to the Board of Trade, it appears that the total number of persons killed during the past year was 1,032, and the number of injured, 3,513. Of these, 160 persons killed and 1,307 persons injured were passengers. Of the remainder 452 killed and 1,951 injured were servants of the companies or of the contractors; and 420 killed and 255 injured were trespassers and suicides, &c. The proportion of passengers killed and injured from causes beyond their own control, was, in 1879, one in 7,503,000 killed, and one in 934,700 injured; but if the Tay Bridge disaster were excluded from the computation, the proportion killed would only be one in 281,366,500, or less than in any year on record. The report considers the year satisfactory on the whole, but concludes with a hope that the complete adoption of the block and interlocking systems, of continuous foot-boards, with proper platforms, and especially of improved brake-power, will no longer be delayed.

Observation Wards in General Hospitals.

At an adjourned meeting of the Corporation of Dublin, held on August 23, the Town Clerk read a letter from the Public Health Committee, representing that the Council would, in pursuance of a recommendation contained in the report of the Royal Commissioners on the sewerage and drainage of the city, invite the several hospitals of the city to establish "observation" wards, and to inform the Council of their intentions in the matter before the next grants to the hospitals were considered. The intention is that means should be provided by which a patient suspected of infectious disease might remain under surveillance until all doubt respecting the nature of the disease was set at rest.

Psychologists Beware!

The *Union Medicale* reports that Dr. Legrand du Saull, one of the celebrated alienist physicians of Paris, was recently prosecuted for defamation, he having related, at a meeting of the Société Médico-Psychologique, the case of a person who, according to his view, was insane—his account of the case appearing in the journal of the Society. When this person was liberated from the asylum in which he had been detained, he immediately brought an action against the narrator of his case. Dr. Legrand made no reply to this strange accusation, but the tribunal in its judgment, exonerated him from all penalty, inasmuch as the report of a learned society—published without any intention to do harm, and purely with a scientific object—does not fall within the application of the law.

The Social Science Association.

Arrangements are in progress for holding the approaching congress of this association in Edinburgh. As has already been announced, Lord Reay, D.C.L., is to be the president. The names of the presidents of the departments of Jurisprudence and Art have not yet been intimated. The Right Hon. Sir Walter Crofton, C.B., is to be the chairman of the "Repression of Crime" section; while the "Education" department is to be presided over by Lord Balfour of Burleigh; the "Health" department by John Beddoe, M.D., F.R.S.; and the "Economy and Trade" department by Sir U Kay-Shuttleworth.

Treatment of Diphtheria.

M. Crequy (*La France Médicale*) commences his treatment of diphtheria by removing the false membrane with a forceps; he endeavours by a twisting motion to remove the membrane, without breaking it, in as large a piece as possible; he then with a sponge dabs the denuded mucous surface with a solution of tannin. He never hesitates to adopt this method in all cases.

The "Prelim" at the London College of Surgeons.

Upwards of 500 candidates have entered their names for the forthcoming preliminary examination in arts, &c., for the diploma of Member or Fellow of the Royal College of Surgeons of England, being the largest number on record.

The Dangers of Chloroform.

Two deaths following the administration of chloroform for medical purposes have recently occurred; one, that of a lady at Liverpool, took place in the surgery of a dentist, the deceased being described by her regular medical attendant as of "sound constitution." No blame can possibly be attached to anyone, but the accident serves to point to the necessity for abandoning chloroform in favour of some anæsthetic not so often attended with fatalities. Especially is this the case since the lay papers seem to take fright at the very name, chloroform, and spread the terror of it among the public. Only this can explain the nonsensical statements made in connection with an event like that under notice. One paper, a very respectable one, prints that "the inference was that the influence of the drug had stopped the heart!" In the second case a patient died in the London Hospital, but details are at present withheld from the press for some reasons not yet apparent.

Scavenging in Dublin.

The Dublin Corporation had last week under consideration a Report of the Committee appointed in February last to deal with the question of public and domestic scavenging. The Committee have recommended that the Corporation should take entire charge of the scavenging, and have the same carried out by their own staff under a competent manager. The expense of the department is estimated at £28,700 per annum, or a trifle over one shilling in the pound on the city rates. The report has been adjourned for a future meeting of the Council.

Ether Hypodermically in Sciatica.

Dr. Comegys recommends, in the *Union Médicale*, the hypodermic injection of sulphuric ether for the treatment of sciatica. He cites two cases, one in detail, which he cured by this plan. Three drops of ether are injected, at intervals of twelve hours. The injection need not be a deep one, and it does not bring on any consecutive unpleasant effects. Dr. Comegys is inclined to think that the same injection might be successful in the case of tic douloureux, for which Dr. Marino recommends hypodermic injection of ergotine.

A Nurse Charged with Assault.

A nurse named Winter has been charged before the Margate magistrates with ill-treating a lady under her care, the patient being of unsound mind. The details of the case are scarcely calculated for reporting, their interest centreing in the fact that the invalid is related to a member of the judicial bench. The matter ended in a discharge by the magistrates, but will form subject of inquiry to the lunacy commissioners.

The end of "Dr." Buchanan.

At Philadelphia the grand jury last week indicted Dr. Buchanan for selling bogus diplomas. The doctor, who was out on bail, would have been arraigned for trial on the 17th, but the previous night he jumped from the ferry-boat on the Delaware river, and was supposed to have committed suicide; but as the body has not been found the police think he may have escaped.

In the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 21, Bombay 27, Madras 28; Paris 26; Geneva 13; Amsterdam 22, Rotterdam 24, The Hague 23; Copenhagen 26; Stockholm 26; St. Petersburgh 41; Berlin 38, Hamburg 28, Dresden 30, Breslau 38, Munich 31; Vienna 22, Buda-Pesth 42; Rome 32, Turin 32; Alexandria 44; New York 30, Brooklyn 23, Philadelphia 22, and Baltimore 20 per 1,000 of the population.

We observe with satisfaction that Mr. Joshua Jacob, a Limerick quaker shopkeeper, who has been for the last year or two trying to achieve martyrdom by refusing to have his children vaccinated, has betaken himself, his ignorant prejudices, and his bad example, out of the country, *oh si sic omnes!* If he would only establish an anti-vaccine new Jerusalem, where he is gone to, and take into his community the mischievous and illiterate fanatics, whe are disturbing the peace of our country by their resistance to vaccination, what a benefactor to his species, at home, the poor silly man would be.

The following are the questions proposed for the Boylston Prize Essay for 1881: 1. The Effects of Drugs, during Lactation, on either Nurse or Nurseling; 2. Injuries to the Back, without apparent mechanical lesion, in their surgical and medico-legal aspects. The author of a dissertation considered worthy of a prize on either of the subjects proposed for 1881 will be entitled to a premium of three hundred dollars. The questions proposed for 1882 are: 1. Sewer-Gas (the gas found in sewers); What are its Physiological Effects on Animals and Plants? an Experimental Inquiry. The author of a dissertation on the above subject considered worthy of a prize will be entitled to a premium of three hundred dollars. 2. The Therapeutic Value of Food administered against or beyond the Patient's Appetite and Inclination. The author of a dissertation on the above subject considered worthy of a prize will be entitled to a premium of two hundred dollars.

Literature.

RECENT WORKS ON MINOR SURGERY. (a)

It is difficult to understand how the medical student of two or three generations back managed to acquaint himself with the details so admirably furnished now-a-days in the numerous little handbooks on minor surgery. It is true that many, nay, the majority of those who acquired their knowledge thirty or forty years ago, may have failed to do more than grasp the merest outlines of their duties during their student career; it must have been so; but this, as being sheer practical experience, served them as an admirable basis for future work in the same direction, so that it

(a) 1. "Practical Surgery." By J. Ewing Mears, M.D. Philadelphia: Lindsay & Blakiston. 1878.
2. "Manual of Surgical Operation." By Joseph Bell, F.R.C.S. Edin. Fourth Edition: Edinburgh: Machlachlan & Stewart. London: Simpkin & Co. 1879.
3. "Minor Surgery and Bandaging." By Christopher Heath, F.R.C.S. Sixth Edition. London: J. & A. Churchill. 1880.
4. "The Essentials of Bandaging." By Berkeley Hill, M.B. Lond., F.R.C.S. London: Smith, Elder, & Co. 1880.
5. "Surgical Emergencies." By William Paul Swain, F.R.C.S. Third Edition. London: J. & A. Churchill. 1880.

might almost be doubted whether the student of this age is actually in a better position to learn because of the many aids ready to his hand. Be this as it may, however, it is difficult to say anything, except in the way of praise, of the five little manuals we have under review.

Dr. Mears' work on "Practical Surgery" can hardly be deemed a hand-book on "minor" surgery, seeing that he gives directions for amputations at the joints, the thigh, and arm. The directions, however, are clear and terse; the chapter on "bandaging" is excellently written, and illustrated in a way to be serviceable as a guide in performing the various operations described. The figures throughout are well executed, and the work, taken altogether, is a judiciously-prepared, neatly-presented manual.

Mr. Joseph Bell's "Manual of Surgical Operations" has obtained a hold on the affections of students but little inferior to that possessed by Mr. Heath's Guide. The four figures showing the position of the incisions made in various ligatures and amputations, have done much to assist vast numbers of students in remembering the somewhat confusing list of operations of this kind. Like all the figures in the work, they are boldly and clearly drawn, and nothing more is introduced than is absolutely necessary to an accurate comprehension of the text. The work is so well and favourably known that it is not requisite to say anything, except that this edition maintains the excellence of previous ones, the author having made a rigid supervision in order to keep it abreast of modern progress in surgery.

Mr. Heath's "Minor Surgery and Bandaging" almost deserves the title of the house-surgeon's bible, so inseparable a companion is it with him. This sixth edition of the work is essentially a reprint of the fifth, the only alterations made being such as were rendered necessary by recent advances. A few new wood-cuts have been added to render the text more easily understood in certain places, but the style and character of the work remain unchanged.

"The Essentials of Bandaging" is likewise a very favourite book with students, and deservedly so. As a guide to the duties that come within the sphere of the house-surgeon and dresser it is most valuable; and in its directions for performing a number of small, but delicate operations, such as douching, syringing, dressing, plugging the nares, extraction of teeth, &c., &c., it affords information in a way that never fails to interest the reader and give him an accurate knowledge of the details to be observed.

By-the-way, Mr. Hill says (page 207), "the pulse gives the earliest indication of syncope." This may well be doubted, and more implicit reliance placed on the evidence afforded by the respiration. The physiological effects of chloroform inhalation pursue a definite sequence, and the last of these is that with which the heart is concerned. Prior to its inhibition, respiration is seriously interfered with, and this, we take it, should be the point the chloroformist should direct his attention to. The pulse is almost useless as a guide to approaching syncope. It can only indicate existing collapse. As a manual of minor surgery Mr. Hill's "Essentials" ranks with the best works on the subject.

The "Surgical Emergencies" by Mr. Swain is exactly what its title expresses. It is the most valuable companion the general practitioner can possess to guide him in those sudden cases when he is at a moment called on to exert himself to save life or limb. Mr. Swain has made the wisest possible selection of instances; and in particular are the chapters on emergencies connected with parturition and poisoning, likely to serve the student in good stead. The final chapter on apparatus and dressings might, perhaps, more fully describe the extemporary arrangements that can be made with the aid of the commonest materials, and a little ingenuity. It is not well to trust too implicitly to common sense in these matters. As a plain and reliable guide to action in cases of emergency, however, this little book cannot be too highly esteemed.

PRACTICAL HINTS ON THE PRESERVATION OF THE TEETH. (a)

This is a pamphlet of a well-known type, consisting of eight or ten meagre pages of information of more than doubtful value, far from clearly expressed, and having the author's name and address appended. We notice it merely to remark that we imagined such publications were out of fashion with qualified dentists, and especially with members of the Association of Surgeons practising Dentistry—a society which was founded with the loudly-proclaimed purpose of promoting a rule of professional conduct superior to that acted upon by dentists of an inferior grade.

(a) "Practical Hints on the Preservation of the Teeth." By J. Stevenson, M.R.C.S., L.D.S. London: J. & A. Churchill.

THE ELEMENTS OF INDIAN HYGIENE. (a)

This little book, true to its title, contains such elements as may be useful to the young student of Indian hygiene. But why does its author conceal his *rank* in the service to which he belongs? Is it not the case that medical officers are said to be very touchy on the subject of rank? and yet on the title page of the work before this "guinea's stamp" is ignored altogether. The usual subjects of books on Hygiene are here shortly touched upon, more especially in their relation to the civil population. With regard to the sanitary conditions of towns and villages, the difficulty of effecting improvements in them is noticed, and various rules laid down with this object in view; unfortunately, however, as with ourselves in England, so in India, towns and villages grow up, and are growing up, in positions having regard more to trade, commerce, or other material advantages than to considerations of a purely hygienic nature; the ways of the natives of India also are not our ways, nor their sanitary standard our sanitary standard. But it is well to know that the subject of village sanitation has attracted the serious attention of the Government of India, and that officials are now engaged in establishing, as far as that is possible, a working system regarding it. At page 75, a very sad account is given of the condition in which the hill sanatorium, Wellington is said to be—an account, surely, taken from reports of old date—for as we write, that for 1878, by the Sanitary Commissioner of Madras, is before us. According to the account given at page 131 of the latter document, the drainage, water supply, and conservancy at the station named were all *good*.

ROCKY MOUNTAIN HEALTH RESORTS. (b)

Not long ago we heard much of inflammation as being the destructive agent in cases of pulmonary phthisis, and much stress was accordingly laid on rest and apyretic remedies as most important curative agents. That inflammation has some part in hastening on destruction of lung substance and in preventing the repair of tissue already diseased must be admitted, and the fact will serve to explain the very beneficial action exercised over cases of advanced phthisis, with congestion of lung around a cavity by very small doses of tartarated antimony.

To regard all cases of progressive phthisis as inflammatory in their nature is a retrogression and brings one to think of the old-fashioned treatment of the disease by the warm air of a cow-house and all manner of expectorant remedies. In contrast to these ideas the views and practice of Dr. Denison stand in bold and conspicuous contrast, and we would commend to the attention of a consumptive, who has had enough of rest and digitalis and quinine pills, chapter xvii., on Camping out at Colorado. Let the consumptive invalid "on his arrival at Colorado remain ten or fourteen days in one of the lower towns, Boulder, Denver, Pueblo, or Canon City, as the case may be, and from thence advance gradually by rail, horseback, or wagon, to higher levels, as the enfeebled lungs accustom themselves to the rarefied air." It seems that in the pre-railroad days, when all who crossed the plains were compelled to do so in a wagon, the degree of improvement was greater among the consumptive invalids than it is at present, because then they were obliged, even if they left home on a mattress, to live wholly in the open air, sleep under the stars, and often do their own cooking.

In this chapter on "Camping Out" are many very useful

(a) "The Elements of Indian Hygiene." By John Lucas, F.R.C.S, &c., Her Majesty's Indian Medical Service.

(b) "Rocky Mountain Health Resorts." An Analytical Study of High Altitudes in relation to the Arrest of Chronic Pulmonary Diseases. By Charles Denison, A.M., M.D., Reporter to the International Medical Congress, Philadelphia, 1876. Boston: Haughton, Osgood & Co. London: Trübner & Co. Pp. 192.

hints as to the routes and plan of provisioning, with its cost, that, for the invalid who goes to Colorado with *the determination to get well*, are of great practical utility. Colorado College stands, we may here remark, at an altitude of 6,000 feet.

The general effect of the respiration of air at various degrees of elevation has been duly considered by Dr. Denison.

We will refer first to a case of chronic bronchitis, which, when persistent, so often leads to actual lung disease. In 1876 a clergyman from Brooklyn came to Colorado with obstinate bronchitis and some blocking-up of the upper third of the right lung, commencing fibroid phthisis probably. He for a time found the high elevation try his breath severely, but after seven months of horse-back exercise over the mountains the rattling noises in his chest had disappeared, and the imperfectly used upper part of the right lung was rapidly being opened to complete and healthful respiration.

Space does not permit us to refer at any length to the analysis of the tables of cases of hæmorrhagic phthisis. The conclusion come to as the result of the examination of the statistics is thus given by the author: "Therefore *hæmorrhagic cases are to be preferred for the high altitude treatment next to the inflammatory group.*" P. 136.

Hæmorrhages from the lungs without cavity are rare in the high altitudes, but where there are cavities and also a liability to hæmorrhage, we gather that Denison considers he has a class of case which, according to table xiii, do not do well at a high elevation.

Throughout the whole volume abundant evidence comes forward of the immunity of inhabitants of elevated regions from pulmonary phthisis, and of the remarkably curative action of a dry rarefied air in promoting the cure of the disease. These therapeutic views adapt themselves reasonably to the more modern notions of phthisis being a disease of germinate and infective origin, and give an insight into the reason why medical treatment has as yet been so very unsuccessful. Dr. Denison's book is full of facts and observations, deals very little in theories, and is quite the work to be read by one practically concerned in the treatment of pulmonary consumption.

A HANDBOOK OF PHYSICAL DIAGNOSIS, COMPRISING THE THROAT, THORAX, AND ABDOMEN. (*a*)

ANY work which puts before us a more or less complete account of the signs upon which we rely for the diagnosis of disease is entitled to a high meed of praise. With the constant tendency which exists to indulge in quackery, cloaked as it is in most cases by a display of *quasi* scientific phraseology, great importance should be attached to an accurate analysis of the signs upon which the diagnosis of morbid states is based to enable us to obtain the key to a rational system of therapeutics. No doubt it saves a world of trouble to treat symptoms as they separately arise, and as each disappears in the natural evolution of diseased processes we can complacently take to ourselves the credit of effecting what was beyond our control, or flippantly talk of "curing" that which terminated in spite of our interference. It is, unfortunately, true that in many instances the nature of a case may be so obscure as to afford scarcely any grounds for positive diagnosis; still, if medicine is to be regarded as at all progressive, the number of such cases must steadily diminish, and it is to the investigator of the physical signs of disease, with the aid of the pathologist and morbid histologist, that we must look for this salutary advancement.

Dr. Guttman's work consists of five sections. The first deals with the general examination of the patient; the second with the organs of respiration; the third with the organs of circulation; the fourth with the examination of the abdominal organs, and the last with the examination of the larynx. It will be noticed that no reference is made to the nervous system, nor to the examination of the diseased conditions by means of the ophthalmoscope. In this respect the work is incomplete as a handbook of physical diagnosis, though as a concise epitome of the methods pursued in the clinical examination of the thoracic and abdominal organs in health and disease it is an accurate and valuable addition to the literature of medicine.

Throughout the work, however, in the different sections some errors of omission exist which one would not expect from so careful an author as Dr. Guttman. Thus in the description of the changes in the colour of the skin under different diseased conditions, no allusion is made to melanæmia, or to the "gipsy-colour" (Vagantenfärbung) which we have seen so often lead to a mistaken diagnosis of Addison's disease. In dealing with the signs of cardiac diseases the existence of double apex impulse in extreme eccentric hypertrophy of the left ventricle is a point which would seem to be worthy of notice, whilst such a full and succinct account is given of the circumstance under which the heart's impulse is absent.

Again, in the chapter on palpation in diseases of the peritoneum, no mention is made of the direct sense of fluctuation, an important evidence of the existence of fluid where the peripheric method is not practicable, as in case of great œdema of the abdominal wall. In cases, moreover, where the amount of fluid in the peritoneum is very small, peripheral fluctuation may be detected by getting the patient to rest upon his knees and elbows in bed, the fluid gravitates towards the region of the umbilicus, and its presence there can be determined. In referring to the existence of friction phenomena in the peritoneum reference might have been made to that granular condition of the omentum which under certain circumstances gives rise to a sense of friction appreciable to the touch. We had under observation some years ago a case of cancer of the head of the pancreas in which the sense of friction on palpation was so marked as to lead to the diagnosis of localised peritonitis, but the post-mortem examination revealed merely a granular condition of the great omentum, which moved freely over the tumour, and was entirely free from any traces of inflammation.

But notwithstanding these and a few other minor omissions we must give the author credit for producing a work which represents the progress of medicine, as far as it goes, up to the most recent date. The description of the methods available for the examination of morbid states of the lungs is full, concise, and accurate. The reader will be specially interested in the views put forward as to the causes of amphoric resonance and tympanicity. The quality of percussion notes as to pitch is referred to at considerable length, and probably it will have the effect of rendering the use of the somewhat obscure terms, dulness and resonance, less frequent than heretofore. In the section upon the examination of the organs of circulation, we would direct particular attention to the account given of venous and arterial pulses, and the cases of reduplication of the sounds of the heart. We quite concur in the view that in the great majority of cases, double first, or second sound, depends not on a synchronism in the systole of the two ventricles, or on the closure of the two sets of semi-lunar valves, but upon a non-synchronous tension of the individual segments of the valves. It is to be regretted that in dealing with the signs of mitral stenosis the author should retain the use of diastolic murmur, which though not incorrect, is not as distinctive as the term presystolic murmur introduced by Fauvel.

In conclusion, we may, without hesitation, commend Dr. Guttmann's handbook as a scientific exponent of the most recent views on physical diagnosis, and we can congratulate the Council of the New Sydenham Society for having translated a work which is highly creditable to the German School of Medicine.

(*a*) "A Handbook of Physical Diagnosis: Comprising the Throat, Thorax, and Abdomen." By Dr. Paul Guttman. Translated from the Third German Edition by Alex. Napier, M.D. London: The New Sydenham Society.

PHARMACOLOGY AND THERAPEUTICS. (*a*)

THERE is always something fascinating and suggestive about Dr. Lauder Brunton's writings. A master of the methods and aims of physiological investigation, he is peculiarly happy in the manner in which he brings his results before us, and leads us to look forward to what has to be done in the future. In the work before us, which consists of the Gulstonian Lectures for 1877, Dr. Brunton has endeavoured to show how the progress of therapeutics, in other words, the beneficial *practice* of medicine, is aided by an exact knowledge of the action of drugs, such knowledge being gained by experiment on animals and otherwise.

(*a*) "Pharmacology and Therapeutics; or, Medicine Past and Present." By T. Lauder Brunton, M.D., F.R.C.P., F.R.S., &c., &c. London: Macmillan and Co. 1880.

Commencing with an interesting sketch of the history of medicine in the past, and of the methods by which its study has been pursued, the author goes on to show how the results of experiments on the physiological action of drugs are brought to bear upon therapeutics. This is done by tracing the history and methods of pharmacology, that is, the study of the physiological action of drugs, and its application to clinical medicine through pathology. Had we space we should like to have referred at length to many points of great interest in this book, the perusal of which has afforded us great pleasure, and given us much food for thought. As it is, however, we can only recommend it to our readers. It shows us the great strides which medicine is making now that, as Dr. Brunton says, "the path she follows is the right one." There can be little doubt that it is by a proper application of our knowledge of the physiological action of drugs, that their true therapeutical value will be arrived at, and it is by the combined labours of such men as the author of this book that the practice of medicine will, in time, become an art of scientific certainty instead of a system of haphazard empiricism.

Correspondence.

ILKLEY WELLS AS A HEALTH RESORT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a holiday tour round Yorkshire I found myself last week in the neighbourhood of Ilkley Wells and Ben Rhydding, and as little seems to be known of these parts by the profession generally, my experience of a few days spent there may not prove uninteresting. Protests have been made from time to time that physicians are too much in the habit of sending patients abroad, regardless of the claims of our health resorts at home, and not infrequently forgetful of the trials and troubles to which invalids are subject before reaching the fashionable spots on the Continent. But then *it is fashionable*, and physicians are unfortunately not beyond the pale of its influence, arguing on the score of the patent medicine-vendor, that "it does not do to let people know too much." Few have the courage of Dr. Kent Spender, of Bath, to go and test these cure-all places in their own person, to write publicly the results of practical experience—*vide* his opinions of the Engadine—and advise patients to patronise the healthier resorts of the United Kingdom, rather than the depressing mist-producing valleys of Switzerland. But to my subject: Among the many noted "dales" of Yorkshire, the valley of the Wharfe stands pre-eminent for the beauty of its scenery, both in the wild grandeur of its upper course, and the extended and fertile vale into which it gradually expands. After passing under the lofty crags of Kilnsey, forcing its impetuous way through the rude and massive rocks which form the ineffectual barrier of Bolton Strid, and winding amidst the luxuriant woods and hills, where stand the ruins of the celebrated Bolton Abbey, the Wharfe at length reaches the picturesque village of Ilkley, the Olicana of the Romans. The southern side of the valley is here bounded by the lofty range of rocky hills called Rombalds, or Rumbles Moor, from which gushes in never failing force the spring of pure cold water for which Ilkley is famed. The valley of the Wharfe, now called Wharfedale, has been truly described as the most beautiful and healthy valley in England, overlooking which, 500 feet above the level of the sea, stand the two magnificent Hydropathic establishments of Ilkley Wells and Ben Rhydding. As, however, I cannot speak from personal experience of the latter establishment, having stayed at the former during my unofficial visit, I must confine my remarks to Ilkley Wells Sanatorium and its surroundings.

This Mansion, at present occupied by Dr. Joseph F. Leeson, is a large and most beautiful structure, in the Italian Palazzo style, replete with every convenience, and contains magnificent dining, drawing, recreation, billiard, and news-rooms, thirteen private sitting-rooms, with all the bed-rooms and offices requisite for such an establishment. The atmosphere during the few days of almost uninterrupted warm weather of my visit was dry and exhilirating, and the breeze which swept over the adjacent moorland sharpened the appetite amazingly. In the winter season the house, with its spacious corridors for promenade, is warmed throughout by means of Sylvester's Patent Warm-Air Apparatus, and as the soil is gravelly, and the air generally free of mists, winter residence here would be clearly indicated in many cases hitherto sent abroad.

During my visit, about one hundred persons sat at the public dinner table daily; the food was bountiful, of excellent quality, and the *cusine* all that could be desired. It is not strictly a hydropathic establishment, as Dr. Leeson is not the class of man to stick at a hard and fast line of treatment. There are others beside patients, who, like myself, take up a temporary residence, and are not under medical care. Liquids stronger than water may be indulged in moderately; the quietly disposed can obtain quietude, and those in search of recreation and amusement will find both in this expansive and well-ordered home. Dr. Leeson is courteous, appears to have the confidence of his patients, is ever on the alert in search of pleasant drives by day, and amusements at night for them, and possesses those essential characteristics for the head of a huge establishment of this kind, the *suaviter in modo* with the *fortiter in re*. It therefore gives me much pleasure to point out in the pages of this journal another health resort at home, whose claims on the profession will be firmly substantiated by a personal visit when in search of health, as was done by, Sir,

YOUR PERIPATETIC CORRESPONDENT.

BAILLIERE *v.* BEANEY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—With reference to a letter which has recently appeared in the *Medical Times and Gazette*, we wish it to be understood by the profession that none of the family of the late Mr. Baillière, of Regent Street, have had any interest in this business since we purchased it ten years since of the widow.

We are still the agents and correspondents of those high-class houses of Paris and Madrid bearing that name, but have no connection, business or otherwise, with Mr. F. Baillière, of Melbourne, plaintiff in the action of "Baillière *v.* Beaney."

We are, &c.,

ALBERT ALFRED TINDALL.
GEORGE COX.
(Baillière, Tindall, and Cox.)

20 King William Street, Strand, London.

LUNACY CERTIFICATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am a workhouse medical officer, and as such I had frequently signed the certificates of lunacy for cases of that disease arising among inmates previous to the Dangerous Lunatic's Amendment Act. Since then the magistrates say my certificate is not valid, and after I have gone to the trouble of obtaining and filling up the necessary forms, and a promise of admission for my patient to the lunatic asylum, I must hand him over to the dispensary doctor whom the magistrates call in to know if the patient is a dangerous lunatic. Of course the dispensary doctor gets his fee and the *éclat* which naturally attaches to his implied legal superiority. I am a member of the Irish Medical Association; I believe my present unenviable position is, in a great measure, the result of the neglect of that body. Perhaps you could answer these questions:—

1. Is my certificate of lunacy in the case of a pauper inmate valid, and should the magistrates act on it!

2. Is my certificate of lunacy in the case of a private patient of small means whom his friends want to get admitted as a non-paying patient to the district asylum, valid?

Until the passing of the late Act I had no doubt on these heads, but since then I, in common with other non-dispensary doctors, have been placed in a curious position.

Yours, &c.,

M.D.

[By the 10th section of the Dangerous Lunatics Act (30 & 31 Vic., cap. 118, "Irish Medical Directory," page 497) it is declared that the magistrate before whom the lunatic is brought shall call to his assistance the dispensary medical officer, and upon his certificate alone can the said lunatic be committed. This law applies only to the case of *dangerous* lunatics. Any medical practitioner may examine and certify a harmless lunatic, but if he expects to be paid he must make his bargain with the lunatic's friends, for there is in Ireland no law either to oblige a Poor-law medical officer to certify or to secure pay-

ment of a fee for doing so. We are not sure that the L. G. B. auditor could sanction such a fee paid to a workhouse medical officer for certifying a workhouse patient. Our correspondent's certificate is perfectly valid in every case, save that of a lunatic apprehended by the police "under circumstances denoting a derangement of mind and a purpose of committing some crime for which such person would be liable to be indicted." Probably our correspondent would have refrained from his unworthy and unjust shot at the Irish Medical Association, if he had known that in the original Act the duty of certifying a dangerous lunatic was imposed on the dispensary doctor "without fee or reward," and that it was solely by the influence of the Association that the 14th clause of the Amendment Act was inserted which gives a fee for such work.—Ed. M. P. & C.]

HYPODERMIC INJECTION OF PILOCARPINE FOR ASTHMA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Having seen in the *British Medical Journal* of the 7th August a communication from one of its correspondents in which the hypodermic injection of pilocarpine in asthma is favourably spoken of, and, unfortunately, being for many years a sufferer from that distressing affection, I was induced to give the drug a trial; accordingly having procured a supply, and injected ¼ grain of it at bed-time, I awaited the result in *breathless* anxiety. It soon followed, but not indeed in the manner expected or wished for, the effect on the dyspnœa being simply *nil*, but as if to compensate for its inertness in relieving the pulmonary difficulty, the medicine developed its physiological action in a most unexpected and disagreeable way on the genitals, causing violent priapism, attended with an urgent desire and (owing to the extreme rigidity of the penis) total inability to micturate. This unpleasant state of things continued for several hours, and only yielded at length to repeated doses (3 gs.) of bromide of potassium with four drops of tinct. of aconite (B.P.) in each. As my professional brethren may not be aware of this effect of the pylocarpine on the system, I think it only right (with your kind permission) to direct their attention to it through the columns of the *Medical Press and Circular*.

I am, dear, Sir,

Your obebient servant,

Thos. Carey, M.R.C.S.E.,
Late Resident Medical Officer, Barrington's Hospital, Limerick.

Prize Essay on the Laws of Hygiene.—The British soldier in India is to be instructed in the laws of hygiene, to which end the Government has offered a prize of £100 for the best manual on the subject. The adjudication will be made after March 1 next year, before which date competitors are requested to send in their primers to the Government of India, Military Department. The prize will be adjudicated by a committee consisting of the Surgeon-General, Her Majesty's Forces in Bengal, and Principal Medical Officer, Her Majesty's British Forces in India, the Sanitary Commissioner with the Government of India, and an officer of the Quartermaster-General's Department, to be appointed by His Excellency the Commander-in-Chief. Government will not award the prize unless a manual is produced in all respects suitable for the purposes for which it is required.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," 'Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Mr. C. E.—The analyses are, every one, thoroughly reliable, and have been made by gentlemen whose experience in this particular work is the most extensive possible. Your doubts are not unnatural, but you may place implicit trust in the information given to our readers. To the other question, No. A coroner should only express himself adversely to a practitioner when there is ample justification for an unusual proceeding. We remember the instance, and have noted it for future comment.

Dr. Thompson.—The Royal College of Physicians. The zealous guardianship of professional prestige is a first duty with a body which is constituted the highest court of appeal.

Sanitas should consult an elementary treatis on chemistry. We do not write for first year students as a rule, but we appreciate, nevertheless, the artless trustfulness of a correspondent who decides to repose confidence in our opinion whether oxygen should be termed a gas. We *think* so. Yes, we have seen sulphur burned in oxygen, and must respectfully decline "an easy *gradus chemicus, or outlines of physical phenomena.*" Our office abounds in phenomena just now; we can easily dispense with a few.

Exmouth.—Not if there is a demurrer raised to the action of the committee. In any case the course should be that you suggest.

VACANCIES.

Boyle Union, Keadue Dispensary.—Medical Officer. Salary, £120, with fees, and £10 as Medical Officer of Health. Election, Sept. 6.

Flintshire Dispensary.—House Surgeon. Salary, £100. Candidates must be conversant with the Welsh language. Applications to the Hon. Sec. on or before Sept. 7.

New Ross Union, Fethard Dispensary.—Medical Officer. Salary, £100, with fees. Election, Sept. 7.

Newry Union, Mountmorris Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Medical Officer of Health. Election, Sept. 6.

Wimborne and Cranborne Union Rural Sanitary Authority.—Medical Officer of Health. Applications (stating salary required) to the Clerk not later than Sept. 17.

APPOINTMENTS.

Annington, B., M.D., M.R.C.S.E., has been re-appointed Medical Officer of Health for the Borough of Cambridge.

Barnes, H., M.D., Consulting Physician to the Cumberland and Westmoreland Convalescent Institution at Silloth.

Ewart, W., M.B., M.R.C.P.L., Pathologist and Curator of the Museum of the Hospital for Consumption and Diseases of the Chest, Brompton.

Logan, F. T. B., M.R.C.S.E., Medical Officer for the First (A) District and the Small-pox Hospital of the Bedminster Union.

Masson, W. H., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for Districts Nos. 1 and 2 and the Workhouse of the Daventry Union.

Meller, C. M., M.D., M.R.C.S.E., L.S.A., Medical Officer to the Carisbrooke District of the Isle of Wight Union.

Milne, T., M.A., M.D., Medical Officer of Health for the Borough of Accrington.

Mills, S., B.A., L.R.C.P.Edin., Medical Officer to the Donaghmore Dispensary, Newry Union.

Orpen, C. H., M.R.C.S.E., L.S.A., Medical Officer to the Workhouse of the Bedminster Union.

Palmer, B. A., M.D., Medical Officer to the Crossmaglen Dispensary, Castleblaney Union.

Pritchard, J. E., B.A., M.B., M.R.C.S.E., L.S.A., Resident Medical Officer to the Swansea Hospital.

Roxburgh, R., M.B., Honorary Consulting Physician to the West of England Sanatorium.

Stonham, Mr. C., Obstetric Assistant to University College Hospital.

Births.

Juler.—Aug. 22, at Wimpole street, Cavendish square, the wife of Henry Juler, F.R.C.S.E., of a son.

Kevin.—Aug. 22, at 144 Donegall Pass, Belfast, the wife of Charles Kevin, M.D., of a son.

O'Carroll.—July 31, at Beguia, St. Vincent, West Indies, the wife of Dr. M. O'Carroll, Medical Officer, Police Magistrate, and Coroner of the Grenadines, of a son.

O'Donovan.—Aug. 21, at Mount Haigh, Kingstown, the wife of Jeremiah O'Donovan, L.R.C.S.Ed., of a son.

Smith.—Aug. 22, at Carlton House, Pembridge Villas, Bayswater, the wife of E. Stanley Smith, M.R.C.S.E., of a son.

Wallace.—Aug. 22, at 243 Hackney road, E., the wife of Frederick Wallace, L.R.C.P.L., of a son.

Marriages.

Lapper—FitzGerald.—Aug. 24, at Rathfarnham, co. Dublin, Edwin Lapper, L.K.Q.C.P.I., 5 Highfield Terrace, Rathgar, to Caroline, youngest daughter of the late James FitzGerald, Solicitor, of this city.

Deaths.

Brims.—Aug. 13, at Pitlochry, N.B., Elizabeth, relict of the late James Brims, M.D., of Mount Villa, Burnley, aged 48.

Burges.—July 23, at Meerut, India, killed by a fall from his horse, William Armstrong Burges, M.D., A.M.D., Surgeon in charge of R.A., second and much-beloved son of Francis Carleton Burges, M.D., Fethard, co. Tipperary.

Heywood.—Aug. 18, at Fendleton, H. J. Heywood, M.R.C.S.E., aged 45.

Knowles.—At Newmarket road, Cambridge, E. Knowles, M.R.C.S.E.

Theed.—Aug. 20, at The Vicarage, Lower Halstow, Kent, the residence of his brother, Frederick Theed, F.R.C.S., formerly of Rhyl, aged 66.

Whitmore.—Aug. 25, at Castle Hill, Ealing, John Whitmore, M.D., Medical Officer of Health for Marylebone, aged 69.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 8, 1880.

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Original Communications.

AN ANALYSIS OF FIVE HUNDRED CASES OF PERFORATION OF THE MEMBRANA TYMPANI. (a)

By GEORGE P. FIELD,

Aural Surgeon to St. Mary's Hospital.

(*Continued from page* 170.)

Dropping certain fluids into the ear may make a hole in the drum head. I have had two from pouring in turpentine. One in a gentleman who in the night poured it in by mistake; and another case at the hospital in which the mother put it into her child's ear. I said to her, "What did you do it for?" She replied, "You see, sir, the child was in such agony, that I thought it required a strong remedy, and turpentine was the only thing I could lay my hand on."

One case from pouring urine into the ear. One case occurred from violent syringing, that of a lady who had consulted a doctor for deafness. She said he immediately produced an immense syringe, and, I am sorry to say, as is not uncommon, without attempting to look at the ear, began to pump away until something gave way—the drum-head. This lady at once came up to town and consulted Dr. Bryant, who called me in. When I saw her she was in a critical state with high fever, the whole of the side of the head inflamed, her eyes rolling about, and she was almost mad with the intense pain. As I remarked before, morphia taken internally in these cases is almost useless. She had taken a large quantity of it without getting any relief. I put on eight leeches, and repeated them at intervals five times, and not until she had had forty on did she lose all pain and get out of danger. She made an excellent recovery.

One case from a scald. G. J., a coachbuilder, æt. 18, came to the hospital Jan. 17th, 1880. with a scald in left ear. He stated that he was asleep on the hearthrug, and that his brother, in taking a pot off the fire, let some of the boiling water fall into his ear. In this case, as in the last, the inflammation was very severe; blowing his nose caused great pain, and a whistling sound through the perforation in the drum-head. Leeches were used freely; various weak astringent lotions, such as acetate of lead with opium, were given, and on Feb. 14 the discharge stopped, the perforation shortly afterwards closed, and he regained his hearing. Another case of severe inflammation caused from putting a strong solution of caustic into the ear I had lately. A gentleman living in the country had some ear mischief; what it was I don't know. The doctor, however, gave him a very strong solution of nitrate of silver, and a brush, so "that he might burn it away himself." This he certainly did most effectually, for very little drum-head, or anything else, he left. He came up to town to Dr. Herbert Davies, who sent him on to me, but I have not seen him again.

Traumatic injuries of the drum-head, as a class do well, and these I have found are more likely to close than those produced by disease.

Slit-like openings, caused by a puncture of a sharp foreign body such as a pen-holder, where the sides of the perforation are usually in apposition, are most amenable to treatment. In all cases the sooner the symptoms are attended to, the better. If a discharge is permitted to continue for some time, a round hole is formed from the constent passage of the fluid, and the edges will not so readily unite, as in a recent case of injury where the sides are usually almost in contact. The prognosis depends very much upon the mode of injury, thus falls or violent concussions, such as those produced from a blow on the side of the head or from the explosion of a heavy gun, may not only rupture the membrane, but cause concussion of the labyrinth or permanent injury to the ossicles. In a case sent to me by Mr. Woodman, of Ramsgate, a few months ago, a gentleman ruptured his left drum head from being thrown off a dog-cart. I did not see him until some time after the accident. I found a small perforation, which, instead of closing,

(a) Read before the Harveian Society, May 20th, 1880.

caused a great deal of trouble, giving exit to a small polypoid growth. This was destroyed, but the perforation did not disappear, and he remained deaf. Here there was probably also slight concussion of the labyrinth; the history of the accident made it likely. This was not satisfactory in any way, for he had been for a great many years very deaf in the other ear so that diagnosis by means of the tuning-fork was not quite clear. Of course, if there is simply a rupture of the membrane in one ear and no mischief in the labyrinth, the tuning-fork would be heard better in the injured or deaf ear. In nearly all cases of ear disease, I may remark, this instrument is a valuable help to us in diagnosis.

I will give another obscure case. It is that of a gentleman in the artillery, who came to consult me for extreme deafness, August 25th, 1879. There was no history of deafness in his family. He was totally deaf in the right ear, and could hear the watch only in contact in the left, the membrane of which was perforated. Eighteen years previously he contracted syphilis in India, but had suffered few ill effects from it, and had only been deaf for eighteen months. As he was in the artillery he was, of course, constantly present at heavy gun practice. He had marked disease of both internal ears. The question arose, Was it set up from concussion of the labyrinth from repeated discharge of heavy guns, or was it due to the syphilis? or, in addition, did it arise from sudden shock? as just before the deafness came on he was present when his brother, to whom he was greatly attached, suddenly died under chloroform, an event which at the time caused him the utmost distress and nervous prostration.

Before he came to me, by the advice of Sir William Jenner, he had ungone a long course of mercurial treatment at Aix la Chapelle. If it was not of syphilitic origin the nervous prostration caused by such treatment would increase the disease, therefore Sir William Jenner's opinion was clear. The question arose (1) was it due to syphilis, (2) to the sudden shock, or (3) to gun fire? Deafness from sudden shock caused by distressing news is generally very severe, and comes on in a moment, whereas this patient was actually under treatment for slight deafness before his brother's death. The same may be said for sudden deafness which sometimes comes on without any apparent cause. Then we come to consider chronic inflammation of the internal ear, concussion of the labyrinth from artillery practice. Acccording to Burnett: "A continual recurrence of a loud sound of an unpleasant character, causes hyperæmia of the ultimate nerve fibres of the cochlea. The deafness comes on, as a rule, gradually. Hyperæmia of the labyrinth often follows tympanic disease, as there is a close connection between the vascular structures of the tympanum and labyrinth." After artillery practice the tympanum, I think, is first involved, and subsequently the labyrinth. The hyperæmia of the labyrinth is often only temporary, and accounts for the cases where leeching and blistering freely behind the ear in the first stage of the disease, at once relieves the deafness. Of disease of the cochlea, "the prominent symptoms are, great impairment of hearing, the inability to hear certain tones, and the production of false ones, with tinnitus aurium. Artillerymen and boiler makers are liable to this form of disease, and they may effectually protect their ears from the destructive hyperæmia caused by concussion by plugging the ears with cotton-wool." A similar preventive measure I have already recommended for bathing. Therefore if loud noise had produced such irritation, it would have been highly beneficial to select a quiet residence for him, with a view of keeping him out of all noise, just as it is often necessary to protect the eyes from light. It was most important to know whether the disease of the labyrinth was due entirely to this concussion, or was it partly syphilitic or wholly due to syphilis? The very same symptoms as he had are common in boiler-makers, and those who are frequently exposed to shocks of concussion from the continuous clicking of telegraphic instruments, &c., &c.

Disease of the internal ear from syphilis is extremely rare. Burnett says: "The symptoms are sudden deafness accompanied sometimes by paralysis of other parts of the body and by vertigo, nausea, and unsteadiness of gait, and tinnitus aurium."

I consulted my colleague, Mr. James Lane, who was decidedly of opinion that this deafness *was* due to syphilis. We put him on very large doses of iodide of potassium (the only drug I have found of any service in these cases), a mode of treatment for intra-cranial syphilis which we owe in a great measure to Dr. Broadbent. I am sorry to say no improvement took place in this case.

Very serious events may take place from what, at first sight, seems to be only a rupture in the drum-head. The nature of the accident generally points out to us the likelihood of permanent deafness from further mischief in the internal ear. It must be remembered that from a simple rupture a chronic discharge may be set up, conducive to all kinds of complications, even to pyæmia, as in Dr. Handfield Jones's case, or as in the four cases of death from cerebral abscess I have mentioned.

Perforations from injury, on the whole, do better than those caused by disease, because I believe they are better treated. A man who has a blow on the head naturally says to himself, "My head feels rather queer, I will go and see the doctor;" whereas, after, may be, a long case of scarlet fever, people have had enough of the medical attendant, and if a discharge from the ear remains behind, it is generally left for a time at any rate to run its own course, the patient, or the patient's parents, having a strong conviction that the discharge will be grown out of! This is well shown in the actual recoveries, that is, in the cases where the perforation has closed and the hearing completely restored. Invariably in these the patient has been seen soon, and in no case of mine has complete restoration taken place where the discharge has been allowed to run its course for some years, although a few such instances are on record.

Forty-eight patients have been cured.

From diseases I find 26 perforations cured out of 526, or nearly 1 out of 21; from accident, 22 out of 92, nearly 1 in 4; taking box on the ears, I find 5 out of 10 cured, or 1 in 2. All these cases were seen early and a cure effected. This may seem a small percentage at first sight, but it must be understood that I have not yet mentioned the patients relieved; many cases where the hearing has been almost restored, but the perforation has not closed. Others, again, where it has closed, but the hearing has not been perfect; others, where the discharge has been overcome but still a perforation remaining with only slight deafness; and another class, where a perforation has been left and the assistance rendered to hearing has been most marked by the use of cotton-wool, or other artificial means. I mentioned previously 58 incurable cases, that is, those in whom the hearing was altogether lost, and no improvement took place from treatment; adding this number to the 48 cured it leaves 512 cases improved by treatment. In a great number of these the hearing has been restored, but a cure in every sense has not taken place. I have not even thought it fair to take those patients, not a small number, who have the satisfaction of hearing perfectly well, losing all discharge, and who consider themselves cured, but have a perforation left, and where there is an opening into the tympanum a discharge is likely at any time to return, together with further trouble.

I have analysed these 500 cases with great care, and I believe the averages arrived at are correct. Be it remembered that these are all picked cases of satisfactory history. I have treated thousands of perforations, most of them of no value whatever, for no history could be obtained. It is a common occurrence in hospital practice to get a patient like this: "Have you ever had a discharge from your ear?" "Don't know." "Have you ever had scarlet fever or measles?" "Don't know." "Tell me, have you ever had a cold?" "Don't know." "How old are you?" "Don't know." They are perfectly contented with them-

selves, ignorance seems to be bliss. The other day, asking a woman all these questions, and failing to get any satisfactory answer, in despair I said, "Well, then, what is your name?" She was equal to the occasion, she immediately replied, "Really, Sir, for the moment I've forgot!" In a great many instances of mastoid abscess in a large number of aural polypi, I have been unable to trace the origin of the disease, and so they have not been recorded.

There is an old proverb, "first catch your hare,' and so I would say, first find out your perforation and then treat it. A hole in the drum-head is often left undiscovered for months, and then, as I have shown, it is generally incurable. If doctors would only learn to use the Politzer air-bag a little more and the syringe a little less frequently, deafness would not be so common, and our results would be more satisfactory. For by means of Politzer's process, air is, as a rule, easily passed through the Eustachian tube, and of course if we get the characteristic whistle sound, it is unmistakable, a perforation is there. The same may be said if water, in syringing the ear, passes through into the nose—the fluid has passed through an aperture in the drum-head. By looking through the speculum a small perforation may be overlooked, especially if it occurs in the anterior and inferior portion of the membrane. I have attempted to show that perforations of the membrana tympani, if treated early, are readily curable. I have purposely, as much as possible, avoided reference to treatment, for that is easily learnt; neither have I time to speak of aids to hearing, such as artificial drum-heads, the audiphone, and trumpets—all useful instruments in various cases where the power of conveying sound to the brain has been, perhaps, thus partially lost. The analysis I have given teaches us this important lesson: By a correct diagnosis in the first instance, combined with an early and careful treatment, many people, now obliged to resort to these instruments, might have been cured, lives might have been saved; and it would not be so common to meet those whose whole lives are a blank, for no sweet sound is ever heard!

[ERRATA.—There were one or two printer's errors in Mr. Field's "Analysis of 500 cases of Perforation of the Membrana Tympani," in our last number, which we hasten to correct: line 10, "evil-producing" should be read with a comma, not a hyphen, thus, "sources of evil, producing perforations, &c." Second column, line 3, there should be no stop after "way;" and in line 21, same column, "membranous," should read, "membrana."]

SOME REMARKS UPON THE RECENT SMALL POX EPIDEMIC IN THE RATHDOWN UNION INFIRMARY.

By CHARLES CRAWFORD MAYNE, M.B., M.Ch., Univ. Dub.,
Surgeon to the Infirmary.

I DOUBT if any disease taxes more thoroughly the skill and ingenuity of the physician than that which is the subject of these remarks. He has to take into consideration not only the difficulties that may arise with regard to its treatment as far as "the patient" is concerned, but also those that may arise with regard to its successful prevention as far as "others" are concerned, prevention rendered all the more difficult by inability to adopt proper sanitary precautions, such as isolation, disinfection, ventilation, and last, but not least, re-vaccination.

Small-pox was, of course, met with in the recent epidemic, in all its varieties, from the milder forms tending to complete convalescence, to the graver forms accompanied with all its complications, and ending too often, alas, in death.

Of the discrete variety of the disease I have little to remark. It struck me however as peculiar, the tendency there was to the eruption crowding over parts of the body, where an injury had been recently received, or to its assuming the form of complete rings round the body or legs, produced by constriction of strings, or so slight a cause as the pressure of too tight a garter. The confluent form of the disease was often complicated with purpura and laryngitis. I saw one or two cases of ophthalmia. We had high temperatures, secondary fever, and occasionally a peculiar eruption, which for want of a better name I called a lead-coloured eruption, from which I never saw a patient recover. Deep seated pustules in palms of hands and soles of feet caused severe neuralgic pains. We met a few cases of violent delirium calling for restraint, a symptom by the way of favourable character as far as this epidemic was concerned. When either from some peculiarity of constitution (idiosyncrasy) or from, I am rather more inclined to suspect, the modifying influence of vaccination, a patient exposed to contagion, does not develop the disease with eruption as true small-pox, but has pain in the back, nausea, and pyrexia, all the symptoms in fact which other members of family or community in which the patient moved prior to developing the ordinary form of disease have suffered from, this is called small-pox fever, and this would appear to throw light upon the duration of the disease. These cases were well in about eight days like the other exanthemata; the continuance of fever in uncomplicated cases appearing to be due to either the irritation of the pustules or absorption of their contents.

Purpuric Fever or Hæmorrhagic Fever.—A patient, as in the foregoing case, precisely similarly circumstanced with regard to contagion, takes ill with all the symptoms that usually usher in the disease, and yet, instead of small-pox, the physician is called upon to treat purpura, in one of its many varieties. These cases as a general rule were protected by vaccination, and in one instance re-vaccination had been performed. Purpura, combined with small-pox, was met with in all proportions, from tiny blood-specks to be distinguished with difficulty, unattended with hæmorrhage, and therefore of little importance, to effusion of blood over parts of the body, entire limbs being thus occupied, the blood, absolutely refusing to continue in its vessels, deviated from its proper channel, by, it may be, some misdirected nervous influence, or so impoverished or defibrinated that it steals drop by drop from life's current, accumulating in deadly patches, to be most frequently observed in the groin and axilla. I have seen bleeding from the mouth, nose, bowels, kidneys, and uterus, and even the conjunctiva distended with blood, the eruption full of bloody fluid and bullæ of blood scattered over the body, and yet recovery. These cases of recovery I need hardly say were of rare occurrence; preternatural clearness of intellect usually accompanied this form of the disease, the mind remaining unclouded to the last. The great majority of females were menstruating when admitted, even when purpura could not be distinguished, the uterus seeming to sympathise with the disease.

Laryngitis existed in many cases, but I doubt if it averaged as high a percentage as in the epidemic of 1871, nor did the disease run as severe a course as a general rule.

Ophthalmia. — The occurrence of this complication must be less frequent than it used to be, I never saw an eye lost with this disease, and only upon two or three occasions have I seen the eye seriously attacked. The number of blind people we used to see pock-marked, must be an evidence of how frequently the eye was attacked, unless we base our arguments upon reasoning as absurd as the following:—"That blind people were particularly susceptible of the disease." Does vaccination protect the eye by modifying the disease? I think so. Eyes were lost in the old days of "inoculation," or during that period in which we must believe the great majority were unvaccinated.

Abscess occurred as a result of the disease. I saw one case in which the entire scalp was engaged. In another case an abscess formed slowly over the scapula, with exfoliation of a small portion of its spine. In a third case,

an abscess formed in the ear, only recognised when it discharged, causing temporary deafness.

Boils were very troublesome as a consequence of this disease, causing delay in convalescence, but otherwise of little importance.

Pleurisy supervened upon one case, but gave way quickly to the usual treatment. Patient discharged quite convalescent. And lastly, one case of sudden death took place in a child of two years, the effect of sudden muscular exertion, child falling back dead after vain attempts to grasp at toy kindly offered to it. This unhappy result was probably due to deterioration of muscular fibre of heart.

I would now draw attention to the following table of statistics—

——	Men.	Women.	Children	Total.
Number treated who were vaccinated . . .	46	46	20	112
Deaths in above . .	4	5	4	13
Discharged cured . .	42	41	16	99
Number treated who were not vaccinated or were doubtful . . .	14	3	16	33
Deaths in above . .	12	1	6	19
Discharged cured . .	2	2	10	14

In 112 cases that were vaccinated, only 13 deaths, or at the rate of 11½ per cent.; but in 33 cases that were not vaccinated, 19 deaths, or at the rate of 57½ per cent.

My object in giving foregoing statistics is to inquire, Does vaccination either modify or prevent small-pox?

I believe that small-pox is a disease that is *quite preventible*, and I will go further, and say, that it is the only one that is so.

Now, if vaccination fails to prevent small-pox, it may fairly be asked, how much of this failure is to be attributed to the vaccinator? For if, instead of giving a certificate of insusceptibility of vaccination, or being satisfied with an abortive attempt at it, the practitioner would only persistently vaccinate and not be discouraged by a few unsuccessful attempts, small-pox, like the plague of London, would only be a matter of historical interest.

Deputy Surgeon-General Moffatt never had a case of small-pox in his regiment in India when small-pox was raging there, he accounts for the immunity from the disease by careful vaccination and re-vaccination. He does not believe in insusceptibility of vaccination, but vaccinates persistently until the arm takes, and to this careful system of vaccination and re-vaccination adopted by the military authorities is to be attributed the following fact that, during the last ten years, embracing two epidemics of small-pox, only five cases of that disease occurred in the Dublin garrison.

A gentleman of an adjoining dispensary furnished one of his patients (a child) with a certificate of insusceptibility of vaccination, upon the family moving into another district, the medical officer of it (a very careful vaccinator, by the way), immediately successfully vaccinated the child, and returned the certificate of insusceptibility of vaccination together with certificate of successful vaccination to the gentleman who gave it, not a little to his astonishment, I believe.

Now a glance at the foregoing table, and a consideration of its rate of mortality or the remembrance of the length of time patients suffering from this disease must be separated from their families, or the loss, pecuniary or socially, they must incur, not to say one word about the physical suffering, the frequent hideous disfigurement and general loathsomeness of the disease, must convey to the most careless observer, an appreciation of the great benefit that Jenner's discovery has conferred upon suffering humanity.

I have no doubt that the Poor-law medical officers discharge the various duties imposed upon them with praiseworthy care, but I cannot help feeling that too much is expected from a class of gentlemen who are so inadequately remunerated.

Upon what pretext may I ask, are they paid less (*a*) for vaccinating *in Ireland than in England*. Or, why is not the distance that a medical officer has to travel to vaccinate in Ireland taken into account as in England? Are English miles longer and the roads harder to travel? And yet the vaccinator in England is paid 3s. for every case of successful vaccination he performs over two miles from his residence. Now I ask, how many vaccination stations in Ireland are not farther than that from the Poor-law medical officer's dwelling, and are not his dispensary stations, if he has more than one, often eight miles apart?

Is it an encouragement to the Irish medical officer to withhold from him the award for careful vaccination so often given to his brother practitioner in England? an award that gives so healthy a stimulus to vaccination. Is it harder to vaccinate a child in England than in Ireland?

I assert that it is easier, and I am prepared to prove it, for I have had experience of both systems. Would it be thought possible that a public vaccinator in Ireland was actually summoned by that most persuasive document, couched in such polite language, bearing signature of warden, or some member of dispensary committee, printed in red ink, presented with such tender solicitude for his comfort during his dinner hour, to visit a child, vaccinated just eight days previously, to find it in perfect health, and the arm simply the perfection of vaccination. And yet this has actually happened.

In conclusion, I am perfectly satisfied that, to stamp out small-pox and procure for vaccination those good results it can undoubtedly accomplish, primary and secondary vaccination must be insisted on. Primary vaccination ought to be from arm to arm. When practicable, four vaccine vesicles should be sought for, the vaccine mark should be as large as a fourpenny-piece, and pure lymph only should be used. In a word, vaccination should be extensive and satisfactory; and re-vaccination, after puberty, should be compulsory—for primary vaccination certainly modifies the disease, and secondary as certainly prevents it.

THE MEDICINE OF THE ANCIENTS.

By BERNARD KELLY, M.D.

ARETÆUS, OF CAPPADOCIA.

THIS physician, according to Leclerc, the erudite and accomplished author of the "Histoire de la Médicine," was a Pneumatist or Spiritualist, that is, one of a sect who maintained that diseases were owing to a derangement of the *spirit*—one of five elements—viz., the *hot*, *cold*, *humid*, and *dry*. The two first appertain to the *efficient causes;* the third and fourth to the *anatomical causes*. The other element, or that of *spirit*, originated with Democritus, the Stoic, who was styled the Father of the Pneumatic Sect. Atheneus, applying this system to medicine, held that the majority of diseases arose from a disturbance or shock to the spirit. "The pulse," said he, "is nothing else than a movement produced by a natural and voluntary dilatation of the spirit lodged in the arteries and heart, which spirit, moving spontaneously, moves also the heart and arteries at the same time."—(De Different. Puls., lib. iv., cap. 4. Galen).

According to Aretæus, there were two kinds of quinsies—the one due to an inflammation of the respiratory appa-

(*a*) Written before new Act.

ratus; the other, to an affection of the *spirit*, which is, itself, the cause of the disease. In the latter variety, he remarks, the air-passages, far from being swollen, or narrowed, are more patulous than in the healthy state, and, nevertheless, the suffocation and difficulty of breathing are greater than in the former—a fact which led to the supposition of the existence of an inflammation, deep-seated, and bordering on the heart and lungs. "It is the spirit," he says, "alone which suffers" in such cases. Aretæus maintained, in support of his spiritual doctrines, that the breath of a mad dog was fatal to those who respired it. "It is, therefore, not strange," he continues, "that the Athenians, who knew not the relation existing between the effects of certain poisons and those of certain pestilential diseases, imagined their ailments arose from the Peloponesians, with whom they were at war, having poisoned their wells."

Aretæus, doubtless, meant by the *spirit*, the *matter* of *respiration*, for he says in another place that *asthma* is *caused by cold*, or *humidity* of the *spirit*. In like manner *ileus* is produced by a *cold spirit*, which neither ascends nor descends. Scirrhus of the spleen is owing to a *thick, tenebrous spirit*. Tympanitic dropsy, which remains fixed, whether the patient reclines or stands, is due to a spirit; but that when this spirit changes to a vapour, or water, the tympanitis changes to an *ascites*. In order to cure peripneumony, we must, he says, draw to the surface the *humors*, the *heat*, and the *spirit* which oppress the lungs. He recommended the use of *milk*, *amidon*, and *alica* in phthisis, for the purpose of thickening the *blood* and *spirit*.

As already remarked, the Pneumatists or Spiritualists maintained that the title of elements properly belonged, not to *fire*, *air*, *earth*, and *water*, but rather to the properties they possessed—viz., *heat*, *cold*, *dryness*, and *humidity*, to which he added a fifth, that of *spirit*. Thus, *syncope*, according to Aretæus, arises from *cold* and *humidity*; *headache*, from *cold* and *dryness*; *vertigo*, from *cold* and *humidity*; *epilepsy* and *melancholy*, from *dryness*. In the *dropsy*, called *leucophlegmasia*, he recognised a *fluxion*, *cold* and *thick*, which moistens the whole body, and produced the same effects as do fogs on the earth and atmosphere. *Cœliac flux* is due to *coldness* of the *stomach* and *feebleness* of the *heat* which *digests* the *food*. *Leucorrhœa* of females is due to coldness of the womb, by which the *red* blood is changed into *white*. *Gout* also proceeds from *cold*; while *lepra*, or *elephantiasis* arises from *coldness* the most *intense*.

Unlike the dogmatic and empirical physicians, he very seldom speaks of bile, phlegm, and other humours as the efficient causes of disease. For him these constitute merely the material. Thus, "asthma is caused by coldness and humidity of the spirit, and thick, clammy humors constitute its matter."

Aretæus has left us four books on acute diseases; four on chronic, or long, in which he speaks separately, on one side, of the causes and signs; on the other, of their cure and treatment. Cælius Aurelianus, physician of the Methodist sect, who flourished in the second century, divided, in like manner, diseases into acute and chronic, or long. Like the Methodists, Aretæus gives special instructions respecting the manner in which the chamber of the patient ought to face, and be arranged in certain diseases; what air he should breathe; the kind of bed he should occupy; the quality and quantity of bed-clothing he should require. Although, unlike the Methodists, he says nothing about *flux* and *recrement*. He imitated the Methodists in the mode of exercise he prescribed his patients during convalescence—viz., walking, riding, singing aloud, casting the quoit and certain heavy implements, which he called *halteres*. He also enjoined a gesticulation of the hands (cheironomia), already mentioned in the diet of Hippocrates. All these means had been employed by the Methodists. Aretæus went further than they: he recommended the rough exercise of pugilists and gymnasts to such as were affected with vertigo. He, moreover, imitated the Methodists by his use of external applications, such as fomentations, cataplasms, ointments, &c. He employed purgatives, against which the Methodists, especially Thesalus and Soranus, were so strenuously opposed. The composition, known as *hiera picra*, is one of which he made extensive use. He administered simple purgatives, as elaterium, cnicus hellabore, &c. He differed also from the Methodists in the employment of acrid and irritating injections in certain cases. He also used castoreum and soporific medicines, as the poppy and opium—a practice which was entirely discountenanced by the Methodists; but with this important precaution: "It is necessary," said he, "sometimes to give narcotic medicines to those having a peripneumonia, and worn out by a long-continued insomnia, lest they should lapse into phrensy, and in order to assuage their disease and their restlessness. But we should never give medicines of this kind when the patients are threatened with suffocation from fluxion, or when they are at the point of death, because we thereby expose ourselves to the public accusation of having killed them." Great and immortal Aretæus!

He bled differently to the Methodists. He remembered that in apoplexy a copious venesection killed, whereas a small one was of no benefit. His practice was to bleed moderately, and repeat, if necessary, the venesection. In quinsy he was wont to bleed to syncope. In hæmatemesis he always recommended bleeding, whether it arose from a rupture of a vessel, or from its erosion by the acridity of the blood; or from thinness of the vessel's walls; or from plethora. He repeated the depletion from the same orifice for several successive days, provided the patient was not too weak. "Why," demanded he, in reproof of the current practice of his time, "do you open a vein near the fingers rather than at the bend of the elbow, since at the latter point the vein is larger and more conveniently disposed for the evacuation of the blood?" In continued fever (*causus*) he bled repeatedly for several days, because he believed it arose from a phlegmon or inflammation of the *vena cana*. In nephralgia from the passage of calculi and in acute nephritis he bled copiously. He opened a vein of the forehead in headache; also the veins of the nares by means of instruments which he called *cateiadion* and *storynea*. These failing, he employed a goose-quill pointed, which he pushed as far as the ethnoid bone. In elephantiasis he bled the same day from both arms and both legs.

He also employed emetics of narcissus and white hellebore, which, he says, acts in the same way as the disease known as cholera. White hellebore was a favourite remedy with Aretæus. He employed it, not because it produced distressing nausea and vomiting, for sailing in a ship, as he stated, induced the same effects, but on account of its peculiar virtue, which one cannot sufficiently admire; and although it purges very gently in some cases, it is still not the less effectual in curing the disease. Moreover, in chronic affections, when all other remedies fail, this alone succeeds. In a word, white hellebore has relation to fire. What fire does in burning white hellebore does, yet more powerfully, in traversing the entire system. It renders the respiration free for those who can only breathe with difficulty. It gives a good colour to the pallid, and *embonpoint* to the lean. ("Histoire de la Medicine," p. 513.)

The Methodists and the majority of the ancient physicians employed medicines which they called *metasyncritic*, for the purpose, as they considered, of drawing from the centre to the circumference. To this end they used mustard and a plant called *thapsia*. Aretæus, in addition to these, employed cantharides as a vesicatory. Archigenes, who lived about the time of Aretæus (first century), and who belonged to the same sect (Spiritualist), employed this remedy against the itch and lepra; and also used it internally as a diuretic. Hippocrates also used it internally, but says nothing of it as a vesicatory. Aretæus treated epilepsy and headaches with friction of cantharides. "We have used," says Archigenes, quoted by

..., "a cataplasm, into the composition of which ...charides enter with excellent effect, provided that the small ulcers which it excites remain open and run a long time; but we should protect the vesicle (*bladder?*) by the internal and external use of milk."

Aretæus speaks of a dropsy which escaped the notice of his contemporaries and predecessors. "There is a species of dropsy," he says, "caused by a great number of bladders filled with water, which is located in the same region usually occupied by *ascites*. Each of these vesicles is quite full; and if the lower belly be punctured with an instrument suited to the operation, the first that is met with discharges its water, but collapses immediately; and if we desire to withdraw more water we must push the instrument further in. Some people," he adds, "affirm that these bladders come from the intestines, but not having observed the fact I can say nothing about it." ("Hist. de la Med.," p. 514.) Our author evidently alludes in his account of the dropsy in question, either to multilocular cysts of the ovaries, or to hydatids affecting the uterus, ovaries, or liver. Aretæus was accustomed to give an anatomical sketch of the parts of the body whose diseases he was about to describe. He employed cups (cucurbitulis), as he speaks of cupping, leaching, &c., in cholera, apoplexy, epilepsy, hysteria, and so on. Thermison, who flourished a little before Aretæus, was the first, it seems, to use leeches. It is to this physician, doubtless, Juvenal alludes, although not in very complimentary terms, as we may judge from the following couplet:—

"Promtius expediam, quot amaverit Hippia moschos;
Quot Themison ægros autumno acciderit uno."

Celsus and Galen, who came after them, make no mention, however, of this fact. Aretæus employed them (leeches) especially in three diseases—in cardiac affection, in satyriasis, and inflammation of the liver. He was accustomed also to apply cupping glasses to the *bites* as soon as the leeches had fallen off. He praises in the highest terms the efficacy of wine in sickness. Alluding to this his commentator (Petrus Petitus) judiciously remarks:—"Id (vinum) ideo cum cibo aquaque mixtum alias dari præcipit, eam medicocritatem interim secutus, ut neque æger inedia consumatur, negue cibi copia opprimatur."

As an appropriate appendage to the foregoing sketch of this great master of our art, I perhaps can do no better than translate a few passages from the Latin version of his works (for Aretæus being an inhabitant, if not a native, of Cappadocia, wrote in Greek), and which may serve, at the same time, to illustrate his style and the consummate manner in which he handled his subjects.

Epilepsia seu morbus Comitialis. "And these are the accidents which take place towards the close of an attack. But when the symptoms of the disease have entered on a remission, the urine is incontinentdly voided, the bowels are relaxed, and in some cases, on account of the constriction and compression of its proper vessels, by which a certain painful irritation is induced, a discharge of semen takes place."

Icterus.—"Hence, in jaundice, the natural appearance (corporis species) of the body becomes discoloured with bile. The fæces, too, are whitish, resembling clay, not presenting the slightest tinge of bile, since there is a complete absence of the afflux of this humor. Hence, too, the bowels are *dry* (constipated), not being moistened and stimulated by the bile."

Dysuria.—"The anus and bladder lie close to each other; wherefore, in an inflammation of the rectum, the bladder is affected with a difficulty of urine, and when the bladder is the seat of the disease, no alvine evacuation takes place, although the intestine may not be *dry* (constipated).

Paralysis.—"Consequently, if any principle (*principium aliquod*) below the head be affected, as the membrane of the spinal cord, both *the parts that are called by the same name*, and even those that are continuous with them, are relaxed (paralysed); the *right*, if the nerves of the right side be injured; the *left*, if those of the left. But, if the procatarctic cause be seated in the head, the right nerves being affected, the *left* parts are *relaxed*; the *left* similarly suffering, the right side is paralysed."

Cholera.—"At the outset, these (*i.e.*, the vomiting and purging) take place easily, and without pain; subsequently, with torminia and tenesmus. Should the disease go from bad to worse, the griping becomes aggravated, and there ensue prostration of the spirit, relaxation of the members, anxiety, loss of appetite. . . . Cramps (*nervorum distentiones*) supervene; the muscles of the legs and arms are contracted; the fingers become incurvated; vertigo and hiccup ensue; a death-like coldness comes on; the extreme parts, especially, become algid; and the whole body grows cold and shrivelled. . . . The urine is voided in small quantity, either because the bladder is pressed by the convulsions (cramps), or because there is very little urine secreted, by reason of the derivation of the humours to the intestines. The voice fails (aphonia): the pulse grows small and very frequent, as in *syncope*. There are constant and ineffectual attempts at vomiting; there is a desire of often going to stool, as in tenesmus; it is *dry*, however, nothing being excreted. A death, most painful and miserable, by reason of the convulsions (cramps), straining, and empty retching, closes the scene. The affection is especially prevalent in summer; next to this, in autumn; very rare in spring; but, rarest of all, in winter. As to age, both youths and those who have reached maturity, are equally obnoxious to the disease; old persons least of all, boys most so, but without the danger of death."

Clinical Records.

CASES SEEN AT THE METROPOLITAN FREE HOSPITAL.

By C. R. DRYSDALE, M.D., F.R.C.S.,
Senior Physician to the Hospital, and Physician to the Rescue Society's Lock Hospital.

THE following case of cerebral syphilis is one of a number observed by Dr. Drysdale during the last twenty years, in hospital and private practice. That there are diseases of the encephalon produced by syphilis is almost solely the acquisition of the last 25 years. Before that date surgical writers, who occupied themselves with syphilitic questions do not seem, as a rule, to have recognised that the poison of syphilis could affect the nerve tissues to any extent. Observations of exostosis, indeed, of the bones of the skull accompanied by hemiplegia, had been received as trustworthy in the literature of syphilis; but it was not until the writings of Gros and Lancereaux, Diday and Fournier in France, conjoined with those of Jackson, Broadbent, and others in England, with Heubner, Virchow, and Bidenkap in Germany, appeared, and threw a flood of light on the subject, that cerebral syphilis has taken its true place in pathology.

Case of Cerebral Syphilis.

Elizabeth Greening, æt. 32, widow, was admitted December 16, 1879, into the Metropolitan Free Hospital, suffering from paralysis of muscles of right eye, almost complete amaurosis (could just count fingers), and anæsthesia of ophthalmic division of 5th nerve of same side. Had been an out-patient for a fortnight. A week before she came as out-patient she found a mist coming before right eye, and the ptosis came on suddenly several days before she came as out-patient.

History.—Perfectly healthy till her marriage 13 years ago. Her husband died five years ago. Has had six children and one miscarriage. 1st child, 7 months child, died; 2nd, lived 4 days; 3rd, 16 weeks; 4th, miscarriage; 5th, alive, weakly, 9 years old; 6th, died early from fits; 7th, born dead. Her husband had been ill shortly before her marriage—she did not know with what, but suffered from sore throat, and lost nearly all his hair after marriage. After birth of first

child husband was in St. Bartholomew's Hospital for 16 weeks, for what appears to have been hemiplegia of gradual invasion, and never thoroughly recovered use of leg or arm. Patient lost her health after birth of second child, was treated at St. Bartholomew's for two months for sore throat and abscess in breast. For next two years attended at St. Bartholomew's off and on for sore throat and loss of voice. Appears to have had good health till birth of seventh child. After death of husband suffered again for some months with sore throat. Two years ago she was suddenly seized with giddiness in the street and fell, cutting right eyebrow severely, attended Metropolitan Free Hospital for a month as out-patient, where she had drops put into her eye every other morning. On this occasion she says she completely lost sight of eye for a week, and had no feeling over or round the eye (ophth. division of 5th) for some time. From this time she suffered intermittently from severe pains in the head, principally in the frontal and occipital regions, which were much more intense at night. For a month before coming as out-patient she suffered more severely from these pains.

Treatment.—The patient was treated with iodide of potassium (thirty grains three times a day) ever since admission. In addition ung. hyd. fort., 3j. was ordered to be rubbed in once a day on inside of thighs, but had to be discontinued on fifth day, owing to extensive salivation.

The anæsthesia rapidly disappeared, and was almost gone one week after admission.

The ptosis gradually became less (January 7th).

The pupils were all through semi-dilated and unaffected by light, but seemed then to be *very* slightly affected by atropia.

Muscles were beginning to act; amaurosis has been complete about a fortnight.

Pain in head (with nightly exacerbations) constant.

Patient lay in a drowsy condition, never complaining, but seldom slept, and dreaded being moved, bowels confined. Temperature normal throughout. The sight of left eye was, and had been, sufficiently good to read ordinary newspaper print at about 8 inches.

Patient denies ever having had any skin disease, but said her husband had had some disease before her marriage, which aroused her suspicion, and about which she questioned his landlady, but without being able to find out much. She left hospital in an incurable and almost hopeless condition. The treatment in this case has not been commenced early enough in the disease to prevent irreparable damage to the encephalon.

Progressive Muscular Atrophy.

Emma Pritchard, æt. 38, silk winder, married five years, four children, last child two years ago. Two children died (premature births). Six years ago suffered from swelling and aching of all the joints of both hands, and of the wrists, attributed to cold, and from "shooting" pain of these joints on movement; similar pain on moving elbows and shoulder-joints, the pain from these seemed to run down the arm to the fingers. This affection of the joints continued two months, during which time she kept her bed; on leaving it she noticed wasting of hands and feet.

Hands have now a claw-like appearance, the first sets of phalanges are extended, the two terminal sets flexed. The muscles of ball of thumb, hypothenar eminence, and all the other muscles in the hand appear completely atrophied. The muscles of arm seem intact. The deltoids are a little wasted. Tremors, increased by excitement, of extensors of fingers, and of ball of thumb are seen, and have been noticed for two years. Can flex fingers, but wrist only imperfectly; cannot extend two terminal phalanges. Can extend, flex, abduct, adduct imperfectly, thumbs, but cannot oppose at all. Has shooting pains in joints at times. Muscles in the forearm are wasted.

Feet.—Muscles in sole of foot appear completely wasted, and those in leg are less completely atrophied. Cannot extend toes, which are in flexed condition. The scaleni are wasted, and the trapezius stands out.

The atrophy appears slightly less complete on right side of the body.

The face appears emaciated, but patient can execute all the movements of expression.

Muscles in other parts do not show any distinct atrophy.

Is still able to follow occupation of silk winding.

The cause of this deplorable wasting of the muscles in so young a woman, appears to have been cold and excessive labour. She had, in following out her occupation, often had to carry great weights to and fro to her employers, and six years ago, when the malady first appeared, she was exposed for a long time to excessive cold in a rigorous winter. The prognosis was evidently gloomy in the extreme, and the fatal termination could not be very long postponed, as the muscles of respiration were gradually becoming affected. Arsenic, cod-oil, and iron were given.

Translations.

THE PHILOSOPHY OF SLEEP AND DREAMS.

By M. DELBOEUF.

Translated from the *Revue Philosophique*.

By EDWIN JACKSON, B.A., M.R.C.S.,

Manchester.

PART I.

CRITICAL SKETCH OF SOME RECENT WORKS.

I.

FROM the laughing Iona, the cradle of the sad Heraclitus, to the stormy Baltic, which gave birth to the sombre Schopenhauer, in every age and in every clime, if there is one subject which philosophers have worked out with feelings of satisfaction, it is that of the miseries of man. In their turns, religious writers, Pascals and Bossuets, while extolling the grandeur of the human soul, never fail to set forth its meanness also. It would seem, then, impossible to add new features to the dreary picture of our weakness and our nothingness. And yet in it we forget to set forth a full third of our existence. Every day we are, so to speak, snatched away from ourselves by a fantastic, strange, and capricious spirit, which takes a grim pleasure in blending contraries—good and evil, vice and virtue. At certain hours of the day the best of men will commit without remorse the most abominable of crimes; he will become a thief, a murderer, a libertine, a perjurer; the pure young bride will abandon herself to the most unseemly actions; the modest nun will allow the most filthy words to escape her lips; the pious priest, carried away by passion or by fancy, will shrink from no sacrilege. When the besetment has ended, and we regain possession of ourselves, we should not dare to relate to others, or at times even to revolve in our own memories, what we have dreamt about. We ask ourselves anxiously if we do not carry in the secret places of our souls some horrible germ which, at some time or another, may lead us into crime. We curse that unknown power which, taking possession of our mind, takes away from it what is good, to replace it by what is worse. But, on the other hand, the action of sleep is quite as frequently kindly and comforting; it carries us back for a few moments into the midst of those whom we have loved and lost; it makes the sick man forget his illness, the poor man his poverty; it restores activity to the paralytic, hearing to the deaf, sight to the blind, liberty to the prisoner, the joys of a first love to the poor abandoned girl: illusions only too short, and which serve only to render the bitter reality more bitter still!

The magic wand of dreams transforms the most miserable hovel into a charming palace; it unlooses the tongue of the stammerer, and inspires him with an enchanting eloquence; it enables the timid to brave the most terrible dangers; its gives to the scholar the key to the most mysterious phenomena; it goes so far as to give to our clumsy, grovel-

drous wings, which carry it without effort e space.

y wonder, then, that in every age men should have ced to dreams a supernatural character? They are ded as messengers sent by a higher power; messengers e or false, according as they are well or evil-disposed owards us. They reveal the secrets of the future, and anyone who can understand their language may, without difficulty, make out their promises or their threats. And if, no longer concerning ourselves with the opinions of the vulgar, we ask men of science, we hear them propound at the very beginning of the contest against superstition a surprising theory: dreams, far from being the creations of gods, have, on the contrary, been the creators of them; our mind, which in sleep saw phantoms accomplish extraordinary things, attributed to them a real existence, and endowed them with a terrible power, and thus it is that heaven was peopled. (*a*) Or again, it is said that the images of those no longer with us, coming to haunt us in the silence of the night, have inspired belief in a future life, and the souls of kings and of mighty chieftains have been insensibly raised to the rank of divine spirits, holding in their hands the fate of the living. Thus, these strange creations of weariness, and of the night, which in our waking hours inspire us with scorn or with pity, with laughter or with disgust, have given birth to religious ideas, and that religious feeling which, according to some philosophers, is perhaps, the sole distinguishing characteristic by which man is raised above the beasts, has no other origin. Religion is the daughter of darkness; science the daughter of day-light! Surely this difference in origin is in itself sufficient to account for their incessant conflicts, and their irreconcilable antagonism!

II.

The importance which has always been attached to dreams would lead us to expect that in early ages men would have commenced the study of them, and that we should ere now have arrived at certain exact and definite notions respecting their nature and their causes. This is by no means the case. We cannot recall any works of the ancients on this subject, with the exception of some masterly pages left by Aristotle; and as regards modern times, Maudsley (*b*) has quite recently written the following lines: "Dreams have been a neglected study; nevertheless it is a study which is full of promise of abundant fruit when it shall be earnestly undertaken in a painstaking and methodical way by well-trained and competent observers. To physicians of all men is it likely that they will prove full of instruction.

As to the actual state of the science of sleep, I am not in a position to be able rightly to estimate it. I will content myself with quoting the words of Vierordt, whose ability is unquestioned (*c*): "As to propounding a physiological theory of sleep, we cannot think of it. Why is there this general need of a periodic reduction or of a partial suspension of our physical and mental activity? What are the conditions—undoubtedly very numerous—bodily as well as mental, which cause physiological sleep; and in due course during sleep produce our awaking? What, in short, in quantity and quality are the determinate forms under which the functions of the sleeper manifest themselves? All these are questions which it is impossible to answer."

It is not that there have not, for some time at least, appeared any works on sleep and dreams. Not to speak of the classic works of Alfred Maury and Albert Lorraine, and confining myself to the last two years, I will describe a little work of Serge Serguèyeff (*d*); a work of M. Grote, written in Russ (*e*); a volume of three hundred pages by Heinrich Spitta, teacher in the University of Tübingen (*f*); a still more voluminous work by Paul Radestock (*g*); a pamphlet by C. Binz (*a*); another by Paul Dupuy, Professor in the Faculty of Medicine at Bordeaux (*b*); I have certainly not exhausted the list, and perhaps I shall omit some of the best. I should have further to mention some treatises on physiology, on pathology, &c., in which sleep is the subject of some elaborate and lengthy chapters, which might well form a separate volume. Thus, Maudsley, in the work already mentioned, devotes to it nearly a hundred pages, and Prof Stricker, of the University of Vienna, has followed up his "*Lessons on General and Experimental Pathology*," (*c*) with a sort of course of psychology, which occupies no less than eleven chapters, and which, while it has for its object the explanation of mental diseases, contains a number of new and original views on the nature of dreams.

I shall not pause very long over the original but not very important work of M. Serguèyeff. The author begins by asserting that sleep is an "essentially vegetative function" (*une function essentiellement végétative*), for it is necessary to everything which has life. We have then to ascertain three things: (1) the food, the object of waking and of sleep, (2) the organ, (3) the mechanism.

The food is not necessarily a tangible and ponderable matter; there is nothing to prevent our conjecturing that the object of sleep is of an ethereal form, sthenic or dynamic. What M. Serguèyeff means by this I cannot understand.

As to the organ of sleep, it would seem probable that it is the great sympathetic system; for on the one hand we do not know the seat of this function, and on the other we are ignorant of the function of this system. The conclusion is by no means self-evident; but the author is not satisfied with this simple logical argument, and rightly so. He reminds us that section of the sympathetic gives rise to phenomena of heat, which cannot be attributed to modifications thus introduced into the circulation of the blood, and for which an explanation has not yet been found; then the increase of heat is easily explained by the arrest of a vegetative and centripetal movement; during the waking moments there is an accumulation of force, during sleep the excess of it is discharged. This is just the reverse of what is commonly believed. I am not a physiologist, and I cannot discuss the deductions of M. Serguèyeff, but I should just like to ascertain—and this is what all along I was expecting to meet with as the final argument,—to what extent animals whose great sympathetic has been cut lose their sleep; if, for example, that dog, in which after eighteen months the increase of heat was still perceptible, had not during the whole time slept pretty much as usual.

The, in my opinion, barren attempt of M. Serguèyeff seems to me calculated to show us in what profound obscurity the physiological problem is buried. This writer has certainly taken his subject to heart; he has given himself up to numerous researches, and gifted as he is with an ingenious turn of mind, he has aimed at leaving the beaten tracks; for all these reasons, whatever I may think of the result of his efforts, of the efforts themselves I can only speak with praise.

I have not read M. Binz's little work; I have seen an account of it in the *Berliner Klinische Wochenschrift*. M. Böhm, in the *Philosophische Monatshefte*, speaks very favourably of it. Starting from the fact that opium, hachish, ether, &c., produce states analagous to dreaming and sleep, M. Binz concludes that these phenomena are of a pathological nature, and proceed from some disturbance of the psychical activity. It is to me somewhat difficult to understand how we can set down as a pathological state, and attribute to any disturbance whatever, a phenomenon so universal, so constant, so beneficial as natural sleep, accompanied or not by dreams. But I stop here for fear of entirely misrepresenting M. Binz's idea.

I have read the little work of M. Dupuy; I have seen in it the interesting record of some of those phenomena to which M. Maury has given the name of hypnagogic hallucinations, and a criticism of some theories of sleep. This latter portion is very superficial, but it is true it makes no pretensions to anything more.

I will say nothing of the work of M. N. Grote; I know only its conclusions, formulated in this very Review in

(*a*) Lucretius: De Rerum Natura.
(*b*) "The Pathology of Mind," (1879) p. 49.
(*c*) "Grundriss der Physiologie des Menschen," 5e edit., Pp. 653. Tübingen, 1877.
(*d*) "Le sommeil et le Systeme nerveux, préparation à l'étude de la veille et du sommeil." Genève, 1877.
(*e*) "Les rêves, comme objet d'analyse scientifique." Kiev, 1878.
(*f*) "Die Schlaf und Traumzustände der menschlichen Seele, &c." Tübingen, 1878.
(*g*) "Schlaf und Traum. ein physiologisch-psychologische Untersuchung." Leipsig, 1879.

(*a*) "Ueber den Traum." Bonn, 1878.
(*b*) "E'tude psycho-physiologique sur le sommeil." Bordeaux, 1879.
(*c*) "Vorlesungen über allgemeine und experimentalle Pathologie." Lessons 21 to 31. Vienna, 1879.

the November No., 1878, by M. A. H.; they are sufficiently interesting to justify me in reproducing them: "Subjective sensorial excitements are taken for realities because of the absence of control over the senses and the intellect. The factors of dreams are principally reminiscences, habits, impressions received by the senses, and organic sensations, which accompany the vegetative process during sleep, and further "unconscious cerebration," or the automatic work of certain parts of the brain which are less fatigued or more excited, which unexpectedly furnish fantastic images, grotesque combinations of fragmentary representations mixed up haphazard, like the figures in a kaleidoscope. There is, however, always a more or less evident link between the ideas which follow one another, because sleep does not abolish the laws of association of ideas, and these continue to call them forth by resemblance or by contrast, or in conformity with the reciprocal relation of cause and effect, of means and end, exactly as this takes place in lunatics, in whom certain parts of the brain impose their activity upon consciousness, and monopolise it so completely that they obscure the objective sensorial impressions which might restore the psychical work to its proper path." This passage seems to me to express very well the actual state of our knowledge on the subject.

I should pass a similar opinion on the two substantial chapters in which Dr. Maudsley has treated of sleep and hypnotism. I should criticise the rather singular statement that ideas have "a natural tendency to combine and to arrange themselves into a kind of drama, even though they have no known associations and appear quite independent of, if not antagonistic to, one another." They would further have, according to Dr. Maudsley, "an actual constructive agency, whereby ideas are not brought together only, but new products are formed out of them." This is rather too bold an evasion of the difficulties relating to the dramatic and creative power of dreams; but we are often obliged, on such a subject as this, to be content with words, and Dr. Maudsley himself is not deceived by the involved explanations which he gives of the singular phenomena of recollections which dreams present: "Whatever the explanation," he says, "the fact is indisputable."

A particularly valuable summary is that in which he enumerates the conditions which determine the origin and character of dreams; he classes them under six heads: 1. Character, and precedent mental experience. 2. Impressions on a special sense. 3. The state of the muscular sensibility. 4. Organic or systemic impressions. 5. Conditions of cerebral circulation. 6. The state or tone of the nervous system.

Dr. Maudsley has treated of the states of sleep and dreaming only incidentally, and from the point of view of the analogy which they present with mental alienation; still, he has treated with great clearness several of the questions which they raise, and makes us feel the insufficiency of our knowledge of the subject.

M. Spitta has set himself the task of showing that the phenomena of reason, of dreams, and of hallucination are connected by numerous delicate gradations, that they pass somewhat into one another, and are subject to the same psychological laws. His work is written with a youthful and poetical dash somewhat prejudicial to that accuracy which we like to observe in a scientific treatise. At the moment when we are expecting a deduction, we come upon a highly-coloured and glowing description, which charms, it is true, but which certainly does not teach us much; and this kind of surprise is repeated too often. In spite of this pleasing fault, I would not pass upon this book so severe a judgment as does M. Böhm, in the above-mentioned review. We recognise in it considerable learning, some fine analysis, and some clever comments.

What, according to Spitta, is characteristic of profound sleep, is the absolute abolition of consciousness. When we dream, or are in a state of somnambulism, we possess consciousness, but not that self-consciousness which is the accompaniment of the waking state. It is this quality, unfortunately but too uncertain, which serves him in explaining how it is that dreams ordinarily are strange and incoherent, why they do not call forth astonishment in the sleeper, why, when they are vicious, they are not accompanied by shame or remorse. It is by the absence of self-consciousness that we explain the assurance and the confidence of the somnambulist in walking on the roof, the phenomena of ecstasy, and the doubling of personality, which makes us, for instance, in our dreams attribute to others our own thoughts.

There is another *deus ex machinâ* which, in Spitta's book, both plays quite as important a part; it is the *gemüth*, an expression difficult to translate.

The *gemüth* never sleeps. The *gemüth* is the greatest enemy of sleep, and when it takes possession of the mind there is no room for rest. Noise, light, activity, plans, nothing puts any obstacle in the way of sleep from the moment when the *gemüth* is unaffected; but if it is disturbed—as, for instance, when we are possessed with an idea that we ought to get up at a fixed time—our sleep is light, and a little suffices to interrupt it. A mother, deaf to all other sounds, is wakened by the least movement of her child. The dreams which impress themselves on our memory are those which have keenly excited our sensibility. Anxiety or an evil conscience keeps us awake, so great is the influence of the *gemüth* over our reason, which would attempt, but in vain, to call for sleep.

The dream is "the involuntary, but conscious, projecting of a series of pictures of the mind during sleep—an act which gives them, so far as the sleeper is concerned, an appearance of objective reality." The order and arrangement of the images obey the laws of association, and of reproduction of ideas, but not the laws of causality; the dream is illogical. As to the question put by Descartes—"By what sign can we distinguish the waking state from that of dreaming?"—M. Spitta declares it "imaginary and hypothetical." Perhaps one might venture to say that this is scarcely an answer.

In the waking state our world is also that of others. In sleep it is our own: centripetal activity meets with a stoppage; the formation of ideas is frequently interrupted, and as self-consciousness is not there to direct it, and the working out of external impressions by the intellect is naturally imperfect, if not null, we easily see why dreams are obscure, irregular, and wanting in correctness. It is even a matter for surprise that we do occasionally have logical dreams; these ought to be peculiar to those minds in which there is a habit formed of always arranging the thoughts systematically.

(*To be continued.*)

Department of Lunacy.

THE CATERHAM IMBECILE ASYLUM.

THE vast asylum at Caterham, of which the Annual Report has just been issued, contained on the 31st of December last 2,031 patients, 2,247 having been under care and treatment during the previous twelve months. Caterham, and its companion asylum at Leavesden, are the Sodom and Gomorrah of lunatic hospitals; their inhabitants are doomed to destruction, of which only a miserable remnant is permitted to escape. Of the 2,247 patients under treatment at the former last year, just 7 were discharged recovered. The work of the medical officers amidst such a hopeless mass of human *débris* must be peculiarly trying and disheartening, but it appears to be very successfully performed, for the health of the inmates was good, and the death-rate low last year, while no fatal accident nor suicide occurred. Dr. Adam, the medical superintendent, has very little doubt that a large number of merely old, feeble, and paralysed people have, by a too facile system, found admission to Caterham, and it may, he remarks, be worthy of consideration whether it would not be better in the future that all cases should in the first instance be admitted into the county asylum under the proper order and medical certificate, and thus be afforded all the protection which the Lunacy Acts confer.

BYSHIRE COUNTY LUNATIC ASYLUM.

nual Report of this important asylum, which has hed us, is rich in interesting matter, bearing not y on the sanitary and financial position of the establ ment, but on the moral and medical treatment of the patients. Some medical notes of much value are appended to it, among which we observe two remarkable cases in which severe cranial injuries were sustained without any prominent symptoms being observed during life. At the autopsy on a female epileptic patient, a hole half an-inch in diameter was discovered in the skull a little to the right of the foramen magnum. The internal table had been splintered, and the pieces ossified to the margin of the aperture. The dura mater was absent at the site of the injury, and the cerebellum rested on loose cellular tissue. On referring to the casualty records it was ascertained that three years before her death this patient had fallen in a fit, striking the back of her head on an iron hob, on the upper bar of a grate, and causing a small flesh wound, which healed rapidly without a bad system.

On July 3rd of last year a chronic maniac sustained a compound fracture of the skull by falling on a nail which projected from a piece of flooring under repair. He was picked up by his attendant, who found the board adhering to his head. The medical officer extracted the nail, which had entered the frontal bone, midway between the external angular process and the helix of the left ear, penetrating to a depth of five-eighths of an inch. The patient made but few complaints, and in the evening his pulse was quiet and full; not a symptom of meningitis followed. The wound healed rapidly, and in a few days he was as noisy, filthy, and mischievous as ever. He died three months afterwards of pulmonary disease, and at the post-mortem examination it was found that in the left temporal region, where the nail had penetrated the bone, a loose portion of the inner table about the size of a split pea came away. A corresponding perforation of the dura mater existed, but not a trace of inflammation could be found; no adhesions, increased vascularity, nor pus was present. Dr. Murray Lindsay is to be congratulated on having issued a very instructive report, giving unmistakeable evidence of the zeal and energy with which he conducts the important asylum confided to his care in all its departments.

SUPPORT OF LUNATIC ASYLUMS BY THE STATE.

THE following memorial has been forwarded by the Grand Jury of Londonderry to the Treasury :—

1. That the cure and maintenance of the insane poor in county asylums, with the new buildings and appliances required by modern medical science, form oppressive and increasing items in the county taxation and expenditure.

2. That if considerations of treatment, classification, and economy required the transfer of county gaols and prisoners to the care of the Imperial Government, the same reasons apply with greater force to the case of asylums and pauper lunatics, a vast proportion of the latter being totally incurable, and the remainder requiring special and immediate treatment, which often cannot be so well given in the same building.

3. That the principle of the liability of all property to the cost of the care of the insane poor is already established by the contributions now made of 4s. per head per week from the Consolidated Fund. The relief of local taxation by the removal of this burthen would be a just and sensible relief to the cesspayers, already highly taxed for public purposes.

4. That the payment of the cost of county asylums out of the surplus arising from the disendowment of the Irish Church would be of equal benefit to every part of Ireland, and in strict accordance with the spirit and intention of the Irish Church Act.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, SEPTEMBER 8, 1880.

VACCINATION METHOD.

THE Irish Local Government Board has just issued a circular of instructions to public vaccinators under its jurisdiction, which is valuable not only as a concise guide to what to do and what to avoid, but as a cautionary stimulus administered to the profession at the more appropriate moment. We can hardly venture to say—upon such positive information as is at our disposal—that the operation of vaccination is, in many instances, carelessly or inefficiently performed, but we do know that statements to that effect have been publicly made, and we are clear that it would be very unfortunate if any well-grounded suspicions should arise as to the efficacy of the vaccine operation. We rather think that, in some

instances, the "successful" case of vaccination for which the tax-payer pays the vaccinator's fee would hardly bear inspection, and we are under some apprehension that the "successful" cases so paid for frequently do not stand the test of small-pox infection. It is, indeed, hardly to be hoped for that an operation performed by dozens in the hurry of dispensary work would, in all cases, be very neatly and carefully done, although there may be every honest intention to make it effective. Moreover, the arrangements for a subsequent inspection of the vesicle are so cumbrous that it is not always that such inspection can take place at the right moment.

The Irish Local Government Board does not, however, either express or imply any doubt as to the working of the Irish vaccination system, nor does it put forth its suggestions in a mandatory form, and we hope that the recommendation which the department offers to its officers will be accepted with respect and cordiality, in which case we have no doubt that they will serve a good purpose and produce valuable results. We are unable to give the instructions *in extenso*, but we anticipate that our readers will be glad of the opportunity of learning the precautions which are officially approved by the Local Government Board, after, no doubt, the fullest consideration. We therefore give an abstract of the circular :—

INSTRUCTIONS FOR VACCINATORS.

Vaccinate only subjects who are in good health. Ascertain that there is not any febrile state, nor any irritation of the bowels, nor any unhealthy state of skin ; especially no chafing or eczema behind the ears, or in the groin, or elsewhere in folds of skin. Do not vaccinate in cases where there has been recent exposure to the infection of measles or scarlatina, nor where erysipelas is prevailing.

Lymph is to be used according to the following instructions :—

(1.) In proceeding to use a charged capillary tube—snip off its two ends ; then, from one end of the tube, blow the lymph through the opposite end upon the arm of one of the infants, over the place where the operation is to be performed, having had previously, two or three other infants' arms prepared for vaccination. The lancet is then to be loaded from the drop, and inserted into the arms of the children prepared to receive it, but enough is to be left upon the original arm to vaccinate that child. Unless the tube be very copiously charged not more than two children are to be vaccinated from it. The insertion should be made in four spots as hereinafter directed.

(2.) In operating with a charged ivory point *use no water to soften the lymph*. In this mode of vaccinating the operator should make a few scratches *just through* the cuticle, only sufficiently deep to *damp* the surface with *blood*. These scratches should *be made in four spots*, each covering a surface, at nearly one inch apart. The scratches may be abrasions of the cuticle by fine parallel lines, or by further cross-scratch. The operation may be performed on both arms when the surface available, or the position usually selected, is of limited extent. The operator should proceed with caution and take time. On no account should incisions be made and the point of the ivory inserted into them ; and it should be borne in mind that the vaccine virus ought not to reach the subcutaneous cellular tissue. The child should be kept under observation till the spots are perfectly dry, and orders given that the arms *must not be washed*.

(3.) Never either use or furnish lymph which has in it any, even the slightest, admixture of blood. In storing lymph, be careful to keep separate the charges obtained from different subjects, and to affix to each set of charges the name, or the number in your Register, of the subject from whom the lymph was derived.

(4.) Never take lymph from cases of re-vaccination. Take lymph only from subjects who are in good health, and, as far as you can ascertain, of healthy parentage ; preferring children whose families are known to you, and who have elder brothers or sisters of undoubted healthiness. Always carefully examine the subject as to any existing skin disease, and especially as to any signs of hereditary syphilis. Take lymph only from well-characterised, uninjured vesicles. Take it (as may be done in all regular cases on the day week after vaccination) at the stage when the vesicles are fully formed and plump, but when there is no perceptible commencement of areola. Open the vesicles with scrupulous care to avoid drawing blood. Take no lymph which, as it issues from the vesicle is not perfectly clear and transparent, or is at all thin and watery. Do not, under ordinary circumstances, take more lymph from a vesicle than will suffice for the immediate vaccination of five subjects, or for the charging of seven ivory points, or for the filling of three capillary tubes ; and from larger or smaller vesicles take only in like proportion to their size. Never squeeze or drain any vesicle. Be careful never to transfer blood from the subject you vaccinate to the subject from whom you take lymph.

(5.) Keep in good condition the lancets or other instruments which you use for vaccinating, and do not use them for other surgical operations. When you vaccinate, have water and a napkin at your side, with which invariably cleanse your instrument after one operation before proceeding to another.

This circular is, as we have said, particularly appropriate just now, and the Irish Local Government Board has done well to give utterance to some note of warning as to the future performance of vaccinations. The public mind should be, if possible, absolutely free of apprehension as to the efficiency of the operation, and we are convinced that the medical profession will willingly conform to any regulation which may be necessary to prevent any such apprehension arising.

"THE LADY DOCTOR."

THE good city of St. Mungo is extremely credulous. A few years ago it received the "Sulphur Cure" among all its ranks with absolute passion ; the "Vinegar Cure," begotten in Aberdeen, had to travel to Glasgow to obtain a receptive bosom ; and now it is a "Lady Doctor," which painful credulity has elevated on the pedestal of infatuated worship. It has been observed that not since the failure of the City of Glasgow Bank has this venerable city been so intoxicated. The antecedents of "the lady" are not of the most reassuring nature ; she is not likely to re-visit the scenes of former medical and surgical achievements. The method adopted of attracting the *ignobile vulgus* is the old charlatan one. The attire of the "wonder worker" is peculiar. She wears a coronet glistening with stones and metal that looks like gold, and a velvet bodice with spangles encircles her bust. She is said to be of Italian origin, and the daughter of a celebrated Roman physician, and to hold several diplomas. All this the people believe. Her carriage blazes with mirrors, gilding, and coloured glass, and so constructed as to afford room on its roof to about half-a-dozen musicians, likewise grotesquely dressed. Her horses are beautiful, and Madame handles them like a practised whip. She harangues the crowd through her interpreter, for she affects to speak no English. The lame, the blind, the deaf, the scrofulous, and all forms of suffering are presented to her for cure. She draws teeth dexterously with the old-fashioned "key," and the pain arising from broken jaws and stumps is deftly drowned by the musicians. She vends to a gaping and eager crowd two specifics, from the sale of which she must take about £300 per diem of the earnings of the credulous working classes. These medicaments are stated to be compounded

...ow *in the interior* of India and China, ... respectively the "China Caustic" and ... According to an analysis by Dr. Allen, ..., the "Chinese Caustic" of Madame Enault ...sed of wax, oil, vaseline, and some variety of ...tine!! And the "Indian Balm" consists essen... of glycerine and spirits of wine, scented with oil of peppermint and cassia!! That any charlatan is thus permitted to impose on the credulity of thousands with impunity simply amounts to a gross scandal. It is surely a matter with which it is competent for the Procurator Fiscal to deal. The law protects people from their own folly in many other directions. Psychologically, this craving after the miraculous seems deeply rooted in human nature; and it is astounding how people are imposed upon unwittingly by their own faculties, and how marvels grow as they are passed from mouth to mouth. From the medical point of view, it must be confessed that if there were such a thing as a *science* of medicine properly so-called, such melancholy exhibitions could never exist; the conviction is again forced upon one that the nearer the quack the greater the rewards, and that human nature in the nineteenth century is as receptive of the miraculous as it was in the first.

Notes on Current Topics.

Fasting or Starvation.

Mr. George Fleming, F.R.C.V.S., in the *Veterinary Journal* for September, referring to the supposed fasting experiment of Dr. Tanner, says that a similar cruel attempt was made with a number of horses in Paris in the spring of 1876. There was, indeed, this difference between the two cases—that the fast was forced upon the poor quadrupeds without their consent, and that there was a pretence of utility about the French experiment. The aim, as it was stated at the time, was to discover how long horses could go without food in the event of the scarcity which accompanies a state of siege. The following results were obtained from the inhuman experiment:—1. It was proved beyond all doubt that a horse can hold out for twenty-five days without any solid nourishment, provided it is supplied with sufficient and good drinking-water. 2. A horse can barely hold out five days without water. 3. If a horse is well fed for ten days, but insufficiently provided with water throughout the same period, it will not outlive the eleventh day. One horse, from which water had been entirely withheld for three days, drank on the fourth day sixty litres of water within three minutes. A horse which received no solid nourishment for twelve days, was nevertheless in a condition on the twelfth day of its fast to draw a load of 279 kilos.

The London Apothecaries' Hall.

Mr. Bradford, the representative of the "Hall" in the General Medical Council, sends to a medical contemporary an excerpt from the evidence which he intended to have given before the Select Committee of the House of Commons. Mr. Bradford, who has kindly furnished us with the following data, gives the average number of persons who, in three successive decades, have taken annually the licence of the Society:—

In the decade	1850-1859 . .	295·1
„	1860-1869 . .	291
„	1870-1879 . .	214·9

Thus it will be observed that a falling off of 26 per cent. in the licences granted within the past decade is confessed. But the decadence of the Hall did not really commence until within the last five years, and we suspect that a comparison of the licences granted in 1875-80 as against those granted in 1865-70 would show much more forcibly the real state of affairs

Food Supply.

There is an intimate relation existing between the health of a nation and its food supply, so that the greatest interest attaches to the arrangements by which the food material of the country is obtained. A very important source of the home-consumption, the American meat market, and those of other foreign countries, has associated with it risks that render it of the first importance to secure not only a regular supply, but one free also from disease, that the stock in this country may undergo no possibility of chance infection by beasts from abroad. The return of the Privy Council Orders having reference to the prevention of cattle disease has recently been issued, and from it we learn that between December 31st, 1878, and March 31st, 1880, £65,049 has been paid as compensation to owners for animals slaughtered by order of the local authority in Great Britain in 1879. In the same year a total of 1,239,696 animals were imported for consumption as food from foreign countries. The amounts named as paid for compensation seems a large one, but it is really only a small premium on the advantages conferred by the system of which compensation is a marked feature. The excessive care, too, shown in inspecting imported cattle is an admirable safeguard against the introduction of disease.

Hydrophobia in Scotland.

At the meeting in Edinburgh last week, of the Scottish Metropolitan Veterinary Medical Association, Professor Whally remarked on a number of cases of hydrophobia, which had either come under his immediate notice, or been reported to him by practitioners in and around Edinburgh during the present year. Careful examination of the details of all these, led him to the conclusion that it is not chiefly, as alleged, among the wandering homeless animals that the disease is principally manifested; but in almost every instance noticed, the animal giving rise to the madness was a "pet," or of some distinct breed. Retrievers and collies are named as the chief sufferers. Prof. Whally strongly urges Government interference as the only effectual means of dealing with hydrophobia. It must be "stamped out" by the introduction of rigid and complete measures of repression. Muzzling the animals is advocated with a wire instrument, and pitiless destruction of the ownerless and starving cats and dogs that infest the streets of so many town neighbourhoods.

Sir Edward Sinclair.

Dr. E. B. Sinclair, upon whom the Queen has conferred the honour of Knighthood, was formerly an assistant-surgeon in the 2nd Battalion 1st Royal Scots. He is a Fellow of King and Queen's College of Physicians, and King's Professor of Midwifery in the "School of Physic in Ireland," Trinity College, Dublin. In 1869, with the sanction and co-operation of H.R.H. the Field Marshal Commanding in Chief, the then head of the Army Medical Department, and the Board of Sir P. Dun's Hospital, he established "Sir Patrick Dun's Hospital School" for the education and training of women to serve as midwives in the army. Since its establishment the school has sent out 480 well-trained midwives and ladies' nurse-tenders for service in the army. The valuable services rendered by this nursing contingent have reflected honour on Dr. Sinclair, and has earned for him the approval of the army authorities, and we are gratified that Her Majesty has been advised to confer upon our *confrère* a distinction so well deserved.

Fasting as a Pecuniary Speculation.

The Barnum show initiated by Dr. Tanner is likely to have a good many imitators when it becomes known that to notoriety is added the "almighty dollar" sufficient to keep its wily performer in affluence for the remainder of his natural life. According to the calculations of the New York journals to hand, Dr. Tanner received altogether the sum of 137,640 dols. for his forty days' fast, or upwards of £27,530. This is at the rate of 3,441 dols., or £680 a day. This remuneration for forty days' gripes and grimaces is stated to have been made up from the following sources:—The doctor's own bets, 5,000 dols; through a betting agency, 12,223 dols.; sale of photographs, 1,500 dols.; payments for admission to the house, 78,915 dols.; from various manufacturers for the doctor's signature to their commodities, 11,102 dols.; gift from the University, 3,000 dols.; present from the state of Ohio, 5,000 dols.; and from the firm of Liebig and Co., 20,000 dols.

We hope the world is now satisfied with this gigantic swindle, and will hear with becoming equanimity of the doctor's quiet chuckles at his good fortune.

Sea Air.

The marked influence of sea-air as a restorative has been well shown in the case of Mr. Gladstone, who, after a short cruise in the steamer *Grantully Castle*, has returned to town in excellent health, and thoroughly restored from the illness which at one time assumed a threatening aspect. There are very many cases not entirely unlike that of the illustrious Premier which would benefit by a similar course of treatment; and though the efficacy of a short sea-voyage is often appreciated, it is yet too rarely resorted to by those who can easily avail themselves of it, and who, under gentle pressure from their medical attendant, would readily do so. This season, moreover, is peculiarly fitted for such excursions, and it cannot be too eagerly made use of by invalids, for whom the beneficial effects of pure sea-air are likely to have an important influence in determining the progress of their malady.

Hospital Sunday Movement Abroad.

The method adopted here of raising funds for hospital purposes by appealing to the general public in all places on a certain day has found favour in New South Wales; an attempt to fix a day for "Hospital Sunday" being vigorously made in Sydney. There has been some difficulty experienced from the fact that the principal medical charity, the Adelaide Hospital, is a Government institution, and being therefore objected to as a participator in the funds collected by a certain religious party. The aid of the Mayor of Sydney has, however, now been obtained in behalf of the attempt of the committee appointed to organise the movement, and there is every probability their efforts will be crowned with success.

Extraordinary Case of Ascaris Lumbricoides.

Dr. Fauconneau-Dufresne relates the following case in *L'Union Méd.*, May, 1880, which, as regards the number of worms discharged, he believes to be unique. In the year 1876, a lad, twelve years of age, exhibiting some symptoms of worms, some chopped garlic boiled in milk was administered to him, and in the course of the day he passed at different times fifty ascarides lumbricoides. He continued to pass more and more every day, so that he evacuated as many as six hundred in the same day, the worms being enveloped in a mucus resembling white of egg in appearance, and rolled up in a ball, separating themselves after their ejection. At first they were only passed by the anus, but in a short time they were expelled also by the mouth, and in the end exclusively by the latter. During five months he did not fail to discharge worms daily, generally from three hundred to four hundred. When Dr. Fauconneau-Dufresne first saw the boy, in July, 1878, he had passed fewer than for some time past, and he found him with a pale, puffed, and very emaciated face, eating much, but usually vomiting his food soon after he had taken it. Sometimes the worms were expelled with the food, but generally they were voided alone. The worms were discharged living, were five or six inches long, and about as broad as a quill. Besides the garlic, he had taken some pomegranate, and now castor oil and calomel, together with occasional doses of garlic, were prescribed. This treatment produced a continuous diarrhœa; but he had a good appetite, passed fewer worms, and was able to go out, and even to school. Seen again in January, 1879, when Corsican moss was prescribed. The worms were passed less frequently during this month, and in smaller numbers, and almost always dead. During February the moss was continued, with occasional purgatives, and the worms were much fewer, and dead. In March and April both dead and living worms were discharged; and at the end of the latter month santonine and calomel were prescribed. These had to be suspended from time to time, but the number of worms kept continually diminishing, and from August, 1879, to May, 1880, none whatever had appeared. The total number of worms counted during the three years, and for the most part ejected by vomiting, was 5,126; many more having also been passed without having been counted. The greatest number recorded by M. Duvaine amounted to 2,500, which were passed in the course of five months.

ompression of Aneurisms.

Bulletin de Thérapeutique, condemns the Bellingham and Broca, to the effect that total on gives rise to the formation of soft or passive an aneurism, while partial compression favours the ation of solid fibrinous clots, which alone conduce to pair. The author advocates the retention of digital compression during the first twenty-four or forty-eight hours, after which it should be intermitted at night to allow the patient to sleep. He considers that total digital compression offers advantages over any other means of treatment, inasmuch as (1) it is not dangerous; (2) it is more rapid in its action; (3) it is more often successful, and gives more brilliant results; (4) it has succeeded in cases in which partial compression has failed. He says that the reason why this treatment is most successful is because it most conduces to coagulation of the blood within the aneurismal sac.

Pauper Dress for Workhouse Patients.

Mr. Arthur Moore, M.P., has asked the Chief Secretary for Ireland—"Whether, in the case of persons not entitled to gratuitous relief, but seeking treatment for infectious diseases in Irish Poor-law hospitals, and willing to pay for the same, there is any regulation which precludes them from using their own clothing, and compels them to adopt the regular pauper-branded garments; and if such regulations exist, whether he is prepared to modify them, with the view of inducing the middle classes to avail themselves of these hospitals, and thereby raise the standard of medical treatment, and avoid grave dangers to public health." *Apropos* of this question, we may observe that there seems to be some danger that all the lower middle class patients suffering from infectious diseases throughout Ireland may be imposed upon the workhouse medical officers without any additional payment for attendance on such persons. The payment for which such patients are liable is simply the cost of their maintenance and medicine, without any sum for the services of the medical officer; and if Irish workhouses are to be made the refuge of the farmers and shopkeepers in all parts of Ireland, it is time that the Irish Medical Association took the matter in hand, with a view to the protection of the medical officers against imposition.

Replying to Mr. Moore, Mr. Forster said the regulations of the workhouse hospitals did not admit of patients wearing their own clothes; and that was a very necessary regulation, as otherwise, if convalescents returned home in the same garments as they had worn in a fever hospital, the disease would quickly spread. At the same time, there was no regulation that patients in a fever hospital should wear the regular pauper garments, and a circular had been issued to guardians forbidding it.

The Hospital Saturday Fund.

Last Saturday the annual collection took place in the streets of London in aid of the Fund, which was started some few years since, ostensibly with the object of enabling the working classes and others who did not frequent places of worship, to give something from their weekly wages on Saturday to the support of the hospitals which abound in their midst. For the first few years there was an evident want of confidence in the management of this Fund, and financially it was a failure. Recently it has got into better hands, and the contributions have proportionately increased. The present is the seventh anniversary, and some 400 ladies voluntarily gave their services, and took their stations in charge of the subscription boxes in various parts of the metropolis. In the vicinity of the public markets many took their places between five and six o'clock in the morning, and by half-past eight the most advantageous positions in the leading thoroughfares were occupied. A few minutes at any of these stalls quickly showed that the large proportion of money placed in the boxes was from those who would not legitimately come within the accepted category of the "working" class.

It is, of course, premature to hazard an opinion as to the result of this year's collection; we hope that, like the Hospital Sunday Fund, it will show a material increase.

Membership Fees at the London College of Surgeons.

The following special notice has been issued for the information of candidates for the Membership as to the payment of fees for the Primary and Pass Examinations:—

"All candidates presenting themselves for the first time, whether at the primary examination or at the pass examination for the diploma of member, will be subject to the payment of fees in accordance with the provisions of the following bye-law of the College, and all candidates who shall hereafter be rejected at either of these examinations will also be subject to the conditions of the said bye-law:—

9. "The fee of twenty guineas, over and besides the fee for the preliminary examination and the stamp duty, shall be paid by every person prior to his admission as a member. Every candidate for the diploma of member shall, prior to his first admission to the primary professional examination, pay a fee of five guineas, and such fee shall be allowed him as part of the said fee of twenty guineas payable on his admission as a member, and shall be retained whether he pass or fail to pass such examination. No candidate shall, after failure at any primary professional examination, be admitted to a subsequent primary professional examination without paying a further fee of three guineas, which shall be retained whether he pass or fail to pass such examination, but shall not be allowed as part of the said fee of twenty guineas. Every candidate shall, prior to his first and every subsequent admission to the final professional examination, pay a fee of fifteen guineas over and above all charges for stamps; but in every case of failure to pass such examination the sum of ten guineas and the charges for stamps shall be returned to the candidate. The fifteen guineas paid on admission to any final professional examination by a candidate who shall be successful thereat shall be allowed him as part of the said fee of twenty guineas payable on his admission as a member."

The *Broad Arrow* states that the Queen has caused a letter to be written to Mrs. Deeble, the lady-superintendent of nurses at Netley, thanking her and the staff under her orders for the excellent services rendered in Zululand. Though stricken down by fever in the middle of the campaign, Mrs. Deeble performed her duties to the last, and resumed them when she was barely convalescent. This is but one testimony from our troops in South Africa as to the efficiency of our nursing establishment.

Bequest to the London Hospital.

THE London Hospital has received a sum of £1,000 from the rector and churchwardens of the parish of St. Edmund the King and Martyr, City, who act as trustees of a fund arising out of a charity belonging to the parish. This timely bequest will probably serve to improve the financial condition of the London Hospital sufficiently to enable a further postponement of the unfortunate time when it shall be found necessary, through inadequate support, to close any portion of what is the most important public charity in the metropolis.

Infant Mortality in the Belfast Workhouse.

IN reply to a question put by Mr. Arthur Moore, M.P., whether his attention has been called to the statement in Dr. M'Cabe's recent report on Belfast workhouse, that within the six months from January to June eighty-two infants have died in that institution; and if he would inform the House what percentage of the whole number of infants this represents, the Chief Secretary replied that the ratio of mortality was 30 per cent. This is nearly as bad as the "Butcher's Bill" of the old Foundling Hospital in Dublin, in which institution, under the management of pious ladies, Archbishops, Lords, and people of fashion, 92 per cent. of all the infants were annually made away with for a long series of years. Subsequently Mr. Moore gave notice that next session he would move a resolution demanding a reform of the Irish Poor-law and its administration.

Xylotherapy.

AT a recent meeting of the Société de Therapeutique, M. Dujardin-Beaumetz read for M. Jourdanis a note on the Æsthesiogenic properties of certain woods applied to the skin: which he calls xylotherapy (*La France Medicale*). M. Jourdanis has applied plates of wood to the insensible skin, and as with plates of metal, magnets, sinapisms and blisters, has obtained a return of sensibility. The applications of wood seem to be more active than the other means. All woods do not act with equal intensity, and with regard to their efficacy may be classified in the following order:—Cinchona bark, thuja, rosewood, mahogany, pitch pine, walnut, maple, apple; poplar, ash, and plane produce no effect. Return of sensibility is accompanied by congestion of the skin. We cannot suppose these phenomena to be caused by electric currents.

The Small-pox Epidemic in Dublin.

THE week ending the 28th ult. was the first since that ended Saturday, 2nd February, 1878, in which there was not a death from small-pox registered in the Dublin Registration District. Seven new cases of the disease were admitted into the Dublin hospitals during that week, being 2 over the admissions in the previous week; 16 patients were discharged; and 39 remained under treatment on Saturday last, being 9 under the number in hospital on Saturday, 21st inst.

Deaths from diarrhœa, which in the two preceding weeks amounted to 23 and 25 respectively, rose last week to 36. Thirty-one of these deaths were amongst children under 5 years of age.

Epilepsy from a Foreign Body in the Ear.

DR. KATZ, of Berlin (*La Presse Medicale Belge*) had recently under his care a woman, æt. 30, who had never shown the least sign of hysteria or any other disease of a nervous origin. For a year she had had very troublesome noises in the ear, and about the same time became subject to epileptiform attacks, at intervals of one or two months. All the means employed to cut short these attacks were fruitless. When Dr. Katz saw the patient, at the end of last year, he was not long in discovering at the bottom of the left auditory meatus a black mass which was extracted with some difficulty, and was found to consist of a roll of cotton wool covered with cerumen. Freed from this foreign body, the woman found herself relieved at the same time of the disagreeable sensations in the left ear, and the convulsive fits.

The Responsibility for Irish Non-Sanitation.

THE *Ballina Herald*, in quoting our recent observations in reference to the responsibility of the Irish Local Government Board for the disgraceful state of sanitary affairs disclosed by Dr. Nixon in his "Famine Fever Report," says:—

"We can affirm ourselves, if need be, the truth of the statement, that the salaries given the sanitary officers are nominal; and boards of guardians, as a rule, are not much concerned as to the way in which the duties are discharged. There must be great negligence when the medical commission lately round were able to see so much that was bad, and had to write in such strong terms of condemnation."

Treatment of Pseudo-Membranous Colitis by Euonymin.

DR. BLONDEAU brought before the Société de Therapeutique recently (*La France Medicale*) a case in which he had employed euonymin in one of his patients suffering from pseudo-membranous colitis which had been vainly treated by the most energetic remedies. He prescribed—Euonymin, 0·05 grammes; extract of hyoscyamus (B.P.), 0·10 grammes—made into two pills, one to be taken morning and evening. After six days of this treatment, the patient had regular motions, and recovered her health, which she had lost for some months.

Treatment of Herpes.

M. A. FOURNIER (*La France Medicale*) recommends, after washing the ulcerated vesicles of herpes with hypochlorite of soda solution diluted with half its volume of water, that the wound be covered with cotton wool impregnated with the following powder — subnitrate of bismuth, 4 parts; calomel and oxide of zinc, of each, 1 part. If the eruption is extensive, he recommends absolute rest, the administration of baths with bran or starch, and the internal prescription of opium and bromide of potassium.

Two very eminent members of the profession on the Continent have passed away during the last few days, in the persons of Professor Hebra of Vienna, and Professor Paul Broca of Paris; both were brilliant lights in the world of medicine and science.

The Constabulary and Dr. Stevens's Hospital (Dublin.)

On the motion of Mr. Callan, M.P., a return has been ordered of all correspondence between the Inspector-General of Constabulary and the Governors of Dr. Stevens's Hospital relative to the treatment of constabulary patients in the said hospital, referred to in a letter of T. H. Burke, Esq., Under Secretary, to the Secretary of the Board of Superintendence of the Dublin Hospital, under date the 24th day of October, 1878.

Dr. Andrew Scott Myrtle, of Harrogate, has been appointed a Justice of the Peace for the West Riding of Yorkshire.

A distinguished service reward of £100 per annum has been conferred upon Sir W. M. Muir, M.D., K.C.B., Director-General of the Army Medical Department.

Dr. Bateman of Norwich and Dr. Hack Tuke of London have been elected Corresponding Members of the Society of Psychiatry of St. Petersburg.

Our American exchanges report that Dr. Tanner intends lecturing on the "Secret of Fasting," so soon as he shall have sufficiently recovered strength.

The wife of a labouring man, in the Old Kent Road, was last week delivered of four children at a birth, three boys and a girl; two only have survived. The mother on a previous occasion had given birth to twins.

Last week a surgeon was committed for trial, in a case brought by the United Kingdom Assurance Corporation, charging him with receiving 7s. 6d., with fraudulent intent, for certifying to the eligibility of certain lives, without previous personal examination.

The New York papers state that the notorious medical diploma monger Dr. John Buchanan, of Philadelphia, who was under bail for fraud, has ended his career by suicide. Incapables will again have to turn their eyes to Germany where there are yet one or two institutions open to a quiet bid.

To hydrophobia was assigned the death of a little girl last week, in Belfast. Deceased was bitten by a rabid dog on the 21st of July last, and was conveyed to the Belfast Royal Hospital, where the wound was cauterised. Three days before death symptoms of the disease manifested themselves, and nothing could avert the fatal termination.

The annual rates of mortality per 1,000 last week in the large towns of the United Kingdom were—Bristol 16, Edinburgh 17, Glasgow 19, Oldham 19, Plymouth 21, Portsmouth 21, London 21, Brighton 21, Bradford 24, Newcastle-upon-Tyne 26, Birmingham 27, Wolverhampton 27, Sheffield 30, Leeds 30, Sunderland 31, Hull 31, Norwich 32, Nottingham 32, Manchester 33, Salford 33, Leicester 35, Liverpool 35, and Dublin 38.

In the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 22, Bombay 24, Madras 35; Paris 27; Geneva 26; Brussels 32; Amsterdam 28, Rotterdam 21, The Hague 21; Copenhagen 29; Stockholm 32; Christiania 30; St. Petersburgh 37; Berlin 34, Hamburg 28, Dresden 26, Breslau 36, Munich 27; Vienna 23, Buda-Pesth 41; Turin, 26; Venice, 23; Alexandria 38; New York 27, Brooklyn 27, Philadelphia 17, and Baltimore 20 per 1,000 of the population.

The death rate from the seven principal zymotic diseases in the large towns last week ranged from 4·6 and 4·9 in Bristol and Brighton, to 15·7 and 20·9 in Salford and Leicester. Scarlet fever showed the largest proportional fatality in Norwich, Sunderland, Oldham, and Salford; and fever in Salford, Leeds, and Sheffield. Small-pox caused 3 more deaths in London, but not one in any of the other large towns. The deaths referred to diarrhœa, which had steadily increased in the ten preceding weeks from 51 to 864, further rose last week to 994, and were equal to an annual rate of 6·9 per 1,000. The death rate from diarrhœa was equal to 3·8 in London, and to 9·7 in the twenty large towns, among which it ranged from 2·7 and 3·2 in Oldham and Bristol, to 13·0 and 18·1 in Sheffield and Leicester.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

The Medical Officer of the Edinburgh City Poorhouse.—A special meeting of the Edinburgh Parochial Board was held on the 31st ult. in the Board-room, Forrest Road, Mr. David Kinnear, chairman, presiding, to "consider recommendation by the house committee that the services of Mr. Furley, the Medical officer to the poorhouse, be dispensed with." The inspector, Mr. Greig, read the minute of a meeting of the house committee, held on the 18th August, which stated that the chairman had reported that Mr. Furley's conduct of late had been far from satisfactory; that he had desired the inspector to write to him requesting him to attend an interview, and that the letter had been returned through the Dead Letter Office, marked "Left; no address." The committee having considered the matter, appointed a small sub-committee to meet with Mr. Furley, with the object of endeavouring to procure his resignation. At a subsequent meeting of the committee on the 27th August the sub-committee reported that they had failed to obtain an interview with Mr. Furley, and therefore recommended that his services should be dispensed with. The chairman said that unless any gentleman had any remark to make, the less they said regarding the matter the better; and he was prepared to move that the recommendation of the house committee be adopted, and Mr. Furley be dismissed from the service of the Board; and that the inspector be instructed to intimate this to him formally. The motion was unanimously agreed to without further remark. Mr. Furley's assistant was appointed medical officer to the house *ad interim*, and a committee was appointed to consider what steps should be taken to fill the vacancy, and to report to the next meeting of the Board.

"The Queen of Scotch Watering Places."—The authorities of Oban contemplate applying to Parliament for a Bill to

enable them to furnish the burgh with an adequate supply of fresh water. As there are few towns in the kingdom which, for beauty of situation and salubrity of climate, can compare with this rapidly-rising and fashionable watering place, the expediency of the proposed scheme is apparent. Oban possesses every attraction to the pleasure or health seeker, and those who are entrusted with the management of municipal affairs should do all that lies in their power to make the place attractive. In addition to obtaining an adequate supply of good water, offensive smells, of which there are at times really too many here, should be kept down, and facilities should be afforded to bathers which do not at present exist. With due circumspection in a sanitary direction there is no reason why this fair town should not take foremost rank as a health as well as a pleasure resort; and all personal differences should be subdued in presence of the good and pleasure of the public, both local and strangers.

The late Dr. Alexander Forbes.—Dr. Alexander Forbes expired in his house, North Silver Street, Aberdeen, on the 29th ult. The deceased was a native of Aberdeen, and after attending the Arts Classes at King's College, entered the Medical School at Marischal College. He subsequently completed his professional training in the Universities of Edinburgh and Paris, and commenced to practice in Peterhead in 1867. He remained there about three years, and at the end of that period removed to Aberdeen, where he assumed the practice of Dr. Coutts, Golden Square. Dr. Forbes was physician to the Epidemic Hospital, Blair's College, Nazareth House, and the Orphanage, Constitution Street. He was much liked by his patients for his quiet, gentlemanly bearing, and unfailing kindness; and by these, as well as by a large circle of friends, his untimely death will be greatly lamented. For a considerable time Dr. Forbes had been suffering from a lung affection, and to that he succumbed. He was 38 years of age, and leaves a widow and four children.

The late Dr. Hirschfeld, of Banff.—Dr. Hirschfeld, of Banff, with his only son, aged 4 years, were accidentally drowned on the 31st ult. The deceased gentleman was highly respected in Banff, and had only attained the age of 33 years. He was Visiting-Surgeon to Chalmer's Hospital; Visiting-Physician to the Banffshire District Lunatic Asylum; and served with distinction in the British Ambulance in the Franco-Prussian War.

Registrar-General's Returns.—According to the weekly return of births, deaths, and marriages for the eight principal towns of Scotland the death-rate for the week ending with Saturday, the 28th August, 1880, was 18·4 per 1,000 of the estimated population. This rate is 1·3 above that for the corresponding week of last year; and 0·2 above that for the previous week of the present year. The lowest mortality was recorded in Greenock—viz., 13·1 per 1,000; and the highest in Leith—viz., 28·4 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 5·0 per 1,000—nearly the same as for the previous week. Acute diseases of the chest caused 55 deaths, being 16 more than the number for last week.

Correspondence.

A SIMPLE CURE FOR ASTHMA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I beg to call your attention and that of your readers to an extraordinary cure of a case of asthma, following severe bronchitis, of eight years' standing. I should have long hesitated to do this had I not been treated by, and well known to, so many eminent members of the profession. My long and severe suffering I cannot describe, nor would it serve any good purpose were I able to do so. Very many of my friends, as well as my own family, were witness to them, but the sufferers from asthma alone can understand them. I tried the various specifics, but the only relief I got was from change of climate, wintering in Tangiers, Spain, at sea, or in the south of France, but soon after my return the old enemy attacked me and rendered me unable to take any pleasure or do any work. During the night I was always awakened by a feeling of suffocation, which obliged me to sit up and pant for breath sometimes for an hour, but more frequently for two or three hours. Of course, I tried every remedy kindly prescribed for me; I dieted myself as recommended. I was very careful in going up stairs, frequently going up backwards; and taking care to lie down very gently. By observing these rules the difficult breathing caused by the exertion of going up stairs and undressing became easy, and I got to sleep, which usually lasted until the suffocating feeling above described came on. You will readily imagine that I did not get fat, and it was far from pleasant to be accosted several times a day by friends with the remark, "How thin you get." I am now well, and can walk and run without difficulty. This to me seems like the transformation scene in a theatre, so sudden, so striking, so delightful; and I should be not only intensely selfish but extremely wicked did I not tell you, and through you the public, how this relief has been obtained by me, and how all others similarly afflicted may obtain it. I was telling a valued and intelligent patient my griefs, and after listening to them she said, "I feel sure that Ling's movement cure would relieve you, if it did no more." Sinking men, it is proverbial, catch at straws. I readily caught at what I then thought a straw. Hear the result: I have only been under treatment a week, one hour daily, and I can say most truthfully that I am well; and am thankful to my patient who first mentioned the treatment to me; and most grateful to Major Leffler, 11 York Place, Baker Street, to whose skill and unremitting care I owe the good health I now enjoy. I have no difficulty in going upstairs or exerting myself in any manner, and, what is more delightful, I am free from night attacks. I have already gained three pounds in weight, and the Major thinks that I may regain my usual height. This, to a man who has seen seventy-seven summers, seems fabulous; but from what has already been achieved, I firmly believe it. I am, Sir,

Your obedient servant,

George Dunn, M.D.

42 Gordon Square, London.

Literature.

INDIAN NOTES. (a)

A chatty and pleasantly written book is that which bears the above title; replete with information is it also, although truth to tell, there is, in some of its pages, a *leetle* laxity of expression, such as might have been avoided had the author been less hurried than he appears to have been when running off his *copy*. His work begins with his voyage to India; then come in succession chapters on Travelling in India, in Upper India, Stations, the Hills, Mineral Waters, and lastly, Herbs and Simples. All these, with perhaps the exception of the two last, being interesting to the general reader, as well as to the medical. The author in compiling his *Notes* has, evidently, done a great deal of reading; and, as among the subjects touched upon by him, are two which are, at present, being very much discussed, not only in India but in England, namely, cholera, and *typhoid* or *enteric fever*, we propose to follow him somewhat at length in his remarks on these diseases.

1*st. Cholera.*—The circumstance is noticed that at Allahabad this disease has not appeared during the eight previous years among the prisoners, although other classes in the station have suffered from it; the first appearance taking place in March, reaching its climax in May, decreasing till July, re-appearing in August, and continuing till October. Marching into camp four miles off did not answer, so the troops were

(a) "Indian Notes." By F. R. Hogg, M.D., Surgeon-Major. J. and A. Churchill. London. 1880.

sent by rail thirty, then forty, miles down the Jubbulpore line, and thus the plague was stayed. At Cawnpore much the same rate holds good in regard to seasons of prevalence; there it was found expedient to march out eleven miles, rather than encamp at short distances from the station. At Delhi, in 1875, during a cholera period, nine inches of rain fell in one September day, without, in any degree, interfering with the course of the disease. In the same epidemic five hundred cats infected with round or tape-worm, died in that city. At Forozepore, in 1867, heat-apoplexy was followed by cholera, traceable to importation, and in no way associated with diarrhœa in its early stages; it attacked fatally a few healthy temperate men. At Fyzabad the disease appeared as an epidemic in the month of April in each of the years 1860, 1864, and 1870. At Jullundhur mild outbreaks took place in 1857, 1858, 1867, 1868, and 1872. At Kohat outbreaks were specially noted in 1858, 1862, 1867, 1869, and 1872, generally commencing in August, and ending in October. At Lahore the disease usually prevails during these two months. At Lucknow it, as a rule, commences in the European infantry lines, and though attributed to pilgrims and punkah coolies, "appears to depend more on season than contagion." At Meerut, in 1867, the British troops at Meerut suffered severely, while the native troops and the jail prisoners escaped. The disease was, on that occasion, evidently imported by pilgrims from Hurdwar; after the disease had appeared, "every variety of sanitary measures in camp or barrack failed to diminish the mortality, or mitigate the malignant virulence" of the pestilence; cholera and malarial fever became associated in the same barracks. At Kirkee, in April, 1867, after a continuance of dry hot weather, a thunderstorm occurred; down came pouring rain upon a band of pilgrims, out came the sun; next morning they drank foul water, and became immediately attacked with cholera, which they spread in all directions. At Umritzur cholera is often accompanied by malarial fevers. At Umballah these two diseases ran concurrently together; but "since the dykes prevented country inundation, cholera outbreaks, severe in 1845, 1852, 1857, 1861, and and 1867, do not figure largely in returns."

2*nd. Typhoid or Enteric Fever.*—Dr. Hogg says "the newly arrived young soldier in the plains, and not unfrequently at crowded insanitary hill stations, may too often be attacked with enteric, especially if exposed to the blazing morning sun, to extreme fatigue, to bad food, overcrowding, or if stationed in a place annually becoming more polluted after prolonged occupation." At Bareilly it attacked young, unseasoned, susceptible new arrivals from England. At Delhi, "according to ancient annals," fevers are prone to cerebral and typhoid complications. At Fyzabad in 1878, it "fastened" on those susceptible, and preceded by febricula or tonsillitis, proved to increase in intensity from April to June, *i.e.*, during the season of dry heat. At Hazarabagh "formerly aloe hedges obstructed ventilation, and rice fields near the barracks favoured fevers, and yet regiment after regiment liked the place until enteric fever, fastening on those susceptible, necessitated the reduction of the troops to a detachment. A number of sanitary improvements followed, and since 1874, scarcely any enteric returning, it was considered safe to locate more men. At Jullundhur in 1868, from May to August, and onwards, *i.e.*, the rainy season, the 92nd regiment suffered from enteric fever originating within the regiment itself, and supervening on an outbreak of diarrhœa, which commenced on the voyage up the Indus among the young children, extended to the larger children and women, and lastly to the men, especially to young weakly recruits. No special prevalence of enteric at the same time affected seasoned recruits. In 1878 the 100th regiment at the same station, having only arrived from England in the previous December, suffered from typho-malarial fever, which, proving terribly fatal to many men, women, and children, yet spared the officers. But for periodic outbreaks of flood fevers, Jullundhur would be one of the most coveted stations. Kurnaul was an important place until pestilential fever compelled the troops to leave it for Umballah in 1843. At Loodianah, in 1857, the whole district was temporarily a marsh; a prostrating fever fastened on Europeans and natives with equal intensity. At Lahore, in 1849, "enteric fever, with cerebral complications, originated in the small barracks crowded with European Bengal Fusiliers. In June the fever became more distinctly typhoid when not replaced by gangrenous dysentery. In July it fatally selected unseasoned recruits, and cases of heat-apoplexy became frequent at a time when the river Ravee was inundating the country. In September fever and dysentery increased as the ground dried up, and in October matters became worse and worse as scorbutic dysentery became developed. At Rawul Pindee, "during hot dry months, typhus may be endemic in the district and in the jail; either contagious typhus, relapsing or enteric fever, if not typhoid pneumonia," has occasioned controversy. Remittent and continued fevers prevail in August, intermittent in October. At Umritzur the fever type is pitiably exhausting, somewhat akin to that of Ferozepore and Meean-Meer. Subathoo has, for a long time, been named as the home of a typhoid form of malarious fever.

A good many valuable remarks of miscellaneous nature occur in Dr. Hogg's book. He says, with truth, that in India, "an amazing amount of liver disease can be traced to the indulgence of a *craving* for beer." This is quite correct, and, indeed, there are not a few medical men who look upon the habit of beer drinking among our countrymen there as even more pernicious to health than the habit of spirit drinking. He casually mentions the circumstance that "opium in fever-stricken villages is food and medicine;" but, unfortunately, gives no further information upon this important subject for inquiry. At Meerut, during sickly months, cattle suffered from lassitude, diarrhœa, aphthæ of the mouth, œdematous throat and exhaustion; "*red* thread worms, half an inch long, were found in the large intestines and stomach, yet not in the excreta."

ON THE BILE, JAUNDICE, AND BILIOUS DISEASES. (*a*)

THIS is a captivating-looking book: is a large handsome octavo that reflects every credit on the publisher. It further demonstrates its author's intimate acquaintance with the literature of the subject, from the observations of Hippocrates to the experiments of Rutherford. But, nevertheless, it is an utterly exasperating book. The information we desired, and which the author doubtless could furnish, we cannot find; it eludes one's search like a Will-o'-the-Wisp. Chapter after chapter marches before us in stately procession, replete with quotations and research, reminding us forcibly of Gibbon's renowned History. There is, too, the same mocking, sneering spirit running through the tome from beginning to end. In order to demonstrate that this is not either captious criticism or personal hostility to the author, we will let him speak for himself. He concludes his chapter "On the Bile" so:—"It thus becomes possible that the bile-pigments, after suffering whatever chemical change they may be destined to undergo in the bowel, are absorbed into the blood and so excreted by the urine as colouring matter, while the remainder passes out with the fæces. The end of the bile would thus seem to be excretion by the urine—a view not altogether new, for it was taught by physiologists 1,600 years ago that the urine was formed in the liver and separated by the kidneys; and those who come after us may judge whether the nineteenth century have made any real progress in this matter compared with the age of Galen." Then, again, he concludes what he has to say on "The Treatment of Jaundice" with —"With Bamberger we may regret that not a step has been made forward in the treatment of jaundice for 2,000 years, and that the therapeutics of this age are, in all essential points, the same as those of Hippocrates and the early Greeks."

The final chapter is "On Bilious Diseases," and concludes as follows:—"The humoral pathology will, however, not be readily overcome. It has survived many an onslaught during the last 300 years, even when attacked by a Paracelsus. And if we find the writer of a justly popular handbook of physic (Niemeyer) still speaking of 'mucous fevers,' and the public still saturated with the humoral physiology as the terms 'sanguine,' 'phlegmatic,' and 'melancholic' show; as does also their familiar parlance on medical matters, 'the blood being out of order' (a main source of disorders), 'venting of spleen,' and the like expressions; he would be a bold man who should foretel the driving of this system of pathology out of its citadel. 'Bilious complaints' with the public will therefore in all likelihood hold their own. In the now fashionable jargon 'bilious chill'

(*a*) "On the Bile, Jaundice, and Bilious Diseases." By J. Wickham Legg, Assistant Physician to St. Bartholomew's Hospital, and Lecturer on Pathological Anatomy in the Medical School. H. K. Lewis. 1880. Pp. 664.

is talked of, though what is meant appears equally a mystery either to the scientific or non-scientific mind."

The work is a perfect storehouse of matter for those who wish to "drink deep at the Pierian spring;" but for the general bulk of the profession it is scarcely adapted. The late Dr. Murchison taught us something practically valuable from recent research, in his "Functional Disorders of the Liver" especially, for which the whole profession is grateful. Dr. Legg marshals his facts and material to teach nothing but scepticism. With his information on the subject with which he deals, he has a magnificent opportunity of gaining the ear of the profession and the public. He seems, however, to have revelled in the idea of perversely wasting the opportunity, and flinging it away in sheer impish sportiveness, in absolute derision. Instead of the voice of the teacher there is a mocking sneer, and we very much regret that we feel compelled, much against our will, to say so.

CLIMATE AND MEDICAL TOPOGRAPHY IN THEIR RELATION TO DISEASE. (a)

THE work now before us furnishes one more example of the valuable labours performed by that once glorious Service, the Indian Medical. Indeed, it was only while writing his *preface* that the author became aware of the vast change that had just passed over the body of which he is one of a very long list of ornaments; he accordingly in a foot-note enumerates *some* of the many benefits that his Service has conferred on India, and then adds this sentence, in the truth of which all who are acquainted with that great Empire cannot but most fully agree: "The history of the Indian Medical Service, now alas, it is to feared about to lose its independent existence, would form a history of beneficent British work in India of a kind which the people of the whole land would thoroughly understand and gratefully approve." A noble Service indeed it *was*.

The work before us opens with a general description of the mountains and plains of Northern India, including their geology and river systems. Next follows an elaborate series of tables containing the results of analyses of waters made with a view of determining the amount of lime and magnesia contained in those of goïtrous districts, the result being to disprove the view that an excessive quantity of those salts in drinking water is an efficient cause of the disease. He is of opinion that "the disease depends on some influence which can develope itself very locally independently of any local differences which we can at present recognise in soil, water, or climate." The subjects of *malaria* and of *fever* in relation to rainfall are discussed at length. With regard to the former he asks: Does malaria simply express the result of certain climatic influences? and to this query he for himself answers in the affirmative, as no doubt the majority of his readers will be disposed to do also. It is true that he subsequently discusses the *specific poison* theory of malaria, but apparently with no very definite result, notwithstanding that, as he observes, "we have the history of epidemics of fever of a distinctly malarious character which from time to time invade parts of India which cannot be accounted for by changes meteorological or telluric, by contagion or infection, and can only be attributed to the widespread development of some specific poison." Why *specific* poison? Is not this theory of specific *poisons* somewhat too freely applied at present? Might we not with equal, if not a good deal more, propriety substitute for it the word *influence*?

A very valuable and detailed account of an epidemic of malarial fever which prevailed over a great portion of upper India from August till October 1869, "affecting native troops and the civil population alike, and apparently in its character resembling the disease by which, in 1809, our troops in Walcheren were devastated." Three forms of this fever were recorded in India: thus at Jullundhur there was the ordinary quotidian intermittent; 2, that which, beginning as a quotidian, then became a tertian in the latter stages, attended by diarrhœa, anæmia, and anasarca; and 3, beginning as an intermittent, then suddenly taking on a low *typhoid* type, generally being fatal, from seven to eleven days. This last form is of especial interest in reference to the discussion now taking place as to the existence among British troops in India of *specific* enteric fever, as against endemic fever with typhoid state or intestinal complications. Another important remark occurs with more particular reference to a somewhat similar outbreak of fever which affected the Naval Brigade and 6th Foot at Buxar, in the latter end of 1859, namely, that "an epidemic malarious fever may manifest itself in the mildest form of intermittent, or, according to circumstances, prove so malignant that in a few days the patient sinks into the *typhoid* condition of the worst description of jungle fever." Prisoners appear to enjoy a remarkable degree of immunity from epidemics of malarial disease, a circumstance accounted for by the fact of the prisoners being shut up at shortly after sunset, and sleeping in dry and well-raised wards.

Unfortunately the space at our disposal does not permit us to enter more at length into the analysis of this valuable and comprehensive work; we may hereafter make use of the ample store of information contained in it, and in the mean-time can only recommend it most highly to all who are interested in the medical history of India.

(a) "Climate and Medical Topography in their Relation to the Disease-Distribution of the Himalayan and Sub-Himalayan Districts of British India, &c., &c." By F. N. Macnamara, M.D., F.R.G.S. London: Longmans, Green, and Co.

MEMOIRES DE CHIRURGIE. (a)

THIS is a most important contribution to the histology and pathology of clinical surgery. M. Nepveu, who has been long known as the very distinguished conductor of the laboratory of the Hôpital de la Pitié, of Paris, has assembled in one volume the results of numerous observations made by him in the clinical wards of that hospital, and especially in those of the greatly respected teacher, M. Verneuil, the pride of Parisian surgery.

In M. Nepveu's work we find first of all a most exhaustive essay of 160 pages on the most important question of bacteriæ and their influence in disease. Following this is a short paper on the extirpation of melanic tumours. Then a paper on lymphangioma, followed by one on denudation of the nerves. Next follows a contribution on certain ulcers of the integuments seen in atrophic paralysis of infants. Then a paper on ostioclasis and osteotomy, one on adenochondroma of the sub-maxillary gland; then one on the accidents arising after ligature of the common carotid artery, one on traumatic oliguria and anuria, and one on oliguria and polyuria caused by reflex action originating in the testes. There is a long and most important essay of no less than 70 pages, on tumours of the testicle, an obscure subject, on which M. Nepveu here throws a flood of light. Another chapter is devoted to rupture of ovarian cysts, followed by one on melanic tumour of the rectum and anus. There is next a valuable paper on some vascular lesions occurring in fractures of the leg; and finally, a paper on the atrophy of the fibro-fatty mass under the metatarso-phalangeal articulations.

Readers of practical surgery must be difficult to please if they do not find in some of these elaborate essays a chapter to their taste. Space fails us to do justice to the work, but we will mention one or two of the most salient points. "The success," says our author, "of the antiseptic method may be attributed as well to a chemical theory as to that of a germ theory. This doubt, which is purely a scientific one, ought not to be any cause of failure of purpose for the practitioner. The simple antiseptic method in its essence, varied according to Lister, Guerin, &c., is followed by constant successes by all who make themselves its interpreters in an intelligent manner in the practice of surgery. In the medical point of view, we may also, whilst only giving to the bacteria the place of indifferent corpuscles perhaps, yet establish their importance in the same way. Thus, certain authors explain how that in certain epidemics of various nature, these agents are, according to the primitive focus whence they emanate, the most facile spreaders of the most terrible epidemics."—P. 137.

Speaking of melanotic tumours our author observes, page 159, "In short, melanotic matter is a derivative from the blood. This is proved by the existence of a colour varying from yellow to reddish-brown, or to black in the melanotic tumours, as well as by the presence of yellow matter and

(a) "Memoires de Chirurgie." Par le Docteur Nepveu, Chef du Laboratoire de la Clinique Chirurgicale de la Pitié. Pp. 720; with Two Plates. Paris: Delahaye. 1880.

blackish granulations in the cells (cellules of the tumour, or plastic cells), and even in the capillaries, the glands, and cutaneous epithelium which are perfectly healthy, besides which we find local alterations of the blood in the tumour itself."

Diffusion and hæmorrhage are the two causes of the exudation of the colouring matter from the vessels. It is probable that the elaboration which is the property of the cells themselves has something to do with the intensity of the colouration and the rapid metamorphosis of the colouring matters. Melanosis is then only an accident in certain tumours, and we may thus comprehend why certain tumours are partially melanic.

In his essay on atrophic palsy of infants Dr. Nepveu shows that vesicular eruptions, ulcerations, and even arthritis may arise, all which are quite analagous to those which have been described by writers on the diseases of the nerves, in certain lesions of the nerves, and of the cerebro-spinal axis. These alterations are essentially trophic in character, as shown by the lowering of the temperature, &c. The ulcers have not been hitherto well described by physicians. These may last a long time, and their cure may be hastened by electricity.

In a short paper on oliguria and anuria caused by traumatism, Dr. Nepveu mentions that the testes may, in certain abnormal conditions (injection of iodine into the t. vaginalis, acute inflammation, &c.), be the origin of reflex actions which act on the urinary secretions. This reflex action, especially in the case of hydrocele, treated with iodine injections, is shown by a series of oscillations in the secretion. Oliguria takes place for a few days, then polyuria.

A series of articles on diseases of the testis follow. Our author speaks first of the pearly tumour of the testis, and observes that this takes its origin from the epithelium of the organ; the cysts which accompany it arise from the canaliculæ of the testis. Epithelioma, adenoma, and atheroma of the testis arise in the same way. Encephaloid of the testis is often a mixed tumour consisting of different epitheliums of the seminal parenchyma; of vascular epithelium, lymphatic epithelium, and testicular epithelium. All these are affected simultaneously with the conjunctive tissue. Some of these correspond to the lymphoid sarcoma or lymphadenoma of certain authors. Schirrhus of the testis, a rare form of cancer of the organ, is found in rather advanced life, and is not amenable to treatment. Tubercle of the testis exists under the three forms: grey granulation, fibrous tubercle, and disseminated tuberculosis. The two former forms may be isolated, or united in masses. Benignant fungus of the testis is rather common in Italy, but rare in France. It is seen under three forms: the inflammatory, tuberculous, and syphilitic, the two latter being the most frequent. Anatomically this affection has two forms which are essentially different. The one consists in the formation of fungus granulations (1) on the tunica albuginea, and (2) on the testis. In these two cases the testis remains healthy. In the other form there is a loss of substance in the tunica albuginea, through which the testis is apt to protrude. In the case of gummata of the testis we have, firstly, the characteristic aspect of the testis on a fresh section being made of it; secondly, the tertiary or other syphilitic symptoms; thirdly, the existence of interstitial orchitis in a cheesy state. In case of hæmorrhagic vaginalitis, Dr. Nepveu found the vessels of the testis increased in volume, the walls much thickened, but infiltrated with cells of the same kind. This process is, he says, entirely different from what is seen in tuberculosis, and appears to be due to a vaginalitis or epididymitis with effusion of blood.

Melanic tumours of the rectum, says our author, which are rather frequent in the equine species, are extremely rare in man. Only four of these are recorded. They have up to this time been noticed only in very advanced life, and chiefly in males. In the case published in this work there were tumours the size of cherries, which coalesced and formed a tumour the size of a man's hand, of blackish colour. The progress of these tumours is fatal, and the length of life does not exceed three years.

We have no space to notice further the admirably practical work of M. Nepveu. Suffice it to say that no ardent student of clinical surgery should omit to consult its pages.

THE DISEASES OF TROPICAL CLIMATES AND THEIR TREATMENT. (a)

This is an exceedingly difficult book to review. An abstract is impossible, and to express an opinion about it would not be fair to writer and reader without some explanation. The necessity for such a work is obvious; whether Dr. Horton was the man to write it is not quite proven by his book. There is much honest good work in it of which he may be proud; but it lacks much that it should contain. The strides of modern physiology have been gigantic of late years, and especially that portion of it which has to do with digestive assimilation and the function of the liver, matters of the most vital importance in reference to life in tropical regions. A man whose life has been spent in active service, and whose proof-sheets were corrected in the field in the Ashantee campaign, must have many allowances made for him. An extract from his preface will put him and his position very fairly before the reader.

"In collecting together my notes, and arranging them in the form in which I now present them to the profession, I have endeavoured to bring in also the opinions and experiences of the most able writers on the subjects of which I have treated, comparing them with one another, as well as with my own observations; and although I am painfully aware of the fact that there are many deficiencies and shortcomings in the work (more especially as the printer's proofs had to be sent out to the coast of Africa for correction, a great number of which were revised whilst busily engaged in the field in the recent Ashantee campaign), yet still I will crave their indulgence in stating that, in thus placing the accumulated facts before them, I have endeavoured to describe the diseases faithfully, both from my personal observations and from what I have obtained from the writings of others; and I hope that I have succeeded in giving much useful information in tropical diseases generally, and placing in the hands of young tropical practitioners a handbook of practical importance and utility in their early career."

There can be no doubt that for such young practitioners as are going out to tropical climates this work is one of great value. They will find in it the various diseases of tropical climates faithfully described; but there is something amissing. Dr. Horton has read much of older writers, knows the practice of the past, has seen the diseases he well pourtrays, but—well, I suppose we must remember that he has not sat in his study and read hard, and had to keep himself abreast of recent literature by hack writing. This, the second edition, dates from Cape Coast Castle, the first of January in the past year, and not from Marylebone, so we must make the requisite allowances. The fact that the first edition is dated, "Western Africa, October, 1874," is the best evidence of the appreciation of the work. Still when it is written, "opium is the most important and valuable remedy we have" in the treatment of cholera; when the use of calomel is discussed; when no reference is made to Prof. Geo. Johnson's researches, and the discussions which followed his advocacy of castor oil; when nothing is said about the treatment with belladonna; and Surgeon-Major A. R. Hall's experiences with hypodermic injections of chloral, which promise so much, we are doubtful as to whether the book is abreast of the times. When a writer on diseases of tropical climates is apparently unacquainted with the late Dr. Murchison's invaluable lectures on the functional disorders of the liver, we do hold the opinion that he can scarcely represent modern views, or avoid the feeling that the work represents the past rather than present medicine.

AMBULANCE LECTURES. (b)

This little *brochure* is the result of a course of Ambulance Lectures delivered to the Volunteer Corps, to which Dr. Weatherly is surgeon, and after that to the staff at the Bristol railway station. They were printed because he believes they may "form a useful work for the policemen, railway officials, and other men engaged in large works, as well as for the public at large." And that some such information, as is here

(a) "The Diseases of Tropical Climates and their Treatment; with Hints for the Preservation of Health in the Tropics." By J. A. B. Horton, M.D. Edin., F.R.G.S., Surgeon-Major of the Army Medical Department. Pp. 681. J. and A. Churchill, 1879.

(b) "Ambulance Lectures." By Lionel A. Weatherly, M.D., Surgeon to the 1st Gloucester Artillery Volunteer Corps. Griffith and Farran. P. 85. 1880.

furnished, should be generally known is certain enough. While the surgeon is being summoned something may be done; and it is by no means unimportant that that something shall be judicious and not injurious. How far it may be possible to spread such knowledge as is useful in cases of accident remains to be seen; but a large number of persons will read this little book with great interest, and be thankful to Dr. Weatherly for having written it. Whether he has done his work well or indifferently it is scarcely possible to say, for we have nothing with which it can be compared; our own impression being that he has succeeded capitally in his venture. He commences by saying, "The Order of St. John, under whose banner these lectures are delivered, is an order whose work, if properly taken in hand, must of necessity do good." We did not know that St. John had a banner, and should much like to know what the venerable saint did with it, and where it has been preserved since his time. However, it seems that the Order of St. John consists of a number of persons sincerely anxious to be of use to their neighbours. Of course this has great attractions for the order of busybodies, who will join anything that enables them to be fussy; but at the same time a number of sensible persons will be thankful for the information here furnished to them. Dr. Weatherly takes them over the structures and functions of the body, and puts them through a course of anatomy as regards the circulation, which will be stiff reading for some. He illustrates his subject by some capital original drawings, which add largely to the value of the book. He comes out strong on the intestines; a matter of small moment, we should think, in a work of this kind. What "Peyer's patches" and "Lieberkühn's glands" have to do with ambulance, we must confess we do not ourselves quite see; but that may be our obtuseness. He says, the "liver cells, besides secreting bile, also act upon certain parts of the blood, and turn them into sugar, but this process is not fully understood." Now this information may be all well enough for ambulance busybodies, but we think Dr. Weatherly needs a little more reading up about the relations of the liver to sugar, which it would be well for him to set about before he prepares a second edition; just for his own benefit. Then he gives clear and simple rules for the arrest of the different forms of hæmorrhage; how to fasten up a fractured limb; and what to do in cases of insensibility. He naïvely says, of opium-poisoning, "you must be almost brutal in your efforts to stop this sleep getting the better of the patient." Unless the Order of St. John possess rather more discretion than falls to the lot of ordinary persons, we can imagine a good deal of unkind treatment being exercised towards sundry unfortunate persons, under the sanction of this recommendation of Dr. Weatherly's. Then he describes what should be done in cases of drowning, suffocation, &c.; and finally, concludes with an excellent chapter on "bandaging, removal of injured or sick persons by bearers, stretchers, country carts, or by train." Dr. Weatherly has done his allotted work very creditably; has furnished a quantity of valuable information for sensible persons; and also given sundry busybodies a great treat in teaching them how to make themselves important in the disguise of humanity; for which no doubt they will be sufficiently thankful. The work deserves to be widely read, and is, decidedly, a "happy thought."

Medical News.

Outbreak of Cholera in Accrington.—An alarming outbreak of choleraic-diarrhœa was reported to the Accrington Town Council on Monday. Already there have been many deaths, and a large number of persons are suffering from the disease. Dr. Clayton informed the Council that the epidemic was caused mainly by people eating unwholesome food, and not by drinking the town water, as was commonly supposed. Instructions were given for necessary precautions to be taken, and a temporary appointment of a medical officer was made pending the approval of the Local Government Board. In the evening Mr. Johnston, an old member of the Town Council, died after only a few hours' suffering from the disease.

At the last examination of the King and Queen's Colleges, Ireland, Dr. Fanny Butler passed her final examination. She has taken the whole of her curriculum at the London School of Medicine for Women and the Royal Free Hospital, and will shortly leave for India to pursue her work as a medical missionary in connection with the Zenana Mission.

University of Glasgow.—The following degrees were conferred at the last meeting of the University Court:—

Doctors of Medicine, (M.D.)

Bryce, James, M.B.
Denniston, James, M.B.
Dun, William G., M.B.
Elder, George, M.B.
Gemmell, Samson, M.B.
Hunt, Thomas, M.B.
Hutchison, James, M.B.
Jones, James Arthur, M.B.
Young, Thomas, M.B.

Bachelors of Medicine and Masters in Surgery (M.B. & C.M.)

Adam, Alexander
Anderson, Matt. S., M.A.
Blyth, David
Bond, John
Boyd, James D.
Brown, John T.
Campbell, Walter Scott
Campbell, William A.
Davidson, Thomas
Dinsmore, George H. J.
Fraser, William
Gemmell, Thomas P.
Gilbert, Robert
Gilchrist, Robert M.
Grant, David
Gregson, Thomas W.
Gupta, Pyari Mohan
Hogarth, Andw. A., M.A.
Inglis, David W., M.A.
Johnston, Alexander
Jones, Wm. Rees
Kaye, James
Kerr, John G. Douglas
Kilpatrick, Alexander
Kirkland, Robert
Kyle, David H.
Laing, William A. G.
Ledingham, Alex. N.
Liddle, William T.
Love, James K.
Macaulay, John T.
M'Crorie, Archibald
M'Dougall, Hugh
Macindoe, Alexander
Mackintosh, Malcolm
Mackay, Alexander D.
Mackay, Hugh
M'Kenzie, John
M'Lennan, Quintin
M'Leod, Donald
Martin, Alexander
Miller, Robert
Morison, Donald
Morton, Alex., M.A.
Muir, James F.
Oshiltree, E. G.
Picken, James
Reid, John
Ritchie, John
Robertson, Joseph M'Gregor, M.A.
Scott, George
Speirs, John L.
Stevenson, John
Stewart, Alexander
Stewart, Thomas
Tannahill, Thomas F.
Taylor, Robert G.
Topping, John P.
Wilson, James A.

M'Culloch, Allen
M'Gregor-Robertson, J., M.A.
M'Vean, John D.
Parmer, William F.
Steven, John Lindsay
Walker, John M.

Bachelors of Medicine (M.B.)

Babtie, William
Brown, Wm. H. J.
Cluckie, Niven Gordon
Macintyre, Alexander
Palmer, Benjamin A.
Pollock, Charles Fred.
Rankin, Guthrie
Turnbull, Ridley

NOTICES TO CORRESPONDENTS.

☞ **Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," 'Old Subscriber," &c. Much confusion will be spared by attention to this rule.**

Local Reports and News.—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

Dr. Haughton, Norwood.—The gentleman to whom you sent your letters is on his holiday. In future please address "The Editor," not any member of the staff, in order to avoid delay. Unfortunately we cannot oblige you in this instance, as it is against our rules to insert correspondence provoked in another journal.

Mr. Street is thanked for drawing our attention to the paragraph in an advertisement. The advertiser's intention was probably not one of wilfulness to mislead, but of oversight. In any case our publisher requested its alteration, and it was at once granted.

Dr. Smythe, Indiana.—At any time if your copy fails to reach you, the publisher will forward a duplicate without charge, as the covers are sometimes torn off through the post. A second number of June 30 has been duly posted.

THE HYPODERMIC INJECTION OF PILOCARPINE FOR ASTHMA.

We are requested to state that the letter on the "Hypodermic Injection of Pilocarpine for Asthma," published in our last, and purporting to be signed by Dr. Carey, of Limerick, was not written by him, his signature thereto being a forgery.

Attendance on Constabulary.—We have submitted the question to the Inspector-General, and hope to publish a reply in our next.

Dr. Pearse, Plymouth.—Your paper "On Consumption" is marked for early insertion.

Mr. Newton, Exeter.—The non-acknowledgment of your communication was an oversight.

Dr. Passanha, Portarlington, will please receive our thanks.

Belfast.—We shall watch the development of this latest venture,

and not hesitate to speak out at the proper time. We fear there are one or two restless spirits in your city imbued with the undignified notions of those who, in English cities, are generally described as "quacks."

VACANCIES.

Aberdeen University.—Examinerships in Medicine. Full particulars of the Secretary.

Abingdon Union.—Medical Officer for No. 3 District. Salary, £130. Applications to the Clerk by Sept. 11.

Cambrige County Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board. Applications to F. M. Francis, 17 Emmanuel Street, Cambridge, by Sept. 27.

Galway Union, Oranmore Dispensary.—Medical Officer. Salary, £120, with fees, &c. Election, Sept. 20.

Islington.—District Medical Officer for the Parish of St. Mary. Salary, £80, with the usual extra fees. Applications to the Clerk of the Guardians by Sept. 15.

North Dublin Union, Clontarf (No. 1) Dispensary.—Medical Officer. Salary, £150, with fees, &c. Election, Sept. 14.

APPOINTMENTS.

Ballance, C. A., L.R.C.P., M.R.C.S., House Surgeon to St. Thomas's Hospital.

Butler, H. P., M.R.C.S., L.R.C.P., House Physician to St. Thomas's Hospital.

Galpin, R., M.R.C.S.E., Medical Officer for District No. 6 of the Braintree Union.

Hatton, G. S., M.B., M.S., M.R.C.S., House Physician to St. Thomas's Hospital.

Hayward, J. W., M.R.C.S.E., Medical Officer and Vaccinator for the Whitstable District of the Blear Union.

Lawford, J. B., M.D., M.R.C.S., Assistant House Physician to St. Thomas's Hospital.

Lunn, J. R., L.R.C.P., M.R.C.S., House Surgeon to St. Thomas's Hospital.

McLearn, I. C., M.D., M.Ch., Medical Superintendent of the Highgate Infirmary.

Meller, C. M., M.D., M.R.C.S.E., Medical Officer of Health for the Carisbrooke District of the Isle of Wight Union.

Mills, S. B. A., L.R.C.S.Ed., Medical Officer to the Danaghmore Dispensary, Newry Union.

Newsholme, A., M.R.C.S., Resident Accoucheur to St. Thomas's Hospital.

Palmer, B. A., M.D., Medical Officer to the Crossmaglen Dispensary, Castleblaney Union.

Richardson, C. B., M.R.C.S., L.R.C.P., Assistant House Surgeon to St. Thomas's Hospital.

Simpson, T., M.R.C.S.E., Medical Officer for District No. 5 of the Braintree Union.

Thomson, R. T. W., M.B., C.M., Medical Officer to the Alwinton District of the Rothbury Union.

Trimble, C. J., L.R.C.P.Ed., L.R.C.S.I., Medical Officer to the Fifth District of the Preston Union.

Vaisey, T. F., M.R.C.S.E., House Surgeon to the Bucks General Infirmary.

Walters, F. R., M.R.C.S., Assistant House Physician to St. Thomas's Hospital.

Births.

Finlay.—Sept 2, at 91 Montague Street, Portman Square, W., the wife of David W. Finlay, M.D., of a daughter.

Moloney.—Aug. 28, at Collconey, co. Sligo, the wife of John Moloney, L.R.C.S.I., of a son.

Saul.—Aug. 28, Fenton-Cawthorne House, Lancaster, the wife of W. Wingate Saul, M.D., of a daughter.

Saunderson.—Aug. 23, at Springfield, Philipstown, King's County, the wife of Robert Saunderson, M.D., L.R.C.S.I, of a daughter.

Marriages.

Macready—Davidson.—Sept. 1, at the parish church of St. Marylebone, Jonathan F. C. H. Macready, F.R.C.S., to Fanny Sarah, youngest daughter of the late James Davidson, of the Bengal Civil Service.

Phillips—Toms.—Sept. 4, at St. Abbott's, Kensington, George Bagster Phillips, M.R.C.S., of Norton Folgate, to Lizzie, youngest daughter of the late John Toms, of Chard, Somerset.

Renner—Beatling.—Sept. 2, at 80 Portsdown Road, Bayswater, Chas. Renner, M.D., to Emma, eldest daughter of Robert Bertling, M.D.

Deaths.

Hewett.—Aug. 29, at his residence, Southgate, John Dickason Hewett, M.D., only son of the late George Goodman John Hewett, Surgeon, R.N., aged 64.

Lawrence.—Aug. 31, at Benhall Vicarage, Suffolk, after a short illness, John Travers Lawrence, M.R.C.S.E., of Launceston.

Mitchell.—Aug. 31, at 21 Pepys Road, Hatcham, S.E., Robert Mitchell, Surgeon, formerly of Manor House, Deptford, aged 75.

Pritchard.—Aug. 27, at Crescent Lodge, Kingston, near Portsmouth, John Frederick Pritchard, Staff Surgeon, R.N. (retired), third son of the late Vice-Admiral Pritchard, R.N., aged 52.

Watson.—Sept. 3, at Oakfield, Reigate, Mary Watson, sister of Sir Thos. Watson, Bart., M.D., in her 85th year.

Williamson.—Aug. 3, at Grahamstown, Cape of Good Hope, John Edwin Williamson, M.D., formerly of Nantwich, Cheshire, aged 45.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 15, 1880.

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SOME OBSERVATIONS ON CONSUMPTION.

By WILLIAM H. PEARSE, M.D. Edin.,

Physician to the Plymouth Public Dispensary.

There is no phenomenon in natural history more arresting to the mind of the medical observer than the access of phthisis; that, *e.g.*, a young man or woman shall enjoy health and strength, up to a certain age only, after which the lung structures shall cease to be healthily evolved or developed, followed by the death of the individual, within a year or two, opens problems in the natural history of man's relationship to all physical and vito-physical existences of the widest kind. Advanced as are our chemistry and physics, under the great developing theories of the correlation of force and continuity, and advancing as is our method in the study of vital phenomena, under the grand generalisation and hypothesis of evolution, and widening as are our generalisations on vital being, as necessarily related in series, and in true "continuity," with the inorganic forces or energy, not the less no mind has yet arisen capable of grasping the varied phenomena in their true relations to the deviations of rate or growth, the so-called diseases: in the great variety of known physical and vito-physical conditions, which we see are related to phthisis, no mind has yet grasped the "crucial or commanding instance" which shall give light.

In the present paper I make no attempt at such generalisation, but simply record some facts as seen in practice, but stated in connection with their fairly related ideas.

Not the less, it may be well to remember, that the simplest and commonest facts are parts of the greatest "universals," and no one can predict which fact, in any domain of nature, shall convey the "illuminating idea," as Coleridge expresses it, which shall give light on our method. We are thus justified in recording any facts or phenomena which have "relation of circumstance" in those who pass into phthisis, and this in the hope of approaching nearer the knowledge of a potential co-ordination of the vital power or energy against the passage into phthisis.

For some years past I have kept a record of some of the more prevailing and typical peculiarities of those phthisical patients whom I have seen, in the hope that some law or determinate series might appear, either in the anatomical peculiarities, or in the deviations of function, or in both. Since 1876, over four hundred phthisical cases, in different stages, have presented; and although, at first, I did not note functional symptoms, or physical peculiarities of the body, but the physical signs of the chest, and treatment only, not the less, what observations were recorded may be of interest and value.

Skin System.—Teeth.—The upper incisors (whether right or left not specified) were decayed in 92 of those "delicate;" in the same class of "delicate" an additional 13 had the left upper incisor gone, 6 had the right upper incisor gone, or a total of 111. In the same class of "delicate" and earlier stage of phthisis, the upper incisors were sound in 19.

In decided phthisis the upper incisors were decayed (right or left not specified) in 22 cases; in addition to these are noted 2 of phthisis of right lung, with right and left upper incisors gone; 1 of decided phthisis of left lung, with right and left upper incisors gone. In addition to these, 5 had the left lung diseased and all the upper incisors gone; 2 had the right lung diseased, and all the upper incisors gone; 1 had both lungs diseased and some right and left incisors gone; thus, in decided phthisis, 33 had diseased upper incisors. In 22 cases of decided phthisis, the enamel is noted as extra white and translucent, and with decayed upper incisors. This type of enamel presented far oftener than the number indicates; many were not noted. In addition, the right lung was diseased and right upper incisors in 4 cases, the right lung diseased and left upper incisors in 2 cases, the left lung diseased and left upper incisors in 4 cases, the left lung diseased and right upper incisors in 4 cases. Thus 69 cases of decided phthisis appear, with associated decay of the upper incisors; but the proportion is really greater, as I did not, in earlier cases, record the state of the teeth.

In 10 cases of decided phthisis the upper incisors were of extra white enamel, and were not decayed; in 2 cases of decided phthisis of both lungs the upper incisors were not decayed; in 13 cases with phthisis of right lung, and in 4 with phthisis of left lung, the upper incisors were not decayed.

In phthisical cases the upper incisors are often beyond the average size.

The upper incisors were decayed, in 10 cases, classed under bronchial type of phthisis.

In 2 cases of phthisis the upper middle incisors were extremely large; in 7 the upper lateral incisors were abnormally small; in 1 the upper middle and lateral incisors seemed inter-changed in position; in 3 the enamel was yellow, and furrowed vertically; in 1, the two upper middle incisors were large, and projected forward. (This case, seven years ago, had well-marked physical signs of phthisis at the top of one lung, but is now a healthy sound woman.) Three "delicate" cases had yellow enamel with vertical furrows. In a few "delicate" cases the lower incisors were decayed.

Canine Teeth.—In decided phthisis the right upper canine and left lung were gone in 2 cases; the right upper canine and right lung in 1; the left upper canine and left lung in 1. Both upper canines, together with the upper incisors, were gone in 10 "delicate" cases; the right upper canine only gone in 1 delicate case. The lower canines were decayed in 4 cases of phthisis.

These observations on the teeth and phthisis are far too limited to have statistical value, nor are they enough to indicate, with exactness, the law or series of relationship that exists between lung and teeth evolution, growth, and healthy sustention; but it is obvious that a co-relationship (*a*) exists in man's body between the evolution or vital energy of those nerve segments, of which the lungs, teeth, and skin system, are respectively differentiated parts.

To the practical physician the type of bright enamel, with spots of lateral decay, which usually precede the lung disease, will direct his attention to pursuing early in cases, the best hygienic modes of life for warding off phthisis, and the avoidance of those varied depressions which tend to develope phthisis.

Co-relation exists in other parts of the skin system to phthisis; heavy eyebrows, which tended to meet in the middle line, were noted in 32 cases; this type presented oftener than the fine pencilled eyebrow.

The hair may be very fine, but is often coarse, and in large amount; the skin may be unusually downy, as also exquisitely fine; the whiskers, in young men, may be well-developed, but are often downy, thin, and straggling.

The nails show varied types: the fine almond-shaped nail is most common, but many had large flat nails. Both in early and advanced phthisis I have often noticed that the fore-finger nail was the only one clubbed.

Bone System.—In the consumptive the nose often tends more than is normal to one or other side. In those "delicate" and in earlier stages of phthisis, the nose tended to the right in 21 cases; to the left in 14. In cases with advanced phthisis of both lungs, the nose tended to the right in 4; to the left in 1. In cases where the nose tended to the left, the left lung was most diseased in 8 cases, the right lung in 3 cases. In cases where the nose tended to the right, the right lung was most diseased in 9 cases; the left lung in 10 cases. The nose was mesial, but depressed at the bridge in a few cases. The terminal cartilages of the nose are often peculiar, being in some pinched in, laterally, but prominent at the end; in 13 cases the terminal cartilages were large and lumpy. These peculiarities are apart from that generally prevailing stillness and want of action of the alæ nasi, which is seen in the phthisical, involving, as must this latter, a deficient nerve power in the general respiratory system.

(*a*) The word co-relation is used in the sense of Darwin; correlation in the sense of Grove.

The hands may be small and delicately shaped, but a considerable proportion presented unusually large and cold hands.

In a few the thorax and infra-clavicular regions were full and well developed.

In many cases, not only the nose, but the supra-maxillary bone itself, as seen in the great lateral obliquity of the upper incisor teeth, is abnormally lateral.

In the history of our knowledge, both of the inorganic and organic worlds, alterations, or apparent irregularities, or eccentricities have been those phenomena which have most powerfully led to a recognition of general laws, and it cannot be without profound interest in studying the Form of phthisis to see this disease corelated with the evolution of the osseous and nerve systems.

Seeing the prevalent immobility of the infra-clavicular regions in the phthisical, it seems important to train the young to breathe through the nostrils rather than through the mouth. Expansion of the thorax and elevation of the infra-clavicular regions is much promoted by closing the lips and breathing by the nostrils. Such a habit, carried on throughout the years of growth, would aid much in developing the vigour of the thoracic regions.

Of the thirty cases in which inquiry was made, twice as many fathers died of phthisis than mothers, and twice as many brothers than sisters.

Hereditary syphilis, as shown by typical upper incisors, presented in one case only.

Diet.—I have in a former paper mentioned the frequent desire of phthisical patients for onions, salted and smoked fish, &c. Of those asked, forty had a great desire for onions against eight without such desire. Twenty-six desired pickles and vinegar against four who did not. I cannot avoid again remarking on the frequency with which onions are debarred young delicate people and phthisical patients. It is a continually recurring experience with me to hear young people say how great is their desire for onions, and which are often preferred raw, eaten with a little salt; and it is rarely that I have heard that onions disagree.

I conceive that it is of the greatest importance to follow Nature's lead in the matter of the appetite; nascent states of combination and powers exist in Nature's own productions, which no present chemistry can analyse or imitate, and as phthisis is a slow deviation or failure of vital formative energy, so we may, with great reason, seek to supply conditions of food which Nature indicates. The living fauna of any country is the necessitous result of its physical condition; prior forms of plants and animals disappear in geological periods, and future forms are evolving with present progressive physical conditions. Such is the delicacy of relation of life and animal forms to physical conditions, and such the power of the slightest but continuously acting variation in physical surroundings, to modify species and genera of plants and animals. And these broad general truths apply to man and his deviations or diseases with equal force. His vital formative energy being maintained, not only by full external physical conditions, but by food also, his desires for special natural foods have as much foundation in law as has the seeming selection of a particular *habitat* by classes of plants and animals.

I conceive, further, that a marked passion for a special food, such as that of the phthisical for onions, puts us on a right path toward further knowledge. We are not content now to rest in approximative statements that certain foods or minerals do good to the system; but we are certain that, in unison with the great truths of evolution and continuity, such therapeutic good must depend on certain precise physical or vito-physical conditions. To a right method of study, analogy may show us further discovery long before analysis may be able to demonstrate the exact physical relation.

On these grounds, and with these hopes, I continually ask those delicate and in phthisis if they have any special desires for food. That supplying those delicate and in phthisis with certain foods which are much longed for,

does not realise all our hopes of arresting the disease, should not surprise us, when we remember that the animal body is, as the Chinese say, a "microcosm of the universe," and is in true and absolute correlation with all physical existences.

Functional Symptoms.—Of those asked 29 habitually suffered cold feet at night to 5 who did not; it is a very marked symptom in many. Those who had the privilege of studying under the late Prof. Alison, will remember the interest with which he used to relate the experience of two large children's schools in Edinburgh, in one of which many died of phthisis, whilst the other was free from this disease. The one and determining circumstance of difference in the two was, that in the healthy school the dormitories had fires, before which the children were accustomed to warm themselves before going into bed. In the other the children went to bed cold, and complained of remaining cold during the nights. It was amongst the latter that phthisis prevailed. It is important to recall attention to this symptom. I often see young people "delicate" and in phthisis, who for many years have suffered from cold feet at night, but who have had no precautions taken against it. I never omit to order the use of hot jars or hot fire bricks, wrapped in flannel, to be placed in the beds of children and young people, who suffer from cold at night, and advise their use throughout the whole period of growth. The symptom is not only of great import practically, but has its place and suggestiveness physiologically. The symptom must form part of that general, long-continued, varied, and involved series of deviations from health, or depressions of power, whose termination is phthisis.

Out-of-door life.—I am well aware that cases can be made to establish any proposition; but if there is one thing more than another forced on our attention here in this rather depressing south coast, it is the immediate and great good which delicate and early phthisical patients get to their general vigour, appetite, and health, by a change to out-of-door life on Dartmoor, or on the north coast. It is a popular saying that "people don't take cold on the moors."

Just as on the side of certain foods and drugs when good follows their use, we seek in them the more exact and limited facts from which this result follows, so in the great good which follows change to out-of-door life and moorland air we seek to know the more exact correlations of force, or parts of the atmosphere which produce the result. The practical physician gathers up the facts and experiences of what climates in the world are most free from phthisis, but he looks to the scientific chemist for the knowledge of the exact physical composition of the atmosphere, and for the knowledge of those correlations and states on which sustained vital energy and health depend.

Holding it to be a "necessary truth" that life and living beings are an evolved and an evolving series, and related to all physical existences, we may expect our means of preventing phthisis to be reached not only by the physician's study of climates, but by the studies of the comparative naturalist and physiologist, unfolding the rates and order of the evolution of the different parts of the living animal; as *e.g.*, the relation of the lung segments to the skin and osseous system; and yet further by the chemist showing us on what correlated modes of energy or force vital being is most nearly in continuity; we may fairly seek to learn the rate or expression of that geometric series on and with which living being is evolved; and in the vast mass of facts now accumulating in chemistry, physics, in organic mathematical analysis, and in the observation of the varied conditions under which phthisis appears, we may fairly hope that a generalisation will soon appear which shall help us toward more exact modes of giving the bodies of those who tend to phthisis such vital energy as shall sustain the longevity of the lung segments, to the greater ongevity of the other segments and organs of the body.

SYPHILITIC INSANITY. (*a*)

By C. R. DRYSDALE, M.D., M.R.C.P. Lond., F.R.C.S. Eng.,

Senior Physician to the Metropolitan Free Hospital of London; Physician to the Rescue Society.

If we consult most medical men of great experience in the treatment of syphilis, the chances are that some of them will say that they have not come across any cases of syphilitic insanity. One well-known writer on syphilis, Dr. Lewin, of Berlin, indeed, declares that whilst he has treated at the Charité Hospital of that city more than 20,000 venereal patients (12,000 women and 8,000 men), not one per cent. of these became insane, and among these small number not one was paralysed. Syphilis, then, apparently does not frequently give rise to insanity. But to say, as some do, that insanity is *never* due to the syphilitic virus is, in my opinion, as great an error.

Before the year 1860 it was almost a heresy to say that syphilis was capable of causing disease of the brain or spinal cord; and, indeed, it was generally looked upon as a surgical disease, *i.e.*, one which concerned entirely that division of the profession who concern themselves chiefly with diseases attacking the outward parts of the body. This opinion has been abandoned, and everyone of experience now knows that syphilis very frequently causes some form of paralysis, especially of the cerebral nerves.

In the great majority of cases where syphilis attacks the brain, it injures also the intellect, and sometimes mental affections are the very first symptom of the brain lesion. These mental affections are divisible into those of slow evolution with depression, and those with delirium or mania. Of the former many will admit that they have seen examples. The latter form is less generally admitted by alienists and syphilographers to come within the limits of syphilis. I have seen several instances of this cerebral syphilis with depression, loss of memory, and dementia.

Case I.—Thus, a gentleman, who contracted syphilis in 1869, became in the course of two years, irascible, slightly ataxic, deeply depressed, and gradually entirely unfit for active life. He lost his memory, shunned his friends, then had epileptiform seizures, gradually became demented, and died comatose.

Case II.—In another case seen in 1864, a patient who had been for some years affected by syphilis, and who had no family history of insanity, but had been steady and temperate, became infected with the mania of persecution, refused to speak, and died in a lunatic asylum. I believe that in certain cases where suicidal tendencies are very strong, there is present some form of cerebral syphilis, which causes a fit of delirium now and then. Many patients, I am convinced, have been looked on as common lunatics with maniacal excitement, when they were merely syphilitic patients with delirium.

Case III.—In 1879 I was treating for an obstinate secondary eruption a young man, æt. 28, with the family history of whom I was acquainted. He did not come to see me for three months; and on next seeing me he complained that he had been put in a lunatic asylum by his parents. Suspecting the nature of the case, I asked him to send his relatives to call on me, and then ascertained that he had been seized with a maniacal fit, which made it dangerous to have him at home. He was, therefore, placed for a month in an asylum, and for some time was fed by means of the stomach tube. He then recovered perfectly, and resumed his business, which he had, for a time, entirely neglected. This is the kind of case which is usually styled syphilitic insanity; and it has more than once been in my experience to see such a case.

Case IV.—Dr. Alfred Fournier mentions a case where a man, æt. 30, syphilitic three years, had vertigo and diplopia, followed by delirium, with loquacity and somnolence, which passed into furious mania. Mercury and iodide of potassium cured him at once. It is impossible

(*a*) A paper read before the British Medical Association, 1880, Annual Meeting, Cambridge.

in many cases to distinguish syphilitic mania from ordinary mania. It has been said that the mania from cerebral syphilis is less tumultous, violent, and mobile than ordinary mania.

Case V.—The great syphilographer, Ricord, believed firmly in syphilitic insanity. He mentions a case where a gentleman lost his memory and intellect for a month, and was durin g that time pronounced insane. He recovered under specific treatment. Zambaco also mentions a case where violent headache was the precursor of epileptic fits which, for a time, were amenable to treatment. Next ensued furious mania for four days, and the patient then fell into dementia, with loss of memory and hallucinations.

Cases of a similar nature have been narrated by Dr. B. Tuke, Dr. Broadbent, Dr. Grainger Stewart, Dr. Wilks, Dr. Buzzard, and Dr. Hughlings-Jackson.

When a patient has some evident symptom of syphilis, such as skin eruption, or paralysis of the motores oculi present, it is not difficult to make the diagnosis in a case of syphilitic insanity. The main difficulty lies in these cases, when insanity comes on in a syphilitic patient who has had very slight symptoms of the action of the poison. In such cases we can only consult the friends, and, if possible, it is useful to speak to those friends who have been most intimate with the patient, and who are likely to have been informed as to whether there is any chance of syphilis having existed. Of course, although insanity is hereditary, people may often become insane from other causes, such as alcohol. It is well, however, to remember the possibility of syphilis being a cause of mania, and even go the length of administering mercury and iodide of potassium for a short time in doubtful cases, since the number of cases of curable insanity has been augmented already since the idea was first admitted that syphilis might occasionally cause it.

General paralysis of the insane has been supposed by some authors to be occasionally caused by syphilis of the brain; but I cannot believe that such can be the case, although certain German authorities are very affirmative on the point. It is true, perhaps, that many patients with general paralysis have had syphilis. Mendel, a German physician, speaks of 90 cases out of 176; but there are many reasons why it is difficult to admit that there is any relation of cause and effect in these two diseases. General paralysis has very marked characters; it is almost confined to the male sex, scarcely ever seen before the age of 35, and, in the male, it almost always affects the middle classes, whilst, in women, it almost always is seen amongst the poor. Syphilis, as we know, has no preference for either age or sex, and when the cranium of a patient with cerebral syphilis is opened, we never find (as in the general paralytic invariably is the case) generalised meningitis. Cerebral syphilis presents us with partial lesions. The affection of the cranium in general paralysis never goes beyond the meninges; whilst in the case of gummy tumour commencing in the meninges, it will extend and attack either the dura mater, the bones, or the cerebral pulp itself. If it has lasted long, we cannot say where it began.

Treatment again is of great service in many cases of cerebral syphilis, sometimes restoring apparently hopeless case. When general paralysis exists, all treatment is unavailing. Specifics have no power at all against a meningitis, which, if it were syphilitic, should surely be affected by them.

Many cases, too, are on record, where syphilis has coexisted with general paralysis of the insane. In such cases specific treatment can remove an exostosis, or a paralysis of the motores oculi, or a gummy tumour in the palate; but it leaves the other affection untouched.

Hence my conclusion is that syphilis has nothing to do with the general paralysis of the insane. We hear of tuberculosis of the lungs co-existing with gummy tumour of these organs, and, in the same way exactly we may find in the cranium of the patient who succumbs to general paralysis of the insane, generalised meningitis side by side with syphilitic disease of the arteries or meninges. But this seems to me to be coincidence, not causation.

I conclude syphilitic insanity exists, as mania, melancholia, or dementia; but not in the form of the general paralysis of the insane.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Œsophageal Obstruction.

(Under the care of Dr. DYCE DUCKWORTH).

Thomas B——, æt. 58, was admitted to St. Bartholomew's Hospltal on Aug. 6. He stated that about the beginning of December last the solid part of his food appeared to pass over some obstruction. In the middle of January he became unable to swallow meat. Since experiencing the difficulty in swallowing he had occasionally coughed up a little blood.

On trial, it was found that he could, with great difficulty, swallow a small piece of bread which was given to him.

On percussion, an area of impaired resonance was found, extending for 2 or 3 inches on each side of the spine in the upper dorsal region.

Ausoultation showed the breathing over the area of dulness to be bronchial.

It was found that obstruction existed to the flow of blood in the left jugular vein, which could only be emptied with difficulty. Finally, a moderate-sized bougie was passed down the pharynx; after reaching a point, 11½ inches from the teeth, it met with some obstacle, and it was deemed unsafe to force it farther.

The patient was much emaciated. He was ordered milk-diet, 2 eggs, 2 oz. brandy, and custard-pudding. The following notes indicate the subsequent history:—

Aug. 9th.—Fair night. He finds he can swallow much better than he gave us to understand, being able to eat soft-boiled eggs. To have tinctura quiniæ ammoniatæ, 1 drachm, three times a day, and a linctus.

10th.—To have 20 minims of tr. stramonia, and 2 drachms of syr. papaveris.

14th.—About 9.30 p.m. last night, he had a sudden attack of dyspnœa, which lasted about three-quarters of an hour; it came on suddenly while he was asleep. After the attack there was a copious expectoration of thick mucus. He had never experienced a similar attack previous to this. There is tracheal breathing along the sternum, and an area of dulness between the scapulæ on the left side of the spinal column, with vocal vibration and bronchial breathing increased over it. Emaciation increased. To have nutrient enemata.

16th.—Passed a fair night. Breathing much shorter. The attacks of dyspnœa and expectoration continue, and the phlegm is increased. He can't take so much food as at first. He is weaker and more emaciated.

On the following morning the patient died of asthenia.

A post-mortem examination was made with the following results:—

In the œsophagus, beginning about 2 inches below the cricoid cartilage, and reaching 5 or 6 inches down, was a deposit of grey matter, soft, and ulcerated on the surface, and infiltrating the walls and neighbourhood of the œsophagus.

The trachea and aorta were adherent to the œsophagus. At the back of the trachea, just above the bifurcation, the abnormal growth sprouted into its interior. Just at the commencement of the descending part of the aorta was an atheromatous patch, causing a transverse crack in the inner coat. The outer coat, however, was not involved.

The bronchial glands were somewhat enlarged and highly pigmented, the lungs highly pigmented and very œdematous.

In the upper lobe of the left lung was a round patch of new growth of a grey colour, in transverse section the size of a sixpence; it was well-defined from the surrounding healthy lung tissue. The microscope revealed the cancerous nature of the growth in the œsophagus, which was seen to consist of cells of a lympho-sarcomatous type.

Second Case of Œsophageal Obstruction, due to Cancer.

(Under the care of DR. DUCKWORTH.)

WILLIAM B. R., æt. 44, salesman, was admitted to St. Bartholomew's Hospital on August 13, with the following history:—

He had suffered from winter cough for four or five years, but otherwise enjoyed good health until last March, about which time he contracted a bad cough, lost his appetite, and began to lose flesh. In June he began to have difficulty in swallowing. He left his work about a month ago.

On admission he was much emaciated. Nothing abnormal was discovered about his larynx and œsophagus above the sternum, nor in his mode of swallowing. His chest was emphysematous; no cardiac dulness being discoverable. There was dulness at the right apex, and the right side of the chest was seen to expand less than the left. The breathing was coarse, and expiration prolonged. The pulse was 60, hard and full; temperature normal.

He stated that his powers of swallowing varied very much; sometimes he could hardly get a drop down, sometimes he could drink freely, but was at all times unable to swallow solids, and generally had a bad fit of coughing after swallowing anything.

He was put on a liquid diet, and ordered hydrocyanic acid in ℥v. doses every six hours.

August 16th.—Has passed a fair night. Swallows very badly; any attempt to swallow produces a fit of coughing, with expectoration of a large amount of frothy sputa. Dulness at both apices behind; the right being duller. Breathing sounds on right side, in front, bare bronchial. There is absolute dulness behind in the interscapular region, with bronchial breathing, more especially on the right. Nutrient enemata ordered.

17th.—Not so much cough. Can swallow better. Finds he can sip iced milk without causing a fit of coughing. Temp. 100·8.

18th.—Passed fair night; swallows better; enemata retained.

The patient now appeared to be rallying, but in a day or two symptoms of a new character appeared; his temperature rose to 101° on the 21st, to 101·5° on the 23rd, and 103·3° on the 25th, and he was evidently wasting. Stimulants and tonics were administered, but to no purpose, and the patient died on the 31st at 2·30 p.m.

The post-mortem appearances were as follows:—In the right pleura, near the head of the eighth rib, was a roughened yellowish patch, of the size of a threepenny piece, covering both surfaces. The œsophagus was normal down to the bifurcation of the trachea; from this point an ulcer reached nearly to the diaphragm; its edges above and below were raised, the healthy tissue terminating abruptly. The surface was foul. The ulcer caused a stricture, through which a director failed to pass. The walls of the œsophagus were thickened by the new growth, which was soft and friable. On the right side it invaded the lung, and apparently extended into the small bronchi. The trachea and bronchi were intact, but the right bronchus was filled with a friable substance. Almost all the lower lobe of the right lung was gangrenous.

THE annual rates of mortality per 1,000 last week in the large towns of the United Kingdom were—Oldham 19, Plymouth 19, Edinburgh 20, London 21, Bristol 22, Portsmouth 22, Brighton 23, Birmingham 23, Bradford 24, Newcastle-upon-Tyne 26, Hull 27, Manchester 27, Sheffield 27, Leeds 27, Wolverhampton 27, Liverpool 34, Nottingham 35, Salford 35, Norwich 35, Dublin 36, and the highest rate 38 in Sunderland and Leicester.

Translations.

THE PHILOSOPHY OF SLEEP AND DREAMS.

By M. DELBOEUF.

Translated from the *Revue Philosophique*,

By EDWIN JACKSON, B.A., M.R.C.S.,

Manchester.

PART I.

CRITICAL SKETCH OF SOME RECENT WORKS.

III.

(*Continued from page* 199.)

THE work of M. Radestock, which appeared a little after that of Spitta, is conceived in the same spirit, but the author takes his stand more on the physiological side of the question, and occupies a great number of pages in setting forth the importance of dreams in studying the psychology of different races.

This book, dedicated to Professor Wundt, is interesting, full of facts, written clearly and methodically, and easy to read, but it is by no means free from digressions.

It comprises six chapters. The first is taken up with the influence of sleep and dreams on individuals as well as on nations: here we find collected the different opinions which ancients and moderns have expressed with regard to dreams. "They form an important constituent in the belief of the immortality of the soul," and the part they play in political history is by no means a slight one; it is enough to mention the Oracle of Delphi, the visions of Mahomet, the hallucinations of Joan of Arc.

In the following chapter M. Radestock cites the numerous definitions which poets and philosophers in all ages have given of dreams. Then, unfolding his views on the nature of the union of body and soul, "which are only different aspects of one and the same thing," he thence urges the necessity in the study of dreams of not devoting ourselves exclusively to psychical phenomena to the neglect of those of the body. The third chapter is devoted to the "reproductive faculty, normal and abnormal." Everything in nature changes—the soul as well as the body—but the past is found linked with the present by memory. Reproduction may take two forms: according as the newly-found image is or is not as vivid as the original there is *hallucination* (illusion) or *recollection*. Reproduction has its root in the association of ideas, the laws of which are well known—the laws of similarity, of contrast, of co-existence, and of succession.

M. Radestock, following here the example of most psychologists, does not seek out the ultimate principle of these laws. Ideas do not simply follow one upon another; they are sometimes connected together, and are united in the same way as sensations are interwoven. It is thus that the image of a hatchet, recalling that of wood and of a carpenter, and, uniting with them, forms the compound image of a man occupied with cleaving wood. The difference between recollection and hallucination depends on the force of the excitement; between the two there is every imaginable grade. Hallucination is a reproduction which has a brilliancy comparable with that of the reality; the principal factor in the illusion, then, is necessarily an exaltation of the excitability of the central nervous system. I note in passing that this explanation is no explanation at all; it is pure hypothesis; the unknown cannot serve to elucidate the obscure. I will add that the conclusion does not strictly follow from the premisses; the illusion might proceed from an enfeeblement of the peripheral nervous system. As to the definition of hallucination, it has some truth in it, but it certainly is incomplete; the example quoted by the author in support of his hypothesis is calculated to show this insufficiency. Brierre de Boismont tells of a painter who could produce a portrait of a person whom he had only once seen, and one which should be very like him. The number of times adds nothing further to the work. I ask if the artist who sees from memory an absent person with a keenness such that he can exactly reproduce his features, is under the dominion of an hallucination? Evidently not. Something more is needed. The subject must be the plaything of an illusion, and must attribute to the object which is entirely in himself an

external existence present, even when his reason tells him that he is in error.

M. Radestock is thus led rapidly to review the different excitants of the nervous system—stramonium, belladonna, hachish, &c.; then starvation and the alterations in the organs of the senses. On this difficult subject words undoubtedly often take the place of ideas, and nerves and cells, the brain and spinal cord crop up oftener than they should. In spite of this criticism, I can state with pleasure that all this portion contains sober and substantial *résumés*.

We come at last to the definition of a dream: it is the "*continuation during sleep of the activity of the mind.*"

Aristotle says a dream is properly the image produced by sensible impressions when we are in a sleep, and so far as we are asleep. This definition is infinitely preferable, and I will say further that it has not been surpassed. A feeble hearing of the crow of a cock when we are asleep is not dreaming, says Stagyritus, for this hearing is the act of the mind which is awake, and not of the mind which is asleep. Nothing more true. Every activity of the mind during sleep is not necessarily a dream. I do not dream when towards morning, though still asleep, I indistinctly hear the noises in the house, or in the street; but I dream if I think I am taking part in a conversation which does not take place. From this it follows that the definition of a dream is subordinate to that of sleep. I will return to this important point later on. It is particularly of sleep, of its causes, and its peculiarities, that the following chapter treats. Speaking of the causes which favour or promote sleep, such as quietness, the position of the body, &c., M. Radestock quotes experiences which contradict M. Preyer's theory. We know that this distinguished man has maintained that sleep was due to the presence of an "exhaustion material" analogous to lactic acid, and produced by fatigue. He has consequently studied the effects of the introduction of this latter substance under the skin or into the stomach, and he thought that he had proved that it produced sleep. It would appear, according to M. Lothar Meyer, that these effects are far from constant. As to a physiological explanation of sleep, the author affirms that none exists, and that he will not attempt to give one; he will content himself with showing its physiological effects; they are sufficiently well known for me to pass them over in silence. As to its psychological effects, they are much more matter of dispute; some authors maintain that during sleep consciousness is suppressed, others retain it. The illustrious Fechner has quite an original opinion on this subject. According to him, at the moment when we fall asleep consciousness attains its point of nullity, and when we are fast asleep it acquires a negative value. I have, in some former articles (*a*), criticised "negative sensations," as the father of psychophysics has defined them sufficiently for there to be no need to linger over the still stranger notion of a negative consciousness. M. Radestock, in view of settling the question, like M. Spitta, makes a distinction between self-consciousness and simple consciousness. The former is suppressed, but the latter remains, for every representation is necessarily conscious, for were it otherwise it would be nothing but a simple "disposition" (Wundt). For my own part, I have never arrived at a clear understanding of what is meant by self consciousness, as opposed to simple consciousness. I could better understand the expression "non-self-consciousness." I should thus designate the faculty, indispensable to every sensible being, in virtue of which he attributes to something outside of himself the cause of his affection. We should thus distinguish in the phenomena which are passing within us, those of which we have no consciousness, those of which we have consciousness, and those which are accompanied by "external consciousness." But the time has not yet come for me to pause over the principle of this distinction.

There is no complete opposition between waking and sleep. In sleep the psychical activities are softened but not abolished; indeed, however life-like may be the images of our dreams, they are duller and darker than those of our waking moments. We may then formulate this conclusion: in profound sleep, just as the organic and vegetative functions are depressed, so is the psychical activity reduced to a minimum without being completely suspended.

The fifth chapter treats of the "Elements of Dreams;" it is one of the best and most complete in the whole book. We find here an examination of the effects of sensorial and organic impressions, and their transformation into dreams; and also the part which memory plays in them.

However, as I do not gather any really new ideas from it, the analysis which I have already given of Dr. Maudsley's work, which treats of the same subject, will save me the necessity of lingering any longer over it. There would, however, still be many interesting studies that might be undertaken in that direction.

There can be no doubt that many of our dreams are only the dramatisation of impressions received during sleep; thus, people who accidentally or habitually experience an uneasiness in breathing, dream about narrow passages or ceilings falling in, caverns or catacombs, a crush in a crowd, or carriage-poles driven into the chest—in a word, all scenes in which we are suffocated or are short of air. The connection is evident. Then following out these comparisons we should in all probability arrive at a physiological classification of dreams, and at the same time at a classification of real acts from the point of view of their action on our organism, through the medium of the mind. (*a*)

The next chapter, which I am about to epitomise, has for its object the pointing out of the difference between the dream and the waking thought. This is a matter of the greatest importance, as I have already remarked, and should be one of the chief points in every theory of dreams and of sleep. M. Radestock treats it with his usual learning and acuteness. Although the problem might, it seems to me, be more condensed, still the pages in which it is discussed are almost all excellent, full of observations that are true if not profound, and form a very satisfactory and thoroughly connected whole.

I must acknowledge that I have rarely read anything on the subject which has given me more pleasure. Let me add that the argument is always plain, simple, and expressed in a clear, easy, and natural style.

A dream is mobile and changeable; nothing more common than to see a cat transforming itself into a girl, a tree into a church, in a dream. I should like, however, to express my own doubts as to these pretended changes. I ask myself whether they are true changes. When we relate dreams of this kind we never say that the cat was changed into a young girl, the tree into a church; we express ourselves differently. For example, "I was playing with a cat, but a moment after it was no longer a cat, it was a young girl;" or again, "I was at first under a tree, but without my knowing how, I found myself in the middle of a church." Well, then, in my opinion we have first dreamt about a cat, then about a young girl; and it is our minds which, it may be during sleep, it may be and more frequently is on awakening, in order to explain the continuity of certain other parts of the dream, supposes a change which we have not expressly experienced in our dream; in fact, there would be a simple substitution of one image for another without any internal and progressive change. These few words are enough for the present, and I pass on.

The dream is full of vivacity and exaggeration; whence can this proceed but from a change in the circulation of the blood which exalts the irritability of the central nervous system? Still a hypothesis and not an explanation. The author adds, however, that the feelings experienced during sleep never have the intensity of those which move us during our waking moments. People may die of joy, or of fear, but there is no instance known of a dream causing death. (*b*)

I believe that this restriction would apply exactly to the images themselves of the dream whose vivacity, in my opinion, is entirely relative.

The dream developes without any intervention of the will. This proposition, true, generally speaking, is perhaps too absolute. I dreamt one morning about one of my friends who had been married for a considerable time, but only before the civil authority; for some reason or other, contrary to his known principles, he thought—so I dreamt—that he ought to have the union blessed by the priest. There must on such an occasion be a procession; the announcement had roused the whole community, and curious like the rest I went to the

(*a*) See this Review, March 1877 and February 1878.

(*a*) Not that there is any lack of attempts at classifications of dreams, but either they are arbitrary in their details, or they rest on distinctions of sentiment or of language (agreeable or disagreeable dreams, historical dreams, prophetic dreams, &c.).

(*b*) Still, I have heard that a young person who was known to my family had one night so terrible a dream that her hair, from being black, quickly became perfectly white.

church, wishing particularly to see the countenance of the husband. I crushed through the crowd, and managed to get into the front row. Still the procession did not come; while waiting I thought of all sorts of things, to kill time. Impatience, at last, took possession of me, and at the same time I had a distinct feeling that I was about to waken. I heard the usual morning noises about the house, but wishing by all means to be present on the arrival of this procession, I *made several attempts* to fall asleep again, and to complete my dream *as a dream*. They were of no avail, and I awakened in spite of myself, without having been able to satisfy my curiosity. This dream seems to me calculated to confirm what I previously stated; self-consciousness is the explicit perception of the reality as such, so that in sleep there would always be consciousness, be it ever so slight, for we cannot imagine our ever being entirely separated from the reality.

The dream is the creator of new combinations; but its products rarely have any value; its inventions are almost always pure absurdities, like those of the madman. There is, then, in sleep a weakening of the faculty of judging and of reasoning. We quite naturally see hussars exercising on the ridge of a house-top; or we cross the Alps after Hannibal. These peculiarities arise, according to the author, from spontaneous associations and assimilations, in which the law of resemblance plays the chief part; as also the link which unites certain bodily impressions with the ideas which they ordinarily call forth.

Often also in dreams the phenomenon known as *self division*, or *dédoublement*, manifests itself. We attribute to another our own thoughts and feelings. To the examples already known I wish to add another, extremely complete in all its relations.

One evening at a gathering of friends, among other subjects of conversation, I introduced this question of *dédoublement* of the person. I related the remarkable case of Van Goens, who, when a boy at school, and ambitious of always being at the top of the class, dreamt one night that the master gave him a Latin sentence to translate. Van Goens could not manage it; but this did not trouble him so much as did seeing one of his schoolfellows make signs, which showed that he had caught the meaning. The master had in the end to ask this pupil, and he translated the passage without making the slightest mistake, and thus gained the first place. This dream was the subject of some remarks, and then we talked about something else. Our conversation turned to the time when people had been very much interested in threatenings—afterwards realised—that Mount Etna had for some time been giving forth. That same night my friend, Professor Spring, who has a peculiar faculty of clever dreaming, took it into his head—so he dreamt—to seek out some means whereby he might be enabled to foretell the eruptions some time beforehand. We can at the present time in some measure foretell storms, and describe their probable progress; and why should we not try to do the same with regard to volcanic phenomena? The comparison in itself was good. But M. Spring in vain ransacked his brain; he gained nothing. Then he makes up his mind to go and consult a *savant* of his acquaintance—he does not know whom—about it. He goes to his house, happily finds him at home, and tells him his difficulty. His friend at once grasps the idea, and in a moment furnishes him with the desired solution. It would only be a question of inserting into the ground at different points some thermo-electric needles, connected one with another, and with a central point, in order to be made aware of the approach of the currents of lava. M. Spring very much approved of the idea, and went back home, amazed at the facility of conception displayed by his friend, the *savant*.

Here is M. Radestock's explanation of this remarkable case. According to him it owes its origin to the enfeeblement of one of the elements of self-knowledge. Self-consciousness includes the gathering together and attributing to the same subject of a certain number of ideas, sentiments, volitions, and recollections, and in addition, attention and active perception. During sleep this latter factor is annulled, and the former only remains. The man then is conscious only to a limited extent; he no longer regards himself as the sole author of his ideas, and he attributes a part of them to others.

This appears to me to be a description rather than an explanation of the fact. For my part I am inclined to recognise only the putting into action of that habit of thought which works in the form of a dialogue. At the moment of writing, I converse with an imaginary reader; and when I do not myself think distinctly, and am myself in doubt, I attribute to him objections and doubts. I might quite as well take up his position, and put into his mouth the answers and solutions. I simply point out this idea, my purpose not being to compose a complete treatise on dreams.

(To be continued.)

Special.

LOCAL CONDITIONS IN RELATION TO ENDEMIC DISEASES IN INDIA.

In the study of that large class of diseases—namely, such as are endemic—by which the ranks of our forces in India are yearly thinned, two important points present themselves, one comprising the general influences upon which the origin of these affections ultimately depends; the other those conditions of locality which tend to fix, in some instances, to intensify them in nearly all, in particular places, when they have been brought into activity. With regard to the first of these points very much remains to be effected before it can be said that our actual knowledge has got beyond the rudimentary stage; but in so far as conditions of locality are concerned, attention has of late years been so much directed to them that general influences, as they affect individual systems and diathesis, it is to be feared run some little risk of being insufficiently thought of. Surgeon-Major F. N. Macnamara, M.D., (*a*) in his very valuable work has paid careful attention on both these points, and we have been at a good deal of pains to arrange some of his observations with regard to them, so as to admit of ready reference. Thus:—

Localities.—In Purneah, certain *thanas*, or sub-districts, are described as unhealthy (232); in Bhangalpore others are similarly described (235). In Tirhoot there are unhealthy parts in the north and north-east of the district, although generally the district is healthy (240). With regard to Oude, the statement occurs in reference to the prevalence of malarial fevers (279) that the sanitary condition, state and repair of wells, comfort, &c., of the inhabitants of the villages in which it occurred were precisely circumstanced as the rest of the district, namely, those in which it did not prevail (300). On the other hand, with regard to Dhera, the statement occurs that in every instance some local cause about the dwellings of the patients could be discovered sufficient to account satisfactorily for the illness (306). At Chuckrata, 5,000 to 7,000 feet high, the occurrence of ague takes place, although the want of subsoil and surface drainage can scarcely be a principal factor in its causation; the prevalence of that disease at such an elevation is not easily accounted for (336). At Mooltan, where drainage is bad, excessive rainfalls or excessive inundations are almost invariably followed by extraordinary sickness among the people (353). In the Punjab, bowel complaints in connection with fevers are found to prevail in localities of the most opposite characters in point of soil, humidity, and altitude; but they have one special *period* in common, in which they flourish altogether, independent of sanitary conditions of locality (355). Nor is it alone with regard to fever that this is the case. Dr. Cutcliffe states in reference to the epidemic of cholera which spread from Hurdwar in 1867, that it did not extend among the people after the pilgrims had returned to many of the filthy places which he describes, places in which were every conceivable abomination of polluted soil, and air, and water (300). Elsewhere, however, a connection was traced between the occurrence of fever and local conditions; thus, in Chunparun bad remittents especially affect the inhabitants of the very dirty town of Ramnuger (247). Certain places have the character of unhealthiness, such

(*a*) "Himalayan India, its Climate and Diseases." Longmans, Green, and Co., London. 1880.

as Mean Meer (54); Kuloo is unhealthy in consequence of natural conditions, including damp soil, rich vegetation, and hot sun (390). But on the other hand, in the valley of the Gaomuttee, near Almorah, the forest is not very dense, and yet, for some unexplained reason, that tract is unhealthy to a degree (315). From these circumstances the conclusion seems natural that so far as the observations go, the precise relation, between the conditions of the places named, and the diseases alluded to, has yet to be definitely laid down.

Cultivation.—In Oude, cultivation of particular crops did not appear to exert any influence on the prevalence of fevers (279).

Water is a medium in which *malaria* accumulates (47). In many instances cholera is directly traceable to the use of impure water; but "neither in Bengal nor elsewhere in India can we connect periodic fluctuations in the prevalence of cholera with fluctuations in the degree of impurity of the drinking water of the people" (119). Foul water is a fertile source of dysentery, diarrhœa, and of round worms (136). In Tirhoot, where there is stagnant water, the people suffer from fever; but not always, nor are we able to explain the cause of this difference (240). At Simla, the foulness of the water, added to malaria and *chill*, occasions the diarrhœa which prevails there (383). At Peshawur the water of the canal is foul and infected, but inasmuch as the Europeans and some of the native troops use the uncontaminated water of certain wells, this condition can be counted but as a partial factor in the unhealthiness of the station (462). At Bunnoo, drinking water is taken from open gutters, and from tanks fed by gutters; it is no wonder that the men suffer terribly from fever, enlarged spleen, and diarrhœa (471). The circumstance is in accord with experience in India that persons whose system is saturated with *malaria* acquire a peculiar and characteristic dark complexion; according to native belief, the water of the Ghuggur, containing malaria from irrigated lands, renders their skins dark (366). It would appear then from the above that although water is a medium of *malaria*, and a cause of certain local affections, the relation between its condition and the prevalence of those diseases is not always the same.

Canals and Irrigation.—In the Rohilcund terai irrigation was looked upon as hurtful to the health of the people (287). In the Doab, epidemics of malarial fevers prevailed before canals were constructed (302). In the Punjab, unless they intercept the natural drainage, canals were themselves innocuous (354). Although in some instances fever seemed to prevail most in places under the influence of canal irrigation, there were others—as the Khadir of the Jumna—not under the influence of canal irrigation, where fevers prevailed with an intensity as great as in the worst of the canal villages (371—410). In the Baree Doab, malarial fevers prevailed before the system of canal irrigation was introduced, although fever may have been increased since that system was brought into use (410—417). Fever is increased when the surface is overflowed; not otherwise (*id.*) At Mooltan, canals were looked upon as a factor, although a minor one, in causing fevers (489). In 1877 an outbreak of malarial fever took place at that station, although practically there was no overflow from rivers or canals (491), but on an island in the Chenab opposite Midh the inhabitants suffer comparatively little from fever and dysentery (490). The general result therefore appears to be, that although under certain circumstances the presence of canals and irrigation increases the prevalence of malarial fevers, they do not in all instances, or necessarily do so.

Malaria.—Does *malaria* simply express the result of certain *climatic influences*, or does it imply the existence of something material, a poison? (46). The former has the support of some observers (*id.*); that *climatic influences* may suffice to explain many attacks of fever would, no doubt, be generally admitted (*id.*); but the hypothesis which attributes malarious diseases to a specific miasm is that which best accounts for their phenomena (*id.*). The discovery of the *Bacillus Malariæ* in the air and soil of the Ager Romana is announced (*id.*); but "we know nothing of the nicer circumstances which are needful for the generation of the poison" (*id.*). One is struck in reading medical reports by the very frequent and often matter-of-course way in which *chill* is spoken of as the cause of fever in India. It is needless to assume the existence of specific malarial poison; let a person be predisposed by fatigue, or by the results of long-continued residence in a hot and damp *climate*, and then a *chill* may produce an attack of fever; but in *malarious* countries we have often to treat fever in people who have not been exposed to chill nor any other condition apart from *malarial* poisoning (48). If *malaria* is a mere expression of the effect of *climatic* causes on the system, paroxysmal fever ought to prevail in all localities where there is a marsh, with hot and extreme *climate*, and occasional chilling winds; but we by no means find malarial diseases in all places where every condition seems favourable for their development. We often find malarious fever prevalent in very equable climates, and at the most equable season of the year (49). Malarious poisoning appears more frequently at the end than at the beginning of the warm season (51). The term *climatic* is applied to the ordinary autumnal fever of the Punjab (70); also to a group of diseases by which the greatest part of the mortality in India is occasioned (91). These are intermittent and remittent fevers, and their sequelæ, dysentery, diarrhœa, cholera, and ill-health; also goître, and a low form of pleuro-pneumonia (396). In Assam, non-Aryan races are believed to suffer from its effects in a less degree than Aryans (166); and in the Oude terai, the Tharoos, a people who inhabit patches of cultivation there, are able to withstand the *pestilential climate* of that tract of jungle (268). With regard to Tirhoot, Dr. Mackinnon writes that "where we have stagnant waters and rank vegetation we often have fevers, but not always; nor are we able to explain why there is this difference." He observed that some of the lakes or lagoons were far more unhealthy than others (240). Malarial influences may precipitate themselves upon certain organs, producing apparently purely local disease, or local disease and anæmia, but without fever (247). With reference to the application of the terms *malaria* and *climate*, the statement occurs (275) that the *climate* of Gonda is considered very *malarious*; also (319) "there can be little doubt that the local conditions, whatever they are, which rendered *malarial* diseases more common at Petoraghur than at Lohoo Ghat, caused the greater prevalence of goître at the former station." Besides that affection, however, there are others which are considered directly due to *malaria*, an intermittent and remittent fever, dysentery and diarrhœa; between ague and the two latter, as they occur at Dhurumsala, there is considered to be a strong bond of connection (401). Adverting to the theory of *chill*, the remark occurs that "chills may dispose persons to fever, but it is difficult to believe that chills of an almost rainless and dewless August at Mooltan can account for outbreaks of fever (492). The effects of malaria are less prevalent in walled cities than in country districts (375); but persons whose health has been impaired by malaria in the plains are thereby rendered more liable to attacks of severe diarrhœa on going to some hill stations, as, for example, Dugshai (384). It is stated that under the malific influences of *malaria* and *climate* the health of prisoners at Peshawur becomes slowly sapped (461). Thus it would appear that uncertainty and differences exist in regard to the precise sense attached to the expression *malaria*—namely, as to whether it means "the result of *climatic* influences," something material, or a *chill*. According to the theory of marsh *miasm*, it is stated that although fevers often prevail where "we have stagnant waters and rank vegetation," yet such is not invariably the case, nor are we able to account for this difference.

Climate.—See also *Malaria.*—It is stated of the district of Sealkote that the district generally is very healthy; no *climate* in the world can be finer (419); yet that in July and August the *climate* becomes very *malarious*

(421). The *climate* of Jhelum may be said to be a very healthy one (423). With regard to Peshawur, we read of "the trying nature of the climate" (462), of which, like that of Assam, humidity is at its maximum; for hours there is scarcely a perceptible movement of air; the temperature at 91°, almost unbearable (*id.*), and yet conditions of *climate* do not alone appear to constitute a cause sufficient to account for the almost universal prevalence of autumn sickness among men and officers (463). The *climate* of the Dooars in Eastern Bengal is considered dangerous throughout the year (185); that of the district north of the river Vol, very *malarious*, that to the south, healthy (275); of the other portions of the district, pestilential (*id.*). Thus, while *climates* are alluded to as malarious, healthy, unhealthy, and pestilential, yet "conditions of climate do not alone appear to constitute a cause sufficient to account for the almost universal prevalence of autumn sickness." There is needed a factor in addition; the actual nature of which is here left unstated.

Residence and Acclimatisation.—It is stated that "every corps arriving at Buxa seems to have to undergo a sort of acclimatising process, the result of which is, that though in the first year the men are exceedingly unhealthy, yet during the second and succeeding years this unhealthy condition assumes much milder proportions (220). At Peshawur the residents do not suffer so severely from fever as do strangers coming among them; the native regiments suffer less in their second and third year's stay in the station than the first; yet it is not clear whether this comparative exemption from fever is due to the men having become accustomed to the climate, or to the weakly members having died or been invalided the first year (460). The results of these remarks appears to be that although residence in a *fever* locality renders a person less liable than at first to actual attacks of fever, a process of deterioration of general health progresses among those so exposed.

To be continued.

FRANCE.

[FROM OUR OWN CORRESPONDENT.]

At the meeting of the Societé des Hôpitaux, M. Hallopeau read a paper on the treatment of typhoid fever and erysipelas by salicylate of soda. In twenty cases did he employ the salicylate of soda and with satisfactory results. M. Hallopeau could not explain its effects upon the morbid contents of the intestine, but one thing was certain, and that was it lowered the temperature. Liebermeister, who especially employed this agent in typhoid fever, considered it as an anti-pyretic and anti-zymotic. In his statistics he gives but eleven per cent. as the mortality rate, which is very favourable. This is how he proceeds: He gives on the day of entry of the patient twenty-four grains of calomel, afterwards cold baths according to Brand's method, and then alternately sulphate of quinine about fifteen grains daily, and sulphate of soda in doses of two drachms. Under the influence of this treatment the temperature fell quickly. As Liebermeister, Dr. Hallopeau gave the calomel the first day, but he did not employ the cold baths but in exceptional cases; but he gave alternately sulphate of quinine and salicylate of soda, giving a drachm of the latter daily; this amount he found sufficient. Several objections were raised against the employment of salicylate of soda, the principal of which was based on its toxic effects. One hears of ulcerations of the pharynx, diarrhœa, &c., but this reproach was not founded. To avoid all accidents it is only necessary to dilute the medicine sufficiently. According to Dr. Hallopeau, salicylate of soda is contra-indicated in the thoracic and hæmorrhagic forms of typhoid fever.

At the same Societé M. Vallin presented a patient attacked with leprosy. This patient was sent to him from Cayenne with the diagnosis locomotor ataxy. He had, it was true, a certain unsteadiness in his gait, and extreme cutaneous sensibility, but further M. Vallin could not trace the supposed disease. At the end of three weeks that the man was under treatment spots were observed on his body, which M. Vallin, suspecting them to be leprous, examined closely for *baccilles*, and found some. Last year the patient was living on intimate terms with a young negress, who was attacked with leprosy. M. Rendic thought that the most striking fact in the last observation was the contagion. He had seen at the Hospital St. Louis a case of leprosy in a soldier. The man had lived three months at Haiti in a cabin with a family, one of whose members suffered from a similar affection. M. Besiner declared that some months ago leprosy was not considered contagious, but opinions are inclined to change. The question has not been studied scientifically. M. Vallin asked what should be done with his patient; should he be isolated? M. Besiner replied that, as regards this disease, medical science was not advanced enough to impose isolation. He had seen several cases at the St. Louis Hospital, but no case of infection was signalised. He considered that it required, as in scabies, a prolonged and intimate nocturnal contact. The patient that he had actually under his care was taking twenty drops of phenic acid daily without inconvenience, and the disease was progressing as fairly as could be expected.

In an article upon cystitis, published in the *Dictionaire Encyclopédique*, M. Chauvel recalls the advice given by M. Diday in the treatment of inflammation of the neck of the bladder. Drink three or four times a day an infusion of linseed mixed with pearl barley, rub into the lombar region antimonial ointment until an eruption takes place; resist the desire to evacuate the last drops of urine, and to take three times a day one of the following powders:—Sugar in powder, ℥ss.; hyosciamus leaves in powder, ʒss.; divide into 20 powders. If the pain persisted, M. Chauvel would give every half hour a tablespoonful of an infusion of 45 grains of hyosciannus leaves in ℥iv. of water. In a few hours there is almost always relief. If the toxic effect of the medicine manifested itself coffee was the antidote. In chronic cystitis the author obtained good results from the following preparation, of which about the size of a cherry stone would be given morning and evening in a wafer. Turpentine ℥ss., camphor gr. xv., ext. hyosciamus gr. iij.

A Russian doctor writes to the *St. Petersburgh Medical Gazette* on the "Utility of Chloral in Phthisis." In every case he had administered it he never had had the slightest accident. Sleep had been always calm. The physical symptoms were less evident in the morning; the patients felt themselves better and stronger; never did they complain of headache. When the chloral was suspended insomnolency appeared. The author sums up with the following conclusions:—Chloral, as an hypnotic is, by no means, indicated in phthisis. In the dose of from 15 to 30 grains it cannot do any harm, except in the last stage. It always procures refreshing sleep. It diminishes the sweating, and checks the losing of weight. It lowers the temperature, increases the urinary secretion, and does not produce headache, nor disturb the digestion.

Dr. Peuteves, in the *France Médicale*, recommends in order to render cod-liver oil tasteless, to mix a tablespoonful of it intimately with the yolk of an egg, add a few drops of essence of peppermint, and half a tumbler of sugared water, so as to obtain a *lait du poule*. By this means the taste and characteristic odour of the oil is entirely covered, and the patients take it without the slightest repugnance. Besides, the oil being thus rendered miscible, as the water in all its proportions is in as complete state of emulsion as the fats at the moment they penetrate the chyle vessels, consequently absorption is better assured.

In the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 20, Bombay 31, Madras 33; Paris 26; Geneva 31; Brussels 34; Amsterdam 29, Rotterdam 19, The Hague 29; Copenhagen 32; Stockholm 21; Christiania 28; St. Petersburgh 39; Berlin 29, Hamburg 31, Dresden 26, Breslau 34, Munich 26; Vienna 21, Buda-Pesth 38; Turin, 24; Venice, 22; New York 29, Brooklyn 25, Philadelphia 19, and Baltimore 17 per 1,000 of the population. Small-pox caused 49, and typhoid fever 31 deaths in Paris.

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"SALUS POPULI SUPREMA LEX.

WEDNESDAY, SEPTEMBER 15, 1880.

THE UNIVERSITY OF ST. ANDREWS.

ON the 26th of July last Sir Trevor Lawrence asked the Home Secretary whether his attention had been directed to the embarrassed financial position of the United College of the University of St. Andrews, and whether he would take any steps to relieve the College from the pecuniary difficulties in which it found itself involved? The answer which this question elicited from Sir William Harcourt was of an encouraging description. He said the Government would consider the subject during the recess, and would state early next session any proposals they had to make with regard to St. Andrews University. We should have preferred an intimation that the immediate necessities of the University were to be promptly relieved, but the present Government has set its face resolutely against supplementary estimates, and we must be content to wait, therefore, until February next for what we cannot doubt will be a practical solution of the pecuniary difficulties of this ancient and deserving institution, coupled, perhaps, with conditions as to its future operations, on which Parliament will deliberate.

The misfortunes which have befallen St. Andrews University cannot be said to reflect any discredit upon her. Like many a private individual in these days, she is the victim of bad harvests and American competition, not in those intellectual commodities in which she traffics, but in corn and beef. The farms from which her sustenance has been chiefly derived—for the fees paid by her pupils and graduates are but a small item in the income of this remote and cheap seat of learning—have turned out unproductive. The rents of some of them have been materially reduced. Percentages have had to be returned to discontented tenants, and a few farms have been left vacant, and have been carried on at anything but a profit by the University itself, for it has been found that a Principal, with a knowledge of pastoral poetry, is not necessarily the best guide in practical agriculture, and that mathematics affords no insight into the feeding properties of oil-cake. Under these circumstances the emoluments of many of the professors have been seriously diminished, in some cases to two-thirds, and in others to one-third of what they previously were. As the St. Andrews Professors never at the best received more than a scanty pittance, their condition is now truly deplorable. They have to maintain the position of gentlemen with the allowances of artisans, and have to teach literature and science when perplexed by the most elementary problems of domestic economy. They are entitled to public sympathy, and what is more to the point, to public support, for St. Andrews University is a national institution, and it would be a national disgrace to leave it, borne down by petty cares and pecuniary anxieties. As the oldest of the Scottish universities, it might have set up some claims of primogeniture, but this it has never done, having modestly abstained from urging its rights and requirements even when rich bounties were being bestowed upon the younger universities. The Professors in the other universities have had their incomes largely increased during the last quarter of a century, while those in St. Andrews have had their incomes docked more than once. The most recent exaction to which they have been subjected has arisen out of an ordinance of the University Commissioners requiring them to set aside between £600 and £700 annually in payment of debts contracted by their predecessors in office, before a penny of the present revenue accruing from the College lands is divisible amongst them. This implies a deduction of about £70 per annum from the income of each of the Professors in the United College, who are being further mulcted in arrears of tithes, with compound interest thereon, underpaid to the Crown long before any of the present incumbents held office. No supplementary estimate is required to suspend these payments for a time until the position of the University can be thoroughly inquired into, or to transfer their incidence to the University chest from the pockets of the sorely-oppressed Professors of the United College.

But whether or not any measures of temporary relief are adopted, a scheme of permanent amelioration must certainly be prepared. We cannot allow the professors in one of our universities, even although they bear their grievances quietly and patiently, to struggle on with incomes miserably inadequate and far short of what they were told they might reasonably expect when they

IRISH POOR-LAW INTELLIGENCE.

MEDICAL ATTENDANCE ON THE ROYAL IRISH CONSTABULARY.

A QUESTION has been put to us whether the medical attendant of a Constabulary station is liable to attend the wife, father, sister, and children of the sub-inspector; a case being quoted in which such attendance (and the medicines necessary) had been asked for and given by the medical attendant. The answer is not very easy. In the official regulations which set forth the duty and emoluments of the medical officer ("Irish Medical Directory," page 316), a distinction is made between "members of the Constabulary on duty," and the "men" who have wives and families. By Article 1, the medical attendant must attend all the former class, which undoubtedly includes the sub-inspector. By Article 2 he is also obliged to attend "the wives and families of *men* stationed in the district." Our reading of these regulations is that the medical officer is not called upon to take charge of the families of anyone above the rank of a constable, sub-constable, or serjeant.

Desiring to confirm or refute our own view, we propounded the question to the inspector-general's office, at Dublin Castle, by whom we are informed that a reply will not be given to us, but that "if a sub-inspector or "medical attendant of the Force requires information on "the subject, and applies for it officially, the inspector-"general will endeavour to satisfy the applicant." We must, therefore, refer our correspondent to the office at the Castle.

HE VITAL STATISTICS OF IRELAND FOR THE PAST QUARTER.

DURING the quarter ended 30th June last there was registered in Ireland a birthrate of 26·2 in every 1,000 of the estimated population; and 28,715 deaths, representing an annual rate of 21·6. In the same period 49,032 persons emigrated. A decrease of 42,778 would therefore appear to have taken place in the population.

In England the birth-rate was 36·6, and the death-rate 19·7 per 1,000.

The birth-rate for Ireland during this quarter is under the average rate for the corresponding quarter of five years by 1·6 per 1,000 of the population.

The death-rate is 1·9 above the average; it is 1·3 under that of the preceding quarter. The apparent proportional increase would be more than accounted for by the improved registration consequent on the burial returns furnished under the Public Health Acts.

The returns of pauperism show a large increase in the number of persons receiving relief, as compared with the corresponding quarter of 1879 and with the past ten years.

The birth-ratio registered during the quarter was 26·2 per 1,000. Thus the birth-rate was 1·6 per 1,000 under the average.

The respective rates for the four provinces last quarter are—Leinster 27·0 per 1,000 persons, Munster 28·4, Ulster 25·5, and Connaught 23·3. The highest county birth-rate is 32·1 per 1,000, for Dublin, and the lowest 20·4 for Mayo.

The deaths during the quarter amount to 28·715, or 21·6 per 1,000 of the estimated population, against an average five-year rate of 19·7.

In considering the apparently increased death-rate it must be taken into consideration that the registered deaths have been considerably increased, probably to the extent of ten per cent., by the information contained in the burial returns, forwarded to the registrar-general and the registrars under the Public Health (Ireland) Acts, 1878-79.

The death-rate in Leinster was 24·5, in Munster 20·3, in Ulster 22·0, and in Connaught 18·1.

The county death-rates range from 17·0 in Mayo to 32·7 in Dublin. Between these rates the lowest five are:—Sligo 17·4; Wicklow, 17·5; Galway, 18·1; Meath, 18·5; and Roscommon, 18·9; and the highest five are:—Louth, 25·3; Antrim, 23·0; Longford, 22·9; Armagh, 22·9; and Monaghan, 22·7 per 1,000.

In Leinster the total deaths are 4·7 per cent. above average. In Munster the deaths are only 0·3 per cent. above average. In Ulster the deaths are 11·9 per cent. above average, being considerably above the average in every county in the province. Compared with the corresponding quarter of 1879, there is a considerable increase in the total number of deaths in the province; and in Londonderry alone, of all the counties, is the number of deaths lower, and in that county by only one. In Connaught the deaths are 10·1 per cent. above average, being above in all the counties of the province.

HEALTH OF THE PEOPLE.

The registrar's notes appended to this report point to a steadily-growing interest on the part of those gentlemen in the sanitary improvement of the country, as the information supplied is more copious than heretofore. Although the death-rate is above the average, yet it is but slightly above the rate of the corresponding quarter of the year 1879. The comparative increase would be more than accounted for by the burial returns, and consequent increased accuracy of registration. Judging, therefore, by the registration returns it would not appear that there has been any material increase of disease or any extensive epidemic outbreak. An examination of the registrars' notes shows considerable prevalence of whooping-cough, scarlatina, and fever. With regard to fever, it appears that in the great majority of instances which have been noted the cases were few in number, and extended over but small areas, in many cases being confined to single houses or families.

Diseases.—The number of deaths returned by the registrars as having resulted from the principal zymotic diseases is 10·7 per cent. of the total deaths registered. This number of 30·3 per cent. over the deaths from the same causes in the corresponding quarter of 1879, and 21·2 per cent. over the average of three years.

Small-pox caused 182 deaths, against 94 in the preceding quarter. Of these 158 were in Leinster, 1 in Munster, 23 in Ulster, and none in Connaught. Of those which occurred in Leinster, 137 were in the county and city of Dublin (130 in the city). Of the 23 deaths in Ulster 10 were in the county of Antrim, 13 in Fermanagh.

From the foregoing statement it appears that the continued and increased fatality of small-pox in Ireland is almost altogether due to the persistent prevalence of that disease in Dublin, where it has been constantly present for the last three years.

Measles caused 266 deaths, against 361 in the preceding quarter, and compared with 183 in the corresponding quarter of 1879. Of these 98 were in Leinster, 103 in Munster, 50 in Ulster, and only 15 in Connaught.

Of the 98 deaths in Leinster, 86 were in the county and city of Dublin (73 in the city). Of the 103 deaths in Munster 48 were in the county and city of Cork. Of the 50 deaths in Ulster 31 were in the county of Antrim (25 in Belfast), 11 in Donegal. Of the 15 deaths in Connaught 11 were in the county of Mayo.

Scarlatina caused 570 deaths, against 610 in the preceding quarter, and compared with 307 in the corresponding quarter of last year. Of these 257 were in Leinster, 192 in Munster, 109 in Ulster, and 12 in Connaught.

Of the 257 deaths in Leinster, 174 were in the county and city of Dublin (123 in the city). Of the 192 deaths in Munster, some occurred in each county of the province; 85 were in Cork, 44 in Tipperary, and 31 in Waterford. Of the 109 deaths in Ulster, 50 were in the county of Donegal, 35 were in the county of Tyrone.

Diphtheria caused 68 deaths, against 76 in the preceding quarter, and compared with 74 the corresponding quarter of 1879. Of these, 23 were in Leinster, 19 in Munster, 21 in Ulster, and 5 in Connaught.

Whooping-cough caused 612 deaths, against 554 in the preceding quarter, and compared with 416 in the corresponding quarter of 1879. Thus this disease has increased in fatality. Of the deaths from whooping-cough, 174 were in Leinster, 122 in Munster, 281 in Ulster, and 35 in Connaught. Of the deaths in Leinster, 120 were in the county and city of Dublin.

Fever caused 877 deaths, against 788 in the previous quarter, and compared with 744 in the corresponding quarter of 1879. Of these deaths, 230 were in Leinster, 273 in Munster, 212 in Ulster, and 162 in Connaught. The returns show that under the general term "fever" the numbers have increased in Leinster by 41, in Munster by 47, in Connaught by 43, and have diminished in Ulster by 42, as compared with the previous quarter. Of the 230 deaths from fever in Leinster, 137 were in the county and city of Dublin (96 in the city).

There were 683 inquests reported to the registrars during the quarter, this number being equal to 1 in every 42 of the total deaths registered. In Leinster there was 1 inquest to every 34 deaths registered; in Munster 1 to 40; in Ulster 1 to 49; and in Connaught 1 to 51.

Of the 28,715 deaths registered during the quarter, 4,482, or 15·6 per cent., occurred in public institutions. In Leinster the percentage was 20·7, in Munster 20·4, in Ulster 10·1, and in Connaught 10·9.

The average number of persons in Ireland receiving in-door relief on Saturdays during the second quarter of 1880 was 55,790, against 51,332 for the corresponding period in 1879. The average weekly number of persons receiving out-door relief during the quarter was 63,890, against 48,070 for the second quarter of 1879. Of the persons receiving in-door relief during the second quarter of 1880 an average number of 702 in each week were located in asylums for the blind and the deaf and dumb, and in extern hospitals; in the corresponding quarter of 1879 the average weekly number was 687.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF AUGUST, 1880.

AUGUST 5th—Palmer, Benjamin Armstrong; Roxborough, co. Armagh; M.B. Univ. Glas. 1880, Lic. R. Coll. Surg. Edin. 1880.

6th.—Johnston, James Alfred; Wesport, co. Mayo; Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.. Lic. R. Coll. Surg. Irel. 1880.

7th.—Matthews, Thomas; Annahilt, Hillsborough, co. Down; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

7th.—Kerrigan, Owen Patrick; Mullingar, co. Westmeath; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

9th.—Fottrell, William Joseph; 70 Kenilworth Square, Rathgar, co. Dublin; Lic. R. Coll. Surg. Irel. 1880.

10th.—Harkness, Alexander; Coilt Mara, Cultra, Holywood, co. Down; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

10th.—Lacey, Thomas Samuel; 4 O'Sullivan Terrace, Ballybough Road, Dublin; Lic. R. Coll. Surg. Irel. 1878.

12th.—Digan, Matthew; O'Brien's Bridge, co. Clare; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

12th.—Manning, George Henry; Ballyhaise, co. Cavan; M.B. 1879 and B.Ch. 1880 Univ. Dub., Lic. Mid. K. Q. Coll. Phys. Irel. 1880.

13th.—Mahon, Henry Greenwood; 18 Effra Road, Rathmines, co. Dublin; Lic. R. Coll. Surg. Irel. 1880.

13th.—Hamilton, Archibald Alexander; Thornhill, Dungannon, co. Tyrone; M.B. 1880 and B.Ch. 1880 Univ. Dub.

16th.—Fergusson, James Hugh; Gweedore Hotel, Letterkenny, co. Donegal; Lic. R. Coll, Phys. Edin. 1880, Lic. Fac. Phys. and Surg. Glag. 1880.

17.—Connelan, Abraham Sandys; Joanna Ville, Crumlin, co. Dublin; Lic. R. Coll. Surg. Irel. 1880.

20th.—Moylan, John Barry; Waterfall House, Richmond, co. Dublin; Lic. R. Coll. Surg. Irel. 1880.

21st.—Ledwich, Edward L'Estrange; 23 Upper Leeson Street, Dublin; Lic. R. Coll. Surg. Irel. 1878.

23rd.—Barrington, John Leslie; 7 Beechwood Avenue, Ranelegh, co. Dublin; Lic. R. Coll. Surg. Irel. 1880.

25th.—Gainfort, John; 3 Lower Sackville Street, Dublin; Lic. Apoth. Hall Dub. 1880.

28th.—Corcoran, Thomas; Collooney, co. Sligo; Lic. R. Coll. Surg. Irel. 1880.

30th.—Ottley, John; Keel Desertserges, Bandon, co. Cork; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

31st.—Moloney, Denis; Brosna, co. Kerry; Lic. Apoth. Hall Dub. 1879, Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

31st.—Baker, Richard John; Braemore, Balbriggan, co. Dublin; Lic. 1879 and Lic. Mid. 1880 R. Coll. Phys. Irel., M.B. Univ. Dub. 1880.

The following name has been restored to the Register, per order of Council, August, 1880, viz.:—

Feb. 1st, 1868.—Evans, Robert Locke; Grosvenor Place, Carrickfergus, co. Antrim; Lic. 1867 and Lic. Mid. 1867 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1867.

ABUSES OF MEDICAL RELIEF.

Dr. Ridley, of Tullamore, favours us with a list of tickets which he has caused to be cancelled at the last meeting of his committee. The list includes two "scarlet-runners" to visit at distances of three and five miles at the houses of farmers holding respectively 15 and 7½ acres. The remaining tickets on the list—18 in number, were for dispensary relief. Nine of them were invalid—the applicants residing outside the district. The other nine were for the families of farmers holding from 10 to 30 acres, and obviously well able to pay the doctor.

If every Poor-law medical officer in Ireland would follow Dr. Ridley's example, even for three months, we should soon see an end to the monstrous abuses of pauper relief in Ireland, and an immediate and substantial increase in the earnings of Poor-law medical officers throughout the country.

CORRESPONDENCE.

SUPERANNUATED MEDICAL OFFICERS AS J. P'S.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Can a superannuated medical officer of a dispensary, who is made a county magistrate, become an *ex-officio* guardian of a union. He is receiving £60 a year from the union pension.

Yours, &c.,

Nemo.

[We believe that no person who receives emolument from the union, either by way of salary or pension, can take his seat at the board of guardians, but there is no precedent or decision of the Irish Local Government Board existing which might rule the question. The English Local Government Board has been recently questioned on the subject, and has replied as follows:—"An appointment as medical officer under their regulations would not legally prevent the person so appointed from being placed on the Commission of the Peace or acting as a Justice. The board may, however, observe that the Statue 5 and 6 Vic., cap. 57, s. 14, would prevent his serving as a guardian so long as he holds the office of medical officer, as they consider that that enactment applies to *ex-officio* as well as to elected guardians."—Ed. M. P. & C.]

BALLINASLOE BOARD OF GUARDIANS.

Mr. P. Nonne, Secretary, Ahascragh Dispensary Committee, wrote saying that it was owing to Dr. O'Kelly's inability to procure a local professional man who would reside in Ahascragh that he was obliged to recommend Dr. Swanson; and the duties of medical officer could be more efficiently discharged by a gentlemen residing in Ahascragh than in Ballinasloe or Mountbellew.

The board ratified the action of the Ahascragh committee, allowing Dr. Swanson two guineas per week, when Mr. Ward proposed the following motion, which passed:—

Resolved—That for the future whenever a medical officer of this union applies for leave of absence for a limited period, in order to recruit his health, that such application be supported by the certificate of another medical man in the employment of this union.

ABBEYLEIX UNION.

Can a consultant be paid out of the rates in a private case?

A letter was read from Dr. Stoney, Abbeyleix, requesting the board for payment of four guineas, his fee for asisting at the amputation of Anne Lalor's arm, who was seriously assaulted some time ago, from the effects of which she died.

The result of those injuries was that it was found necessary to amputate her arm. Dr. Walsh was attending her, not on a red ticket, but as a paying patient. The woman's husband had some thirty acres of land at a moderate rate, and could not possibly be regarded as a pauper in any sense. Dr. Walsh made an application to the relieving officer for the assistance of another doctor in the operation, saying that the woman was unable to pay a second doctor, and that it was necessary to have one. The relieving officer, doing his duty, had Dr. Stoney sent. Now he (Mr. Comerford) regarded it as unfair to the ratepayers that they should be asked to pay the fee of this second doctor, considering that Dr. Walsh was being paid by this woman, and also her circumstances of life. It was true she might be in temporary difficulties, but it did not follow from that that she was to be regarded in the light of a pauper, and that the ratepayers should be asked to pay for the medical attendance.

The Chairman said he would regard it as illegal.

The Clerk read the law bearing on the question, but it was found not to apply specifically enough to this particular case.

Mr. Corcoran—We went so far the last day—assuming she was a pauper, we did not know anything of the circumstances—as to give two guineas. However, it was finally adjourned till to-day.

Mr. Comerford—If this were allowed it would be open to any of us, if we required medical attendance, supposing there was a necessity for a second doctor, to say, "We cannot afford to pay for a second doctor; we haven't the means," and it would then follow that the medical officer could make an application co a relieving officer for an assistant doctor, who would have to be paid out of the rates.

The Chairman—It is a thing this board should never allow. I notice that if you give a red ticket to a person occupying a certain valuation——

Mr. Comerford—Oh! then he should have to pay the doctor. But here the woman got no red ticket, and she was attended by Dr. Walsh as a paying patient.

Mr. Fleming asserted that the woman had no land, and that she was a pauper.

Mr. Comerford denied this, saying there was neither a deed of assignment nor bill of sale on the property.

The Chairman—Was she entitled to get a red ticket?

Mr. Comerford—Certainly not. Had I been asked for one as guardian of the district, I would have refused. No one holding over a rood of ground is entitled to a red ticket.

The Clerk—I beg your pardon—That is four out-door relief. A person may be destitute, while having thirty or forty acres of ground, and she would be entitled to it.

The Chairman—I think the law contemplates that you should be more liberal with medical relief than ordinary out-door relief. But is there no limit to free medical attendance?

The Clerk—Medical relief is given where the parties are destitute. If the parties were not destitute, and the doctor had attended them, it would come before the dispensary committee, and the doctor could take an action against the parties.

Resolution passed that payment be not made, pending the opinion of the Local Government Board on the point.

DROGHEDA UNION.

SUPERANNUATION.

The following was read :—

Local Government Board,
Dublin, 28th August, 1880.

Return relating to the superannuation of medical officers.

SIR,—The Local Government Board for Ireland transmit to you herewith a copy of an order of the House of Commons, dated the 16th inst., for a return relating to applications made by medical officers of workhouses and dispensaries in Ireland for superannuation allowances since the passing of the Medical Officers' Superannuation Act, 32 and 33 Vic., cap. 50 (2nd August, 1869), and the board request that, in order to enable them to make the required return, you will furnish them with the necessary particulars, forms for which are enclosed.

Three forms are enclosed, and the board will feel obliged by your making the return in duplicate.

By order of the board,
B. BANKS, Secretary.

[COPY.]

House of Commons,
Monday, 16th August, 1880.

ORDERED,—That there be laid before this house a return of the names of the medical officers of workhouses and dispensaries in Ireland who, since the passing of the Medical Officers Superannuation Act, 32 and 33 Vic., cap. 50, have resigned their offices and applied to their boards of guardians for superannuation allowances under that Act, with the causes for such resignation ; the ages and length of service as Poor-law medical officers of each person at date of resignation ; the result of such application to the guardians ; and the reason, if any, given by the said guardians for refusing the application.

ENNISKILLEN UNION.

DISINFECTING CHAMBER.

LETTER read from the Methodist minister, inquiring how the infected clothing and articles in the manse would be conveyed for disinfection to the disinfecting chamber.

Mr. Walmsley—I moved that none of the clothes be disinfected unless the urban sanitary authority pays some of the expenses.

Mr. Coalter—Do they pay for disinfection elsewhere?

Mr. Walmsley—They do.

Dr. Walsh—The urban sanitary authority paid a portion of the expense, and they should not pay twice.

Mr. Walmsley—I beg your pardon. They should pay a fair proportion.

Mr. Coalter—Has not every portion of the union the opportunity of getting the use of the chamber?

Dr. Walsh—It was the rural board paid for it. I make no objection if you charge fairly.

Mr. Lindsay—The disinfecting house was put up by the union, and I propose it be open to the union at large for the disinfection of clothes.

Mr. Jordan—I would move that the clothes be disinfected, and make a charge, but refund it if necessary.

MONASTERBOICE DISPENSARY.

NOTE read from Monasterboice Dispensary Committee saying that Dr. Murtagh was appointed at £3 3s. per week to do duty for Dr. Segrave during his illness.

Mr. M'Kenna—They gave him enough.

Mr. Markey—I thought that the committee had nothing to do with payment of the doctor or of his substitute ; they have nothing to do with fixing salaries or payments ; they can make an appointment ; that's all ; they outstep their authority when they do more than that.

Dr. Burke—The committee have nothing whatever to do with fixing the remuneration.

Mr. Markey—They have no right to fix a salary; that belongs to us ; we don't require any committee to do our business. They had no right to name a salary at all; £2 2s. a week is the sum ; I move that.

The motion was carried.

RICHHILL DISPENSARY.

LAST WEEK the committee of this dispensary met for the purpose of electing a medical officer. There were several candidates, but the election lay between Dr. Young, of Keady, and Dr. Fergus, of Kilkeel. The former gentleman was appointed on the chairman's casting vote.

SUPERANNUATION.

REFUSAL OF THE LOCAL GOVERNMENT BOARD TO SANCTION THE INCLUDING OF PUBLIC SALARIES IN ASSESSMENT.

A LETTER was received last week by the North Dublin Guardians from the Local Government Board acknowledging the receipt of the minutes of the board of guardians containing an entry of motion to the effect that a superannuation allowance be granted to Dr. Fausset, amounting to two-thirds of his salary and emoluments, as medical officer of the Clontarf and Howth (No. 1) Dispensary District, and also of his salary as medical officer of health of the district, and in reference thereto the Local Government Board desired to state that they had been advised by counsel that "the additional salary paid to a union officer, under the 11th section of Public Health Act of 1878, cannot be taken into account on calculating his superannuation allowance? and further that the fees paid to a medical officer for examining and certifying in the case of dangerous lunatics cannot be included in the document on which the superannuation is calculated. It will therefore be necessary to exclude from the calculation of the allowances proposed to be granted to Dr. Fausset the salary paid to him as medical officer of health, and to omit from the estimate of his dispensary medical officer any fees paid to him by the guardians under justices' orders in respect of alleged dangerous lunatics.

TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin office of this paper.

accepted their present appointments—to accept which many of them resigned appointments of greater pecuniary value. Justice must be done to St. Andrews. Its representative in Parliament can make his voice heard in Government circles, and the Scotch members generally will be grossly negligent as to their national obligations if they do not take up this question and insist on its being dealt with by the Treasury in no parsimonious spirit.

The medical profession, both because of its general interest in all scientific institutions and its special connection with St. Andrews, will cordially support any movement that may be set on foot to obtain justice to that University. A large number of highly respected members of the profession in London and the provinces hold St. Andrews degrees. A powerful association, composed of St. Andrews graduates, three-fourths of whom are medical men, exists under the presidency of Dr. B. W. Richardson, ascessor in the University Court, and a general impression prevails that St. Andrews may yet play a more important part than she has recently done, in conferring degrees upon able and experienced members of the profession who may be desirous of obtaining such a distinction, after a searching examination, but who may be unable to go into residence at a university or to renew their preliminary education. But whatever the future of St. Andrews may be, it is clear that she should not be permitted to perish of inanition, and we trust, therefore, that the Government will provide for her adequate maintenance.

THE CORK FEVER HOSPITAL CASE.

There are no circumstances under which a medical man can more reasonably claim the sympathy and sustainment of his professional brethren than when he, in the honest and competent discharge of his duty to his patient, becomes the victim of crazy, ignorant, and prejudiced people. To be made personally responsible for a fatality which he has devoted his most earnest efforts and his best skill to avert, is one of the many risks which every physician runs at one time or other of his professional life, but when the unjust accusations to which he is thus subjected develope from mere ebullitions of ignorance and prejudice into a malicious attempt to destroy the professional repute of the victim, then indeed, as we have said, he is entitled to every aid and countenance which his brother physicians can give him towards the vindication of his professional character and his personal honour.

Of such an attack, justified by not even the shadow of cause, and pursued with cruel vindictiveness and malicious persistence, Dr. MacNaughton Jones, of Cork, has been made the subject, and it will be for our readers, having been informed of the circumstances, to form an opinion as to the truth and justice of the charges made against him.

It appears that as far back as seven months ago, the household of a Mr. Crawford, a schoolmaster in the city, was afflicted with an epidemic of scarlatina of the most malignant type. Two of the children fell ill and were attended by Dr. Jones in consultation with Dr. Johnston. The cases proved to be instances of suppressed scarlatina, and though both children died, it was confessed by Mr. Crawford in his evidence that Dr. Jones had shown "every sympathy, care, and kindness possible," and neither then nor afterwards was there any suggestion whatever of any want of confidence by Mr. Crawford in Dr. Jones. After some time the third child fell ill with all the symptoms which the preceding fatal cases had shown, and, by the advice of Dr. Johnston, Mr. Crawford decided to place the child in the pay wards of the Cork Fever Hospital, to which institution Dr. Beamish, Dr. Budds, and Dr. Jones are physicians, and Dr. Adderly, resident medical officer.

It is alleged by Mr. Crawford that, in placing the child in the Hospital he had stipulated that it should not be placed under Dr. Jones's care, having heard, as he says, that that gentleman was "an enthusiast in experiments." Mr. Crawford sustains his statement that this bargain was made by the evidence of his wife, and by proof that he had asked Dr. Johnston for a letter to Dr. Budds, but that evidence goes to show no more than that Mr. Crawford expressed a wish on the subject, while it is clearly controverted by the testimony of Dr. Adderly that Mr. Crawford had expressed a desire to place the case under Dr. Jones, that the register had been shown to him with the blank for the next admission opposite Dr. Jones's name, and that neither then nor afterwards did Mr. Crawford offer any objection, but approved of the child being put in charge of Dr. Jones, and placed in Dr. Budds' ward in order that he might be near his aunt, who was also a patient. The child was brought to hospital on Sunday evening, presenting no obviously serious symptoms; the usual nursing directions were given, and the night was passed without any notable circumstance, save the occurrence of occasional slight delirium. At 10 a.m., on Monday morning, Dr. Jones came to pay his usual hospital visit, and was shown the child. At once, as sworn by Dr. Adderly, he sounded the alarm, expressed his great apprehension of a fatal issue, and ordered chicken-broth, a hypodermic injection of hydrochlorate of pilocarpine every three hours, a "pack" (meaning, as he says, a wet pack), and chicken-broth. An hour afterwards the father called and saw the child, knew that he was under Dr. Jones's care, heard of the physician's unfavourable prognosis, and was told of the intended hypodermic injection, and it does not appear by word or act he expressed himself as dissatisfied in any way with the treatment past or proposed.

Being naturally anxious to have the verdict from Dr. Jones's lips, he went at 1 p.m. to that gentleman's house, where, after some conversation as to the state of the child, he propounded the peculiar suggestion that Dr. Townsend, a physician entirely unconnected with the hospital, should be brought to see the child as a consultant. To this Dr. Jones—as might have been expected—gave a decided negative, but added that, if Mr. Crawford pleased, he would willnigly transfer the case to either of his colleagues, Dr. Budds or Dr. Beamish. This offer Mr. Crawford did not accept, though he now swears that he distrusted Dr. Jones from the first—bargained that the child should not be under his care, and disapproved altogether of his proposed treatment—and he went away without giving Dr. Jones—as he admits—the slightest reason to suppose that he objected to anything proposed to be done. Meanwhile

Dr. Adderly had not carried out Dr. Jones's orders, he explaining that the chicken broth had not been given because there were no chickens in the hospital. The pilocarpine injections were not given because he omitted to do as he was ordered, and sent to the wrong place for the drug. The "pack" was not used because he thought a dry pack was meant, his idea of a pack being to roll the child in blankets. It was late in the afternoon when the messenger came to Dr. Jones's ophthalmic hospital for the pilcoarpine, and Dr. Jones then directed that the injection should not be given until he could give it himself at his afternoon visit to the hospital. At five o'clock he arrived, saw the child, expressed himself as altogether without hope of his recovery, and as a *dernier ressort*, gave the hypodermic injection, and went away, saying that he could do no more. Shortly afterwards the child became delirious, showed symptoms of chest effusion, and in five hours died.

This is the "round, unvarnished tale" which we have eliminated from the ten-column newspaper report before us, and having, we believe, omitted no point which could bear upon the charges against Dr. Jones. Some time after the death of the child Mr. Crawford preferred charges against the Hospital administration and against Dr. Jones, before the Board of Governors of the Hospital, who, after an investigation, declared themselves satisfied that the accusations were not sustained. But this did not satisfy Mr. Crawford. Selecting the tribunal which would cost least money and would injure Dr. Jones's reputation most seriously, he employed a solicitor to raise the question before the Corporation by way of an objection to the usual grant made annually for the maintenance of the Hospital. There, before the chief citizens of Cork, where every word spoken was noted by the reporters, where Dr. Jones's presence or defence was impossible, Mr. Crawford elected to follow up his onslaught, and he did so by a tissue of statements which could not be then contradicted, and many of which have since proved entirely without foundation. It is within our knowledge the first occasion, and we trust it will be the last, that a solicitor has been permitted to make a civic council the arena of a spiteful personal attack, and to enter upon a public criticism of an abstruse medico-physiological problem, with all the variations upon truth which the legal imagination usually suggests, and we feel bound to say that the City Fathers of Cork displayed little sense of their proper functions, of the dignity of their assembly, or of fairness and justice, when they allowed their council chamber to be used for the gratification of personal malice. Be that as it may, the case on behalf of Mr. Crawford was put forward in its entirety, and, being entirely uncontradicted, it was decided that the subject be referred back to the Board of Governors for a further inquiry. All the essential testimony at that inquiry is now before us, though a further meeting has yet to take place and a decision to be finally come to; and with after perusal of the full testimony we feel justified in saying, with all emphasis, that no matter what view outsiders may hold, the medical profession fully and honourably acquits Dr. Jones of either want of care, lack of skill and capacity, or rashness of judgment, and we believe we speak the almost unanimous feeling of his brother physicians throughout the kingdom when we say that no fact is disclosed in the evidence which reflects either upon his professional character or his private worth, and that he has done nothing which each and every hospital physician may not be called upon to do to-morrow under similar circumstances. He is accused of having refused to admit a private physician to the case of a patient in his hospital, there being already two other physicians attached to the institution. The accusation is proved, and we say that the course pursued by him was not only justifiable, but proper and expedient. No one has ever heard of an extraneous physician being asked his opinion as to a patient in a public institution, except simply as a visitor and on sufferance, and we believe that no hospital could be worked with benefit, which admitted the principle that the patient's relatives should fetch in their pet outsider as a consultant.

As to the propriety of Dr. Jones's administration of a hypodermic injection of pilocarpine, we decline te enter into controversy with Mr. Crawford or his solicitor, or with either the Cork Town Council or the lay Governors of the Hospital.

To Mr. Crawford's ideas on the point little regard need be given, considering that his blank ignorance of the subject is marked by his mistaking a hypodermic injection for an injection into the veins. In justification of Dr. Jones before his own profession—who alone have jurisdiction upon such a matter—we may remind our readers that diaphoresis is, in a case of suppressed scarlatina, often the arbiter of life or death; and that, to obtain it, any or every resource must be adopted. Every therapeutist now knows how that pilocarpine—the alkaloid of jaborandi—is the most potent agent for causing a speedy perspiration; that it has been and is daily being employed by some of the highest authorities in the world at home and abroad for this purpose; and that its use is now no more an "experiment" than the use of atrophine or methylene. If Dr. Jones had shrunk from the responsibility of using this or any other remedy of equal repute in such a case as that of this poor child—even supposing that the use was difficult and dangerous—he would be answerable to his conscience and his superiors in the Hospital for shortcomings in his duty. If even it were true that the drug hastened death—which supposition is not sustained by a spark of evidence in this case—the physician who used it conscientiously and to the best of his skill and learning would still be altogether free from blame.

There is one aspect of this case to which we hesitate to refer, or to regard as suggesting a possible solution of the virulence of this attack on Dr. Jones; but we may mention a fact upon which each reader will put his own construction—a Professorship of Surgery in the Queen's College, Cork, will be appointed in a week or two—Dr. Jones is a promising competitor. There are other competitors of different religion and politics. Can it be that this cruel and unmerited attack upon his professional character is the offspring of the coming election?

APPARITIONS.

THERE is something far from satisfactory in the continued recurrence of the impostures termed by over-credulous believers in the marvellous, "apparitions." Within the last few years the number of these clumsy frauds has

largely increased, and, at the present moment, masses of illiterate persons are being daily moved to wondering awe by a miracle epidemic in two obscure Irish villages. These exhibitions would be undeserving of serious notice, were it not for the effects they are possible of producing. It is, unfortunately, too true that the uneducated mind is always willing to snatch at any objective experience, around which the shroud of mystery is cast, and forthwith endow it with the attributes of the wonderful, simply because it chances to be incomprehensible to the narrow intellectual capacity of the herd that gives it credence. Much, too, of the miracle-mongering of the day depends for its undoubted success on its being associated with a religious fervour, before which the proper functions of the reason are in abeyance. Appeal is made directly to the susceptible imaginations of a class that is willing to be led by any semblance of authority; and use is made of the traditional powers of the church to foster a desire for absolute control over the consciences of its subjects. We do not attack the advocates of miracles in any way adverse to their legitimate assumptions; but the influence they exert is, from the point of view we occupy, one of irremediable evil. The consequences that follow from the repetition of scenes in which prominence is given to the rehabilitation of long dead persons, the possession of life-like attributes to inanimate objects, and the exercise of healing virtues ascribed to impossible sources, are such as demand the earnest attention of everyone who will accept the truth, *Salus populi suprema lex*. That very many persons are affected for life with a ruling belief in supernatural occurrences, through the bearing of so-called miracles worked before them, is in the knowledge of every physician whose speciality lies amid mental diseases; and all of these can recount instances of incurable monomania initiated by some such performance as is taking place at Knock at the present time. Controversy on the importance to be attached to accounts of the miracles quoted from an earlier age, there must always be, so long as natural knowledge is confined to a section of the educated classes. Until the mind has been trained to a correct appreciation of the inviolable connection between cause and effect, and the relation of all phenomena to antecedent producing agencies, there can be no common concurrence of opinion on the significance of the signs and wonders with which localised religious communities are occasionally deluged.

The condition of the mind willing to place unquestioning faith in the reports brought to it of the marvels of miracledom is very much akin to that referred to in our last at Glasgow, in which the outrageous quackery of a bespangled woman is accepted as a realisation of the highest medical skill: until the pretensions of the one receive their fitting reward at the hands of the public, the other will continue to exert unchecked sway. In view, however, of the lamentably evil effects thus produced, it becomes a duty for the medical profession to do something that shall avail, if possible, to limit the mischief that follows from the practices it condemns. It recognises how great the mischief is, and it can unhesitatingly define the limits within which its destructive power is evinced. The religious monomaniac, the hysterical invalid, the victim of hallucinations, the moping hypochondriac, all these ranks of the afflicted are amply recruited by those who have yielded unquestioning obedience to the impulse that guided them to place their trust in sensations excited by occurrences for which they could assign no earthly explanation. It is not to be overlooked, moreover, that it is first among the ill-fed, ill-conditioned, and scarce educated people, that we find the earliest exhibitions of a credulous spirit; a class from which there are always many ready to accept an ill-defined call to the performance of unusual offices, in proof of a claim to supernatural prerogatives. Hence the innumerable instances of fasting among the lower orders; of being possessed by spirits good and evil, and of other special proofs of an assumed superhumanity. Asylums, both public and private, abound in this description of patients, and it is perhaps to be wondered at that the higher classes of society are so little affected as they are by the influence of the more uneducated enthusiasts. In some degree they are so, however, but the one encouraging feature to be observed is, that the greater the degree of mental culture, the less is the effect produced by the exhibitions that so readily impose on the ignorant rustic. Education is the engine, by aid of which we shall eventually be cleared of one of the pests of the modern social system; before it the whole array of supernaturalism will fade away, and with it the distressing symptoms of a great mental affliction will disappear from our midst. Meantime, there is much to be done to counteract the prevailing spirit; this is a task that falls to the physician's lot, and it becomes him to look the matter in the face, and to recognise it as one having to do with his province. He cannot enlighten the ignorance that affords a home for the "apparition" malady, but he can, in a measure, reduce the extent to which it works physical destruction, by judicious employment of the remedies familiar to him, as being efficacious in states of mental disturbance. It is futile to trust that the exposure to which many of the "miracles" have had to submit will turn the peasant from his faith, while he is always ready to be imposed upon afresh. The history of Spiritualism has shown this again and again, and the development of a distinct phase of insanity due to the religious and spiritualistic revivals helps us to appreciate at its real importance the evil at work in our midst. It opens almost a new field of medicine, and in the immediate future it will demand the serious consideration of those on whom its repression will be chiefly dependent.

Notes on Current Topics.

Station Hospitals in India.

INFORMATION has reached us that the introduction of station hospitals has been sanctioned at certain places occupied by troops in India. Having in view the interests of the troops themselves, and of the military service generally, we regret this exceedingly, believing as we do that the measure is a retrograde step, and, in fact, a recurrence to conditions which had to be done away with in that country so long ago as the latter end of last century. This fact, indeed, is patent enough to those who read the history of army hospitals; but it is to be feared that, like many other so-called "reformers," the number of those now so called who refer to the past as a

preliminary to enunciating their "discoveries," is comparatively small.

This scheme of station hospitals in India has, we believe, been strongly opposed by officers high in rank and of much experience in wars in that country. There are a good many of those who took part in the campaign of the mutiny who recollect the facility with which regimental and "general" establishments on that occasion worked together and interchangeably; they testify to the perfect adaptability of the regimental system to times of peace, and to the requirements of every class of persons in a regiment, including patients and medical officers. Nor do some of the statements we have seen indicate any single respect in which, during the present war in Afghanistan, "unification" has shown sufficiently over that whose place it took, although several very serious objections against it might readily be construed out of certain occurrences that have been mentioned in connection with that war.

So far as the destruction of the regimental system on home service is concerned, there are those who consider the results the very reverse of encouraging. These naturally look with apprehension to the re-introduction into India of the *system* already condemned in that country. Among many other disadvantages attending it one is expense; this item must become considerably larger than under the regimental system, as regards establishment and equipment; the necessity in our larger stations of carrying patients long distances to the *general* hospitals, while suffering from cholera, ardent fever, heat apoplexy, and so on, must necessarily be extremely objectionable; and in so far as the necessities of families are concerned, whether of officers or soldiers, the objections against having to be attended by a succession of new and strange medical officers can only be fully appreciated by those whose misfortune it is to have been placed in such circumstances.

Milk Diet in Heart Disease.

M. Potain, at the recent meeting of the French Association for the Advancement of Science, read a paper on this subject. Milk diet is particularly efficacious in secondary cardiac affections, as hypertrophy or simple dilatation of a gastric or renal origin. The diet modifies the condition of the kidney and the stomach, because it gives these organs almost complete rest; therefore to be thoroughly efficacious it should be absolute and more or less prolonged. It may be usefully employed in cases of simple reflex palpitation, of gastric origin. It may also be advantageously used for its diuretic action in dropsy, especially, and perhaps exclusively, when the dropsy is of renal origin.

Private Retreats for the Insane.

In connection with the Reports of our Special Commissioner on private asylums, in progress of publication, a correspondent draws attention to the marked change that has within recent time taken place in the popular estimation of these institutions. When a review of the latest expressions of opinion concerning them is made, it certainly is astonishing to find how the old ignorant abuse is gradually giving place to a correct and rational appreciation of the great benefits derived from the private asylums for the home treatment of insanity. It should be fully admitted that this is chiefly due, however, to the outspoken convictions of those whose position and authority enable them to judge by the results they are constantly witnessing. The Commissioners in Lunacy in their visit and in their reports testify in the warmest manner to the great excellence of the work accomplished in the asylums visited by them, and under the control of private licenses. The emphatic utterances of men like the Earl of Shaftesbury, and who are heart and soul in a desire to do the utmost for the mentally weak; men, too, who have the fullest confidence of the public, have done, and will do, an immeasurable amount of good in allaying the unfounded fears aroused by the inconsiderate and intemperate articles of the sensationalists. After six months labour, carefully sifting all the evidence procurable, a Parliamentary Committee could not discover, as Lord Shaftesbury declares, a single instance of improper committal. It may be hoped that the prejudice which *has* existed will no longer obtain, and that a more familiar and juster appreciation of private asylums will take the place of the older intolerant objections to them.

Snake-bite.

Land and Water recounts a story of recovery from the bite of *Crotalus horridus* on the part of Dr. Arthur Stradling, which possesses some interesting features. The animal was a small one, under eighteen inches long, and bit Dr. Stradling on the wrist, one fang remaining in the flesh. This he removed, and for some time felt no ill-effects. Four hours subsequently, however, the lymphatics of the arm above the punctures were swollen and painful, this being followed by dizziness and a burning sensation over the body, but the temperature was no more than 96·4°. Dr. Stradling applied nitric acid to the wound, and forthwith became insensible. Dr. Wyman saw him at 11 a.m., six hours after, when his face and lips were pale, expression dull; eyes fixed and glassy, the lids remaining open or shut, as they were placed, pupils contracted; general surface of body warm and moist, but feet and legs cold to above the knee. Temperature in axilla 99·8°; respiration 13, shallow. The intercostal muscles were paralysed, the breathing being mainly abdominal, irregular, and occasionally stertorous. The lower extremities were completely paralysed. Dr. Wyman sucked the wounds on the wrist (one of which was blackened), applied nitric acid to them, and ligatured the arm above the elbow tightly. Internally he administered æth. sulph. ʒi. twice in about twenty minutes, and then half a drachm with the same quantity of compound spirit of ammonia every twenty or thirty minutes till three in the afternoon, when, for the first time, there were signs of movement, in the shape of a well-defined backward arching of the patient's body; hiccough took place sometimes, and twitchings of the muscles of the upper part of the chest and shoulders. There was no vomiting, but a painful feeling at the heart was complained of, and a temporary delirium exhibited. Beef-tea, and egg and brandy, alternately with ether and ammonia, were administered, and gradually recovery took place, the power returning in order to the right arm, right leg, left leg, and left arm. Consciousness was com-

plete at five o'clock, but was accompanied with return of weakness, and slight hysteria succeeded. The patient records that he awoke free from pain "but weak as a baby, and became a mere lay figure for the exhibition of chicken broth, jelly, smelling salts, strong drinks, misplaced sympathy, arrowroot, and slippers."

Questionable Physiology.

THE body of the convict Menesclou, who was executed last week in Paris for the murder of a girl, was according to *Le Figaro*, submitted by Dr. Sappey to an experiment of which it is difficult to see the exact bearing. Some blood, freshly drawn from the carotid of a dog, was injected subcutaneously in the scalp of the corpse, with the result that the colour of the cheeks was restored, while there was a perceptible movement of the lips, and twitchings of the facial muscles. No other part of the body, however, responded. The details of the experiments, as quoted by *Figaro*, are meagre in the extreme, but in any case the result does not bear much promise of any advantage to science, and might well have been left untried.

Cholera in India.

THE cholera epidemic in India is to all appearance a severe one; and the following telegrams, which appeared in the *Bombay Gazette*, illustrate the extent of its ravages up to the dates given :—

"Simla, August 18.—A cholera epidemic broke out at Tangi on the 11th, and up to yesterday morning forty cases were registered, of which twenty proved fatal. Dr. Taylor, who had just returned to Peshawur from Tangi, heard a report of the epidemic having reached Charsadda, but there is no such report from the police. Dr. Taylor thinks that if the traffic on the Cabul River is stopped its spread to this side might be delayed until our army goes through. Orders to stop the traffic have accordingly been issued. The local authorities recommend that our army should be hurried through, and advise the Kohat route. The engineering party making ferry arrangements at Attock are heavily crippled by the cholera.

"August 19.—Surgeon-Major H. W. Bellew, C.S.I., Sanitary Commissioner of the Punjaub, proceeds immediately to Peshawur to ascertain the state of the outbreak of cholera at Tangi, and to advise the Government regarding the danger to be apprehended from the influx of troops shortly to take place. As cholera at Tangi broke out on the 11th, and as a quarantine is discouraged by the Government of India, there can be no object in stopping traffic, and the Peshawur Commissioner's original order to that effect is accordingly cancelled."

Hints to Hospital Visitors.

The "Sunday at Home" magazine in an article on the subject of hospital visiting, gives certain hints which, if acted on by all who devote a portion of their time to this good work, would react with great advantage to the patients in these institutions. Especially should the suggestion be adopted, to gain the confidence of the invalid by avoiding all pretence to patronage or fussiness. The writer of the article advises all visitors, however short a time they mean to give to each patient, to sit down by their bedside, not on any account to speak to them standing up and leaning over their bed. This worries and fusses an invalid, and at once does away with the soothing effect which is so much to be sought after. Equally excellent, too, is the advice contained in the following extract. We commend it heartily to every charitably minded hospital visitor :—

"If posible, follow up the helpless cases in their own home, where, after leaving the hospital, they are generally in great want of some small comforts. The gift of a wicker-chair, a couple of cushions, flannel, old linen, or whatever is most needed, is very valuable in supplementing the good gained within the hospital walls. The wants of most inmates of our hospitals are so very real and so very great that they are not met by the casual gifts of flowers and tracts only, and though it is natural to wish to please a great many sufferers by kind words vaguely distributed, far more real good would be done by narrowing the circle and thoroughly working two or three cases."

A Prescribing Clergyman.

AN inquest was held last month at Monkwearmouth, on the body of a woman, æt. 73, who was shown to have died from mortification resulting from hernia. The deceased had concealed the cause of her illness, and the vomiting, pains in the bowels and purging she suffered were supposed by her neighbours to be caused by bile. The Rev. Thomas Snell, a dissenting minister, was asked to see her. It was not usual, Mr. Snell said at the inquest, for him to have medicine in his pocket, but he happened to have some homœopathic trituration of ipecacuanha which he gave her; he thought she was suffering from bile. He did not know what she died of, but heard yesterday she was suffering from hernia, but she had not even disclosed this to the neighbours. Dr. Blumer stated that he found femoral hernia on the left side, which he reduced. Mortification set in, and caused death. If any qualified medical man had been called in on Thursday or Friday, the hernia could have been reduced, mortification prevented, and life saved. The Coroner considered that they could not attach any criminal consequences to Mr. Snell's conduct, as it was an error of judgment. A person going out of pure kindness, and prescribing something—and it was not suggested that it did any harm—must not be found fault with because he did not possess sufficient skill or knowledge to perform an operation. The jury came to the conclusion—as some of their members cited similar cases where persons at earlier periods of life and stronger than deceased, in which the highest medical authorities in the North of England had been called in, had succumbed to hernia—that in this case there was no blame attached to anyone, and that deceased had died from natural causes, namely, mortification arising from hernia.

If the person who is responsible for the death of this woman had been a druggist or a bonesetter, instead of a dissenting parson, he would probably have been sent for trial for manslaughter, and the coroner would not have thought it necessary to plead his cause as he did. Without doubt, the woman lost her life because this meddlesome parson undertook her treatment, without either the skill to do so, or the care to make a sufficient examination of her symptoms, and he may thank the judge and jury for having "cooked" the inquiry, and saved him from jail.

The Pathological Relations of the Eye and Ear.

At the recent meeting of the French Association for the Advancement of Science, Dr. Dransart read a paper entitled, "Clinical and Pathogenic considerations on the Pathological Relations between the Eye and the Ear" (*Le Progrès Médical*). He bases the work on four cases, which may be thus summarised: 1. A tinker lost the right eye in 1870 (wound from a fragment of iron, traumatic cataract); as the result of this accident he became deaf of the right ear. In 1880 he received a similar fragment in the left eye; he became deaf of the left ear. He was an alcoholic subject. 2. A child, æt. 12, received a snowball in the right eye; he became deaf of the right ear. Father and mother syphilitic. 3. A girl, æt. 18; scrofulous, deaf, and almost blind. Multiple lesions of the cornea, sclerotic, and iris. Double iridectomy; sight was restored to the patient, and the hearing improved. 4. A girl, æt. 8; deaf, ocular lesion, iridectomy, amelioration of vision, and diminution of deafness. After calling to mind the anatomical relations existing between the eye and the ear, through the medium of the trigeminal which supplies both (by the otic ganglion), the author considers the reflex effects of dentition and of certain wounds. He proposes, with reserve, the conclusion that there exist between the eye and the ear pathological relations of a reflex nature; these relations, which take place through the medium of the trigeminus, are such that a wound of the eye may induce deafness, or may ameliorate a deafness already existing. This action of the eye on the ear, which seems capable of producing what we call *reflex deafness*, or of ameliorating deafness already existing, seems to occur preferably under certain pathological conditions, such as syphilis, alcoholism, lymphatism, or scrofula.

Sad Deaths of two London Practitioners.

Bathing fatalities have been more frequent this season than usual, and among the latest victims may be mentioned Dr. Campbell, of London, who was drowned at Coatham, Redcar, on Thursday last while bathing. Several other persons were bathing at the time, among them being two youths namod Robson, of Durham. Dr. Campbell had left the water and returned to his bathing-machine, when he was requested by the elder Robson to assist his brother Charles, who had been caught in a current, and was then struggling in the water. Deceased at once took out a life-buoy to Robson, and then swam towards the shore. When he had gone about twenty yards he called out to Robson to help him; but Robson, owing to the strong current, was unable to reach him. A boat which had put off had by this time reached the spot, and Robson was taken on board. The occupants of the boat next proceeded in the direction of the deceased, but before they could reach him he was observed to throw up his hands, and immediately disappeared. Dr. Campbell was an excellent swimmer, and he must have been seized with cramp.

The second death is, perhaps, even more melancholy. It is that of Mr. Edward Amphlett, F.R.C.S., Assistant Surgeon to, and Demonstrator of Surgical Pathology at, Charing Cross Hospital. On Thursday morning last, shortly before nine, he was found holding on to the bannisters of the stairs, unable to proceed to his room, and Dr. Murrell, residing next door, Dr. Fox, and other physicians were immediately called in. Death took place two hours after. Surrounded as it was by suspicious circumstances, a coroner's inquest was held on Saturday, when Dr. Murrell deposed that when he saw deceased he was sensible, but the pupils of his eyes were contracted. On charging deceased with having taken something in the way of chloral or morphia, he denied it. On being taken into a room, deceased became very drowsy, and the usual steps were taken to restore animation, including the application of galvanism, but all was in vain. He made a post-mortem examination, and came to the conclusion that the death was from some overdose of medicine, probably morphia, or possibly morphia and chloral. The coroner asked if there were any letters that would throw light as to the state of mind of the deceased at the time? A brother of deceased replied that there were some letters, and it appeared that there had been also a disappointment in love. Several letters were here put in, and one from a lady to whom deceased had been engaged was read, in which she referred to giving him up in favour of another gentleman. A copy of a letter from the deceased to the lady was also read, in which he stated that he had received his death-blow. The coroner having summed up, left the jury to say whether the deceased had died by his own hand, or been accidentally poisoned; and after a stormy discussion, lasting half-an-hour, the following verdict was returned: "The jury find that the deceased died from an overdose of narcotic poison, taken unconsciously whilst suffering from excitement; and, further, that such death was the result of misadventure."

The International Medical Congress.

The arrangements for the meeting of the Congress in London next year, so far as they have been determined on, are as follows:—The Congress will be carried on in fifteen sections. The days of the meeting will extend from Wednesday, the 3rd, to Tuesday, the 9th of August, both days included. An evening reception will take place on Tuesday, the 2nd of August, on which day admission tickets to the Congress may be procured at the office of the Reception Committee.

The meetings will be chiefly held in the halls of the University of London, and in Burlington House, where in a most liberal manner the use of rooms has been granted to the Congress by the authorities.

Besides the general and sectional meetings there will be a museum to which contributions of professional interest will be made. Evening receptions will be held, and excursions arranged to various places of interest.

Ladies will be invited to the social and ceremonial meetings of the Congress, but will not be admitted to its business meetings. The expenses to be incurred must necessarily be very considerable, and the Committee appeal to the whole profession of the United Kingdom to subscribe funds sufficient to relieve them from all difficulty in making suitable arrangements. A payment of one guinea will be required from intending members at the time of taking out their cards of admission. This will constitute membership, will admit to all the meet-

ings, and will entitle each member to a copy of the "Transactions" of the Congress; this sum, however, will barely cover the cost of publishing the "Transactions," and will be quite distinct from the subscription now asked for.

The Origin of the Stethoscope.

M. CHEREAU, in a French medical journal, gives the following interesting history:—

One day, as Laënnec was crossing the court of the Louvre, he observed some children who, with ears applied to the two extremities of a long beam, were transmitting reciprocally the light sound provoked by the stroke of the finger against the opposite end. In the intermediate space no sound was perceptible. The careful observer reflected, and soon, like Archimedes, he was able to exclaim, "I have found it!"

Some time afterward, in fact it was in 1816, being consulted for a young woman who presented general symptoms of heart disease, in which percussion gave small results on account of the stoutness of the subject, the age and sex of the patient forbidding his listening directly with the ear, he remembered the children of the court of the Louvre. Immediately he took a paper copybook, of which he made a roll closely pressed together, placed one end of it upon the chest of the young woman, applied the other to his ear, and found with pleasure that in that manner he could perceive much more clearly the beats of the heart. So a play of children and regard for modesty were two facts which led to the discovery of medical auscultation.

Homœopathic Dosing.

A CORRESPONDENT of the *Chemist and Druggist* says: "Homœopathy is either a huge lie or a Divine truth," so its professors tell us, and I for one am willing to acknowledge it so; but which of the two may be explained by the following case:—

A lady suffering from neuralgia recently went to a celebrated "homœopathic" (?) physician in the West End. The following were the prescriptions given:—

(1.) Quin. sulph. solub., iv grs.
Fiat pulv.
To be taken four times a day.

(2.) Lin. belladon. (B.P.), ℥ss;
Chloroformi, ℥ss;
Nepenthe, ℥j.
M. Fiat linim.

(3.) Allen & Hanbury's "Perfected" cod liver oil, Lbss.

(4.) Quin. sulph., xlviii grs,;
Sp. chloroformi, ℥j;
Sp. vini rect., ℥j;
Ac. hydro. dil., q.s.;
Aq. ad, ℥iv.
A teaspoonful three times a day.

(5.) Liq. strych. nit. (1-200), ℥iiss;
Ac. nit. dil. (1-10), ℥iiss;
Aq. ad, ℥iv.
A teaspoonful three times a day in water.

The whole of these medicaments were to be used concurrently except Nos. 4 and 5, which were to be used alternate weeks.

I myself saw the prescription in question, so can vouch for the truth of this statement. Verily "homœopathy is a huge lie."

Health of the Troops in Afghanistan.

A CORRESPONDENT in the last number of the *Bombay Gazette* to hand, says the strain upon the medical officers, especially of the Cabul force is very great, and some idea of the work to be done can be realised from a paragraph in to-day's orders; two surgeons who reported their arrival *to-day* from Peshawur are ordered to return to India tomorrow with the native sick convoy. The 67th Foot and 45th Sikhs have furnished the heaviest percentage of sick, and the reason is not far to seek. These two regiments were sent to garrison Jugdulluck in the early days of June, and the trying march in the sun laid the seeds of fever in most of the men. Not an officer of the 67th, from the Colonel downwards, escaped a few days on the sick list, while the men have never fully recovered their old strength. The two Highland regiments, the 72nd and 82nd are exceptionally healthy, less than 50 sick being sent from their hospitals. The 9th Foot is still feeling the effect of its stay in Peshawur during the first campaign, and though out in camp their health has improved, they cannot altogether shake off the insidious Peshawur fever. Taken all round, however, the deaths from sickness among Europeans have been very few in number.

French Association for the Advancement of Science.

AT the recent meeting of this Association MM. Boutmy and Brouardel described the results of their experiments on the development of cadaveric alkaloids. During the progress of cadaveric decomposition they find that certain substances are formed possessing the general characters of alkaloids, and poisonous to man and animals. Medico-legally, the matter has important relations, as well as surgically in the case of, say gangrene of a limb.

M. Jollet contributed a series of graphic tracings representing the variations in the heart-beat in animals under the influence of different poisons (aconitine, digitalis, &c.). From his investigations it appears that each poison possesses a special and almost invariable tracing, a fact evidently very important, medico-legally. Thus, infinitesimal quantities of poison deposited in the liver, unrecognised by chemical procedures, could, by injecting them under the skin of a frog, be detected, and the nature of the substance determined by the tracing obtained, so sensitive is the physiological reaction. It was suggested that this method might perhaps distinguish alkaloids from the cadaveric alkaloidal bodies mentioned above.

At the same meeting MM. Wiel and Duval related some experiments on the abdominal course of ovules as directed towards the fallopian tube by vibratile cilia. Upon the peritoneum of female frogs they have always found at spawning season an epithelium with vibratile cilia in vigorous movement. They never observed these elements in the male frog, nor in the female, except when spawning. They have also noticed them in the female cat when rutting. In the human female M. de Sinéty met with vibratile cilia in abundance on tumours removed from the pelvis a few days before the menstrual period. From these data they derive the theory of the *intra-abdominal migration of ovules by vibratile cilia.*

Pilocarpine in Asthma.

Some person with more time on his hands than brains in his skull, and with less wit than good manners, has perpetrated a hoax on us which we should not think worth notice but out of regard to the gentleman whose name is used. The letter on "The Hypodermic Injection of Pilocarpine in Asthma," which appeared in our issue of the 1st of September, purporting to have been written by Dr. Carey, ex-Physician to Barrington's Hospital, Limerick, was not written by that gentleman. We need hardly say we do not know the author, which is to be regretted, because it is a pity that so illustrious a member of the profession should "blush unseen." However, as far as we are concerned, he is quite welcome to the internal gratification of his poor little joke, and we cannot but envy him the possession of a mind so constructed as to delight in this sort of exploit.

A Bogus Suicide.

In our issue for September 1st, we mentioned that the notorious bogus diploma-monger, Dr. Buchanan, of Philadelphia, who was out on bail, and would have been arraigned for trial on the 17th ult., had the previous night jumped from the ferry-boat on the Delaware river, and was supposed to have committed suicide; but as the body then had not been found the police thought he might have escaped. Fully aware of the character of their prisoner they were ceaseless in their watchings, and finding that he had arranged for a bogus suicide, tracked him to Michigan, where he was captured. The bogus suicide was cleverly managed, and as cleverly defeated by the police. After changing his clothes and altering as much as possible his outward appearance, he absconded to Canada, dodging about from place to place until his second arrest.

"The Lady Doctor" in Glasgow.

Madame Enault, the "lady" quack who figured to such profitable purpose in Glasgow lately, and whose doings we exposed in our last issue, has suddenly disappeared from the scene of her triumphs, as she has before now done in other places. It is believed that with half-a-dozen of her confederates she has taken the road for Carlisle. It is calculated that during her brief sojourn in Glasgow the woman drew over £4,000 from the sale of her nostrums. Great credit is due to the Glasgow press for, even at the eleventh hour, having so successfully exposed this gigantic fraud; and all sensible people will agree with the *Glasgow News* that there has been a gross miscarriage of justice somewhere.

Headache from Tincture of Iron.

A writer in the Boston *Med. and Surg. Journ.* says:—"During the administration of the tincture of the chloride of iron, functional derangements of the stomach and liver often arise, with furred tongue, impaired appetite, headache, &c. These symptoms rapidly disappear upon adding one-half grain of the chloride of ammonium to each minim of the tincture. This combination is useful in cases of heart disease accompanied by anæmia and debility.

Removal of Nævus.

Dr. Sigler states in the *Pharm. Centralb.* that nævus may be removed by means of croton oil in the following manner:—Push a number of needles through a cork, so that the points project 3 to 4 millimetres. Dip the points in croton oil, then insert them in the mole and withdraw. This is a sort of Baunscheidtismus. A scab will form upon the mole; and after it has dried up and dropped off, the operation is twice more repeated.

Preserving Rubber Instruments.

Various articles and instruments made of rubber are apt with time to become dry, to crack, grow brittle, and lose their elasticity. Dr. Pol recommends the following simple mixture:—Water of ammonia one part, water two parts—in which the articles should be immersed for a length of time varying from a few minutes to one-half or one hour, until they resume their former elasticity, smoothness, and softness.

Starvation Heroes.

After all it would seem that Dr. Tanner is only a plagiarist, and 400 years behind the time. In the church of St. Mary, at Bury St. Edmunds, is an altar tomb, surmounted by a recumbent figure of a starved man, the details of which are well executed. It was erected to the memory of John Baret, who died of starvation in 1463, while attempting to fast forty days and forty nights.

Dispensary Houses in Ireland.

Mr. Bellingham, M.P., has obtained from Government a return, showing how many Boards have availed themselves of Mr. Bruen's Dispensary Houses (Ireland) Act, 1879.

The death has been announced of Professor Buhl, the value of whose researches into the histology of tubercle especially has been universally recognised by pathologists.

The death rate from the seven principal zymotic diseases in the large towns last week ranged from 4·2 and 4·9 in Plymouth and Brighton, to 17·0 in Norwich, 17·4 in Salford, and 19·3 per 1,000 in Leicester. Scarlet fever showed fatal prevalence in Norwich, Dublin, and Sunderland. Diphtheria caused 2 deaths in Portsmouth, and 2 in Birmingham. The deaths from enteric fever were proportionally excessive in Portsmouth and Plymouth. The deaths referred to diarrhœa in the twenty-one towns, which had steadily increased in the eleven preceding weeks from 51 to 994, declined last week to 882, and were equal to an annual rate of 6·7 per 1,000. Small-pox caused only 5 deaths in London, one in Dublin, and none in the other towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Registrar-General's Returns.—According to the weekly returns of births, deaths, and marriages for the eight principal towns in Scotland, the death-rate for the week ending

with Saturday, the 4th inst., was 19·3 per 1,000 of estimated population. This rate is 3·2 above that for the corresponding week of last year, and 0·9 above that for the previous week of the present year. The lowest mortality was recorded in Aberdeen—viz., 15·1 per 1,000; and the highest in Paisley—viz., 27·6 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 5·2 per 1,000, or a slight increase on that for last week. Scarlet fever appears to be on the increase in Edinburgh. Acute diseases of the chest caused 65 deaths, or 10 more than the number recorded during the previous week.

ACCIDENTAL POISONING BY ACONITE.—Mr. James Lindsay, Bank Agent in Broughty-Ferry, was accidentally poisoned on the morning of the 8th inst., under the following circumstances: "Mr. Lindsay, who was about 70 years of age, went to bed between 10 and 11 o'clock the previous night. Being troubled with a cough, he rose and took a teaspoonful of a liquid, supposing it to be paregoric. Unfortunately it proved to be aconite-liniment. Mr. Lindsay died two hours afterwards. Deceased was highly respected, and was a son of the late Provost Lindsay, of Dundee.

ABERDEEN—DEATH OF DR. SIMPSON.—Dr. James Simpson, Aberdeen, a rising medical practitioner, died in Aberdeen on the 10th inst. after a comparatively short illness. The deceased was educated at Aberdeen University. He was one of the most distinguished students of his time, and carried off a large number of valuable prizes. He graduated at Aberdeen M.B. and C.M., in 1876, and received at the same time the Murray Gold Medal as being the most distinguished student of his year. He held some time since the appointments of one of the physicians to the Aberdeen dispensary, medical attendant to the workmen employed at the Corporation gasworks, and surgeon to the Aberdeen Engineer Volunteers. He took a prominent position on the Liberal side in the election of the Lord Rector of the University. Recently he took the first place in a competitive examination for appointments in the Indian Medical Service. About six weeks ago Dr. Simpson, along with a number of friends, was out on a boating expedition on Southampton Water. The boat, in which the party was, got stranded on a bank of mud. During the night Dr. Simpson fell asleep, and caught cold while lying in the boat. Malarial fever supervened, and this induced an inflammatory affection of the heart from which he died. General regret is expressed at the untimely close of a career which promised to be one of rare usefulness.

ANDERSON'S COLLEGE, GLASGOW.—The Chair of Institutes of Medicine at this School has become vacant through the resignation of Dr. D. C. McVail. Applications for the Chair will be received up to the 20th inst. To strong young men, with the "sacred air-cities of hope" still in prospect, and capable of undergoing the physical strain of canvassing some four-score bumptious tradesmen, and with sensibility not easily perturbed, a chance is thus presented of being elevated to the dignity of "Professor." A knowledge of the humiliation which such a canvass means, and the amount of collateral and underhand toadying required, would make anyone desire that the patronage of such chairs as this should be, in the gift of one individual, or that canvassing by friends or otherwise be strictly prohibited.

Obituary.

DR. W. O'CONNOR, LONDON.

WE announce, with regret, the death of Dr. W. O'Connor, Physician to the Royal Free Hospital, which took place at his residence, 30 Upper Montague Street, on the 2nd inst.

He appeared, on the morning of his death, to be in his ordinary state of health, but on walking home from his club in the evening he was suddenly seized with signs of exhaustion, reached his house with difficulty, and expired almost immediately he had entered it. We are unable to state the precise cause of his death, but during the last few years he had suffered severely on one or more occasions from some affection of the chest.

Dr. O'Connor was painstaking, and, when in health, indefatigable in the discharge of his hospital duties. His long connection with the RoyalFree Hospital afforded large opportunity for clinical observation. His actual contributions, however, to practical medicine were not numerous; they consisted principally of papers in the "Transactions of the Pathological Society" and the several medical periodicals.

DR. GEORGE ROBINSON, DUBLIN.

WE have to record the death, on the 9th instant, of Dr. George Robinson, formerly dispensary medical officer at Blessington, in the county of Wicklow, who, for some years past—since his retirement from practice—was well known in Dublin medical circles. Dr. Robinson was one of the past generation of Irish surgeons, and one of the most genial and most respected medical men of his time. He commenced his professional career under the guidance of the first Dr. John Jacob of Maryboro', and as the companion of Cusack, Graves, Arthur Jacob, and many whose names are household words in the profession. He took the M.B. of Dublin University and the Fellowship of the Irish College of Surgeons in 1830, and shortly afterwards settled in Blessington, where he practised for over thirty years. In his own country he achieved so high a regard as to be well-nigh indispensable as a family physician of the leading families of the county, and, in many instances, as their intimate friend; and when he retired from practice, and migrated to Dublin, he left behind him regrets heartfelt and universal. His success as a provincial practitioner was complete, yielding him a handsome independence; at a ripe old age he has succumbed to a sudden access of syncope, serene in mind and loved by those about him. He leaves behind him few of as generous and genial a spirit as his own

THOMAS BLAKE TURNER, F.R.C.S.I.

WE regret to have to announce the death of this gentle man, which took place at his residence, St. John's Abbey, Tuam, after an illness of some duration. Dr. Turner was a Fellow of the Royal College of Surgeons, Ireland, since 1845, and a Licentiate of the King and Queen's College of Physicians, and was Medical Officer of the Tuam Union workhouse, dispensary, and fever hospital.

Dr. Turner enjoyed a very extensive private practice in the county of Galway, where he was connected with some of the leading families.

Correspondence.

THE "PRIVATE INQUIRY" INSURANCE OFFICES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Oblige me by publishing the enclosed letter addressed by me to the Secretary of the National Provident Institution of Gracechurch street, London.

Yours, &c.,

23 Ely Place, Dublin, A. H. JACOB.
Sept. 4, 1860.

[COPY.]

"SIR,—I am favoured with your circular note offering me a fee of 10s. 6d. for replying to seventeen queries respecting the health of Mr. ——, and for advising your Company as to his eligibility for insurance. You are furthermore pleased to assure me that the information which you expect me to afford 'will be considered strictly confidential,' from which statement, and from the fact that I have received no communication from Mr. ——, I conclude that I am asked to report to you as to his state of health without his knowledge. I have the honour to decline the duty which you propose to me, and the fee which you think fit to tender, and I regret that you seem to have so little appreciation of the honourable relations between a physician and his patient as to propose that I should be guilty of the breach of confidence which you ask me to commit.

"If I felt myself at liberty to play the spy upon my patient for the information of your Company I should cer-

tainly not do so for the fee of half-a-guinea, and I entertain too high an opinion of my profession to believe that you will find any of its members, whose opinion is entitled to any respect, ready to do so.

"Yours, &c.,

"A. H. JACOB, M.D., F.R.C.S.I.

"Henry Rance, Esq."

VACCINATION METHOD.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I differ seriously in opinion from your leader on the Vaccination Method in your issue of September 8.

The Local Government Board is not a teaching body, nor are any of its members or officials of that very high professional status that they are to be looked on as instructors of such power as to interfere in this matter with the independence of medical officers in the practice of their profession. If the licensing bodies had done their duty such instruction would not be required; if required, the Local Government Board has not done its duty in seeing that those whose appoint ments they have sanctioned were duly qualified for such a defined duty as that of vaccination.

It is on a par with the attempt to teach the profession by lame circulars in 1849 how to treat cholera, and the Local Government Board might as well now try to enlighten us in the treatment of scarlatina or typhus fever.

When I remember how the founder of the *Medical Press* stood out for the liberty of medical officers during the outbreak of ophthalmia in the poor-houses, I regret to see it now take such a different line. As a fact, vaccination is performed well in Poor-law dispensaries, and this circular is no more than waste paper, but will often put the medical man in a false position, when lay people will think that he is not performing his duty if he deviate the least from the course laid down. If the Board had issued the 3rd and part of the 4th paragraphs as positive orders there might have been good reason for so doing, but as to teaching medical men how they are to scratch an arm and not to wet ivory points (a point in which I differ in opinion), is really meddling too much in duties better left to the previous knowledge and good sense of the practitioner.

I am, Sir, your obedient servant,

September 8, 1880. JOHN MARTIN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the "Instructions to Vaccinators" lately issued by the Local Government Board, it is recommended that in vaccinating four incisions about one inch apart should be made. I doubt if many medical men could be got to agree with the above, and those to whom I have spoken on the matter are of opinion that four incisions or operations are wholly unnecessary, unjustifiable, and impracticable.

For my own part I believe that more than two incisions should never be made, and I consider one properly made incision covering a fair amount of space sufficient for all practical purposes.

I remain, your obedient servant,

RICHARD O'KELLY,
Medical Officer, Clonbrock Dispensary District,
County Galway.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

AN EYE-WITNESS.—For obvious reasons we cannot insert your letter but if you will furnish us with names and authenticated particulars we will have the matter investigated.

PATER.—Our next number will supply all the information you require. We cannot undertake to recommend any particular school; you will find the announcements of all in our columns next week. The two institutions mentioned in your note are fairly good, but there are better.

DR. THOMAS.—A similar case was under the care of Dr. Habershon at Guy's a short time since with favourable issue. Your treatment is the only rational one under the circumstances, but the result is always problematical.

EXAMINATIONS IN SANITARY SCIENCE.—We are asked by Dr. Anningson to announce that the next Examination in Sanitary Science at the University of Cambridge will begin on October 5. Candidates (whose names must be on the Medical Register of the United Kingdom) should send their names to Prof. Liveing, Cambridge, before September 25.

A CANDIDATE.—A Naval Medical Warrant has been long since promised, but is still *in nubibus*, and likely to remain there until agitation forces the authorities to move.

VACANCIES.

Baltinglass Union Workhouse.—Medical Officer. Election not fixed.
Cambrige County Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board. Applications to F. M. Francis, 17 Emmanuel Street, Cambridge, by Sept. 27.
Cheltenham General Hospital.—Junior House Surgeon. Salary, £60, with board and lodging. Applications, with testimonials, before Oct. 10.
Ch ester General Infirmary.—Visiting Surgeon. Salary, £80, with board and residence. Applications to the Chairman of the Board before Sept. 27.
Evelina Hospital for Sick Children, London. House Surgeon. Salary, £70, with board. Applications, with testimonials, on or before Sept. 21.
Galway Union, Oranmore Dispensary.—Medical Officer. Salary, £120, with fees, &c. Election, Sept. 20.
Leeds Union.—Assistant Medical Officer. Salary, £100, with board. Endorsed applications to the Union Offices, East Parade, Leeds.
Martley Union, Worcester.—District Medical Officer. Salary, £50, with the usual extra fees. Immediate applications to the Clerk, 14 Forgate Street, Worcester.
Queen's College, Cork.—Professor of Surgery. Election, Sept. 30.
Witney Union.—Medical Officer. Salary, £144, with the usual extra fees. Immediate application to the Clerk, Witney, Oxon.

APPOINTMENTS.

ARCHER, R. S., A.B., M.B., Honorary Physician to the Fever Hospital. Liverpool.
BROWNE, R. J., L.R.C.S.I., House Surgeon to the Mater Misericordiæ Hospital.
CASHIN, J., L.R.C.S.I., Medical Officer to the Ardmore Dispensary, Youghal Union.
DUNBAR, A., M.D., Honorary Physician to the Fever Hospital, Liverpool.
GREVES, E. H., M.B., Demonstrator of Anatomy in the Liverpool Royal School of Medicine.
ROBINSON, J., M.D., Certifying Surgeon for the Turton District.

Marriages.

BARKER—DELMEGE.—At St. Peter's Church, Dublin, Arthur Edward J. Barker, F.R.C.S., to Emilie Blanche, youngest daughther of the late Julius Delmege, Esq., of Dublin.
PARISH—ANDERSON.—Sept. 9, at Christ Church, Erith, Kent, F. Parish, L.R.C.P., M.R.C.S., to Emma Frances, daughter of W. Anderson, Esq., C.E., of Erith.
POLLOCK—MEREDITH.—Sept. 2, at St. George's Church, Dublin, John Pollock, L.R.C.S.I., L.K.Q.C.P.I., to Isabella Agnes, younger daughter of Wm. Rice Meredith, Esq., Solicitor.
WHITTY—HEARNE.—Sept. 7, at St. Andrew's Church, Dublin, Patrick J. Whitty, L.K.Q.C.P.I., to Maggie, daughter of the late William Hearne, Esq., Waterford.

Deaths.

AMPHLETT.—Sept. 9, at 40 Weymouth Street, London, Edward Amphlett, F.R.C.S., younger son of the late S. H. Amphlett, in his 32nd year.
BURROWS.—Sept. 8, at Ivy House, Liverpool, Elizabeth, wife of Dr. John B. Burrows, in her 82nd year.
HUGHES.—Sept. 1, suddenly, Robert Hughes, M.R.C.S., The Red House, Woodbridge, Suffolk, aged 40.
MOORE.—Sept. 4, at 2 Osborne Terrace, South Circular Road, Dublin, Malcolm Henry Moore, M.B., aged 23.
ROBINSON.—Sept. 9, at 9 Elgin Road, Dublin, George Robinson, M.D., after a few hours illness.
SEYMOUR.—Sept. 8, at Baltinglass, co. Wicklow, Wm. Frederick Seymour, L.R.C.S.I., aged 40.
TURNER.—Sept. 7, at Tuam, co. Galway, Thos. Blake Turner, F.R.C.S.I., aged 67.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 22, 1880.

STUDENTS' NUMBER.

PART I.—The future of the Student in Private Practice or the Public Services.

PART II.—The Education and Qualification of the Student in the United Kingdom.

PREFATORY.

It is four years since our observations prefatory to the "Students' Number" predicted a revulsive change in the law of the medical profession, and, with it, a complete revolution in medical teaching and qualification. The change has not come, but it is coming, and would have been decreed before this but for the *bouleversement* which overtook Parliament and the Ministry during the last Session. When the Medical Reform Act passes—and it is certain to do so sooner or later, in spite of every obstructive counter-influence—the examining functions of every licensing body in the Kingdom will be swept away, our "Students' Number" (as hitherto understood) will cease to exist, and all students will thenceforth be obliged to pass a central examination uniform throughout the Kingdom.

We acknowledge with gratification that, under the influence of competition and of the demand for a thoroughly educated practitioner, medical education has, within the last and previous years, been "looking up." The old perfunctory method of pseudo-education—the survival of the ancient corrupt apprenticeship system—is dying out, and gives place to a more lively hard-working system of training. The Medical Council has helped a little in this change, the licensing bodies have yielded to the necessity for the reform, and, as a result, some improvement has been achieved.

In the higher walks of the profession, an ever-extending spirit of research is manifest; and we can, as we did last year, point with pride to many of the works produced during the past academic year, in proof of the assertion that we retain our foremost place in the ranks of the scientists. Much has been accomplished in this way, especially in sanitation, and the perfecting of the system of preventive medicine; but immeasurably more, it must be said, yet remains undone; and, however great and earnest they be in intention or in act, the army of workers in the field of discovery in medicine, and improvements in surgery, will need continual fresh accession, and continual strong recruits. It is to them, to the students of to-day, the practitioners of an immediate future, that we address ourselves in this number of the *Medical Press and Circular*.

A "Students' Number," in our view, belies its title and its function if it only dishes up—crude and undigested—the official regulations of licensing bodies. We have tried to translate these into intelligible English, but have, in a greater degree, devoted our columns to the purpose of laying before the Student the plain unvarnished truth about his methods of study and his qualification, and about the medical world which is before him when he has become a full-fledged "doctor." We have tried neither "to extenuate nor aught set down in malice," and we trust we shall—when the perusal of our Journal is completed—be considered to have done our work honestly, and to have smoothed the path of the Student and of his guardian at the time of his probation. With this object we have given in our present issue merely the pith of the official regulations of colleges and public services, reserving our space for practical advice and information which every Student needs, and leaving our readers to obtain for themselves the official regulations in a more reliable form than we can offer it. We conceive it to be our *rôle* to place in the hands of the Student and his guardians the semi-confidential details, directions, and hints which college regulations are not intended to communicate, and which are only known to those conversant with the various systems of education, examination, and qualification, and with the ultimate prospects of the Student.

PART I.

THE MILITARY AND NAVAL SERVICES.

THE ARMY MEDICAL DEPARTMENT.

The Royal Warrant, dated December 2nd, 1879, places this branch of the public service pecuniarily in a better position than it had previously enjoyed. The rates of pay under that Warrant are as follows, viz., Surgeon-General, £2 15s., or if at headquarters, £1,300 yearly: Deputy Surgeon-General, £2, at headquarters, £900 yearly; Brigade Surgeon, £1 10s. to £1 13s., at headquarters, £750 yearly; Surgeon-Major, £1 to £1 7s. 6d., according to length of service; at headquarters, £650. Surgeon, £200; after 5 years' service, £250 a year; after ten years' service, 15s. daily, equal to, say, £273 per annum. While on probation the surgeon receixes 8s. per day. Relative rank is as follows: as Major-General, Director-General, and Surgeon-General; as Colonel, Deputy Surgeon-General; as Lieutenant-Colonel, Brigade Surgeon, and Surgeon-Major after twenty years' service; as Major, Surgeon-Major of less than twenty years' service; as Captain, Surgeon; as Lieutenant, Surgeon on probation.

A candidate must possess two diplomas or licences, one in Surgery and one in Medicine; he must be registered. His age on appointment not to exceed 28 years. Appointments to be through public competition. Applications to be made to the Director-General. After appointment in rotation, a surgeon shall be sent to some large station for instruction in ambulance and hospital corps duties until the period of study begins at the Army Medical School. On passing satisfactorily through the latter he obtains his commission, the order of precedence being in that of merit at the final examination.

Promotion to the rank of Surgeon-Major to be after twelve years' service, three of which abroad; but for distinguished service promotion to be irrespective of seniority. To the rank of Brigade Surgeon promotion to be by selection for ability and merit, provided the Surgeon-Major has had eight years' foreign service in all. From Brigade Surgeon to Deputy Surgeon-General, and from the latter rank to that of Surgeon-General, promotion to be by selection. If appointed as Honorary Physician or Honorary Surgeon to Her Majesty, a medical officer, if under the rank of Deputy Surgeon-General, shall, if duly qualified, be promoted to that rank.

On completion of ten years' service a medical officer may retire on a gratuity or pension, if specially recommended by the Commander-in-Chief and Secretary of State for War. If retiring voluntarily before the age of 55, he is liable to be called upon to serve in the case of national emergency. A Brigade Surgeon, Surgeon-Major, or Surgeon, shall be placed on the retired list at 55 years of age. A Deputy Surgeon-General or Surgeon-General at 60. A step of honorary rank is obtainable on retiring after twenty years' full pay service. Exchanges are permitted. Good service pensions are granted in larger numbers than heretofore. Sick leave may be allowed for six months, and in special cases for a second period of the same extent—that is, a year in all. Temporary half-pay is granted under particular circumstances to medical officers incapacitated for duty by illness.

Some effective pay, or gratuity in lieu thereof is granted. To a medical officer of 10 to 18 years' service a sum of £1,250 to £2,500; Surgeon-Major from 20 to 30 years' service, £1 to £1 5s. 0d.; Brigade Surgeon, £1 7s. 6d. to £1 10s.; Deputy Surgeon-General, £1 15s.; Surgeon-General, £2.

Retired medical officers, and medical officers of the Militia, are eligible for employment up to the age of 65, receiving during the time of such employment a consolidated salary in place of retired pay.

THE INDIAN MEDICAL SERVICE.

The changes in the plan of administration of the medical service in India that has recently been introduced, in no way affects the terms of service in the Indian Medical Department as regards pay and pension.

1. Candidates for that service must be between the ages of 22 and 28.

2. May be married or single.

3. Must be registered as a practitioner, and possess diplomas in both medicine and surgery.

4. Must send a fortnight before the examination to the Military Secretary, India Office, a declaration (according to printed form), that he labours under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a medical officer in any climate. His physical fitness will be determined by a board of medical officers, who are required to certify that the candidate's vision is sufficiently good to enable him to perform any surgical operation without the aid of glasses. A moderate degree of myopia would not be considered a disqualification, provided it did not necessitate the use of glasses during the performance of operations, and that no organic disease of the eyes existed.

5. Must send wih the declaration—

a. Proof of age, either by his own sworn declaration (on printed form), or by extract from parish register. Baptism certificate not sufficient unless it affords proof of age.

b. Certificate of moral character from a magistrate or clergyman of candidate's church who has known him for at least last two years.

c. Certificate of registration.

Having received his diploma in surgery and medicine, the student is obliged to apply himself vigorously to the study of certain collateral subjects. He must perfect himself in chemistry, pathology, and comparative anatomy, and if he can throw a proficiency in botany and natural history, and French and German into the scale, he will materially improve his position in the scale of merit, and establish for himself a character with the authorities for industry and scientific attainments.

The examination usually takes place in February and August. The candidate will be examined in the following *compulsory* subjects: *a.* Anatomy and Physiology. *b.* Surgery. *c.* Medicine, including Therapeutics, the Diseases of Women and Children. *d.* Chemistry and Pharmacy, and a Practical Knowledge of Drugs. The Examination in Medicine and Surgery will be in part practical, and will include operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bedside. The *eligibility* of each candidate will be determined by the examinations in these compulsory subjects only. *Optional Subjects.*—Candidates who desire it will be examined in French, German, and Hindustani, Comparative Anatomy, Zoology, Natural Philosophy, Physical Geography, and Botany, with special reference to Materia Medica; and the number of marks gained will be added to the marks in the obligatory part of the examination, and position on the list of successful competitors will thus be improved in proportion. The maximum marks allotted to the voluntary subjects will be as follows: French, German, and Hindustani (150 each), 450 marks; Natural Science, 300 marks. The subjects for this part of the examination will be taken from the following books: "Animal Kingdom," by W. S. Dallas, F.L.S. "Outlines of the Structure and Functions of the Animal Kingdom," by Rymer Jones, or "Cours Elèmentaire d'Histoire Naturelle," by Milne Edwards. Lindley's "School Botany," Lindley's "Medical and Economic Botany," Henfrey's "Elementary Course of Botany." "Elements of Natural Philosophy," by Golding Bird and C. Brooke. "Physical Geography," by Mrs. Somerville.

PROBATION AT NETLEY HOSPITAL.

The competitor who obtains a place in the ordinary service is obliged to undergo probation of four months at Netley Hospital, where he attends the following lectures: Pathology, by Dr. Aitken; Military Surgery, by Dr. Longmore; and Clinical and Military Medicine, by Dr. Maclean; Military Hygiene, Dr. de Chaumont; and Dr. Macdonald, on Naval Hygiene. The lectures on Military Surgery include gun-shot and other wounds; duties of army surgeons in the field, during sieges, on transport, &c., and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by diseases. The lectures on Hygiene relate to the examinations of water, air, food, and clothing &c., of the soldier, his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the army surgeon is especially called on to investigate. The candidates also attend the wards of the hospitals under the Professor of Medicine and Surgery, to make themselves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make post-mortem examinations, to operate on the dead body, and to pass through laboratory practice on the modes of recognising the qualities and adulterations of food, and on microscopic examination of morbid tissues, and adulterations of food, &c. During his preliminary training here the student is understood to be in Her Majesty's Service; he wears uniform, is under military discipline, and receives pay, as already stated. A sum of money equal to the half-yearly interest on £1,200, the surplus from the "Herbert Memorial," is at the end of each session awarded to the candidate who has the highest number of marks, the fortunate young man who wins this "Blue Ribbon of Netley" being tolerably certain to be well provided for.

Thus it will be observed that the first examination simply admits the candidate to the Service, and the conjoint result of it and the Netley examination determines his order of merit. Each candidate has to pay £5 towards the mess fund, one-half on his arrival and the remainder when he has passed his second examination. He is then a member of the mess, and entitled to dine at any time during the remainder of his service. The cost of dinner is 2s. 4d. daily, not including wine, and of breakfast from 10d. upwards.

Passage allowance to India on appointment will be given or a passage provided. When passages are provided on board the Indian troop-ships, a charge for messing will be made at the rate laid down in the Royal Passage Warrant of 1865.

Pay at 10s. a day will be allowed from date of passing final examination at Army Medical School.

Indian allowance and time of service for pension will reckon from the date of arrival in India.

Surgical instruments are provided in India by the Government for the use of medical officers.

The pay of medical officers in the Indian service is better than at home, and, if unmarried, the cost of living not greater. The Indian medical officer frequently holds lucrative civil medical appointments which afford him a handsome increase of income. To a healthy, temperate, unmarried man, the Indian Service is preferable to that at home, but to a delicate person, or one burthened with a wife and children, the advantages are questionable.

For officialregulations of the Indian Medical Service apply to the India Office, Whitehall, London, S.W.

NAVAL MEDICAL SERVICE.

The arrangements, time, and places for examination, the declaration to be made, and' documents produced, the subjects and method of examination, and the subsequent probation at Netley are to all intents exactly the same as those quoted above for the Indian Medical Service.

Having passed his examination and served at Netley, the candidate will receive his appointment as acting Surgeon to one of her Majesty's ships, either for service on board that ship, for or service on shore, at one of the naval hospitals—Haslar or Plymouth. He will be informed that he is granted two or three weeks, as he may require leave of absence, to enable him to provide his uniform and appointments. These he can get at any of the naval clothiers.

The expense of a Surgeon's unform is about £47 5s. The candidate must also provde himself with a set of surgical instruments, which will cost him from ten to fifteen guineas.

Fleet Surgeons to have the option of retiring after twenty years' full-pay service in all ranks at 15s. per day, and after twenty-five years, 21s.

Medical officers share in the proceeds of all *prizes*.

The following rates of pay and retiring allowances are granted under Admiralty Regulations, dated 7th October, 1875, namely :—

Full-pay Surgeons, from 11s. to 17s. per day, according to length of service. Staff Surgeons, £1 3s. to £1 10s. ; Deputy Inspector-General, £1 11s. to £1 18s. ; Inspector-General, £2 5s. to £2 10s. 6d.

Half-pay Surgeons, 6s. to 11s. ; Staff Surgeons, 11s. to 14s. ; Fleet Surgeons, 16s. to 18s. 6d. ; Deputy Inspector-General, £1 1s. to £1 7s. 6d. ; Inspector-General, £1 11s. to £1 18s.

Medical officers have rations according to their relative rank in the service.

THE CIVIL PUBLIC SERVICES.

POOR-LAW MEDICAL SERVICE.

A YOUNG qualified practitioner, indisposed to be an assistant, and desirous of commencing general practice without investing any money in purchasing a succession, may, perhaps, obtain a Poor-law appointment, though he should scarcely expect to obtain a livelihood from the inadequately remunerated appointment.

ENGLISH POOR-LAW MEDICAL SERVICE.

The English Poor-law Service differs in many respects from the Irish. Each parish in England and Wales has its guardians of the poor, and these parishes are grouped together to form unions. The unions are divided into districts for medical relief. Union medical officers therefore have the care of a district, and sometimes of a workhouse as well ; sometimes only a workhouse. He is elected by the guardians of the union, and the appointment confirmed by the Local Government Board. He must have both a surgical and medical qualification, and be registered, and is required to name a duly-registered practitioner to whom application can be made in case of his absence from home ; he can name his assistant or partner as his substitute. As a general rule, the guardians may not assign to any medical officer a district which exceeds in extent the area of 1,500 acres, or which contains a population exceeding 15,000 persons. This does not apply to Wales, but no such district may be assigned to a medical officer residing more than seven miles from any part of a parish included in such district. A medical officer is entitled to a fee of not less than 10s. or more than 20s. for attending a women in or immediately after childbirth, and to a fee of £2 where great difficulty has occurred in delivery, or long subsequent attendance has been necessary. Many of the salaries of Poor-law appointments are very low—often so out of proportion to the work done that the medical officer must give his services for nothing, or next to nothing, as he has to provide all medicines, instruments, &c., except trusses, cod-liver oil, and quinine, for which he sends a statement to the guardians, who pay him the cost price ; the paupers have to put up with those medicines which cost the least. In London and large towns some boards of guardians provide dispensaries, where the paupers are supplied with medicine, which relieves the medical officer from much labour and expense. It ought to be compulsory on all boards of guardians to provide dispensaries, and where this cannot be done, as in country districts, to provide all drugs, &c.

Capital operations, dislocations, fractures, midwifery, and vaccinations are paid for by a fixed tariff. The public vaccinator is appointed by the guardians. He must be connected with the parish work ; the candidate who has most interest is pretty sure of the appointment. The fees for vaccination are 1s. 6d. if performed at a workhouse or within a mile of the vaccinator's residence, 2s. between one and two miles, and 3s. over two miles. The guardians provide stations for vaccination where the vaccinator attends at stated times. He must be registered in medicine and surgery, and have obtained a certificate of instruction in vaccination, from a public vaccinator, authorised by the Privy Council ; he is required to transmit th ecertificates of successful vaccination to the vaccinating officer within seven days. Awards of not more than 1s. per case are given for successful vaccination of children up to six months, and are given on the report of the inspector to the Local Government Board if the marks are up to the standard, and the books properly kept. Only the relieving officers (and the overseers of the several parishes in cases of emergency) can give orders for medical relief. The relieving officer must inquire into the case, and, if necessary, visit the person before giving an order, unless the person is already on the pauper list. The medical officer can order nourishment and stimulants when necessary.

In England and Wales (more especially in the manufacturing districts) the medical practitioner derives much of his income from clubs, which pay him from 3s. to 4s. per head yearly, for which he visits and supplies medicines, &c.; the average payment for eaeh visit amounts to the large sum of about 6d. Small tradesmen, artisans, tenant farmers, labourers, &c., who would certainly be recipients of gratuitous relief in Ireland, are attended as private patients—of course, at lower charges than the better class of patients, and often either pay their bills by instalments or not at all. Parish appointments are often sought for by young men as an introduction to practice, or by older men to prevent opponents setting up in the district.

THE IRISH POOR-LAW MEDICAL SERVICE.

The newly-qualified medical practitioner who may elect to try his luck in the Irish provinces sets his hopes, in the great majority of instances, upon obtaining one or more Poor-law medical appointments in some district where there is hope of private practice. There are 163 workhouses and about 793 dispensary medical officers, besides apothecaries. The number of vacancies that occur annually averages 100. The salary in this service averages about £103 15s. ; and when it is taken into consideration that in the vast majority of rural districts, it is necessary to keep a horse, and in some a boat as well, the average area being from forty to sixty square miles, it is plain that there will not be a large margin left from the public emoluments.

The medical officer is also *ipso facto* the registrar of births, marriages, and deaths, and medical officer of health for the district, under the Public Health Act passed in 1873 and amended in 1878.

The former office, in country districts, seldom yields more than £10 a year, and often not half that amount, and the emoluments of the latter appointment in very few cases reach £20 averaging about £12. The medical officer is also vaccinator for the locality, and is required to vaccinate everyone who wishes to come. For each patient his fee of 1s. (which has been raised to 2s. by the last Vaccination Act), is paid, along with his salary, by the guardians, and the sum total of these fees varies, according to the populousness of the district, from £2 to £50, an average for the provinces, under the old system, being about £5. Despite the miserable salary, and the very many discomforts of dispensary life, these appointments are generally eagerly sought for— firstly, because they afford the new comer a certain, though hardly-earned salary, to supplement his private earnings; and, secondly, because, if not secured by the new comer, they would of necessity bring a competitor for practice into the field, and inasmuch as private income is of far greater import than public earnings, country medical practitioners are obliged to undertake the public duty in order to save themselves the monopoly of their private emoluments.

Appointment.—The qualifications required by the Poor-law Commisioners are a License in surgery or a Diploma in medicine, and a Diploma in midwifery; the candidate must also be 23 years of age.

The appointment lies with Dispensary Committee, who elect by vote. As politics and religious feeling run high in Ireland, these elements enter into the election of Poor-law medical officers. Family interest also possesses great weight.

The candidate will do well to bear these facts in mind, as his personal attendance on the day of election will be required, and whatever other qualification he may have, he will then find that his compatibility in these respects with the majority of the committee is essential; and, accordingly, he had better first make himself acquainted with the local peculiarity, whatever it may be, before he enters on his candidature, otherwise, in all probability, any expenditure that he may make in the matter will be simply thrown away. We may here observe, also, that in very many instances the appointment is virtually made before the advertisement appears for a medical officer, in which case, also, candidates are put to unnecessary trouble and expense under false pretences.

Control.—Each district is under the control of a committee composed of the neighbouring landholders; the appointment of medical and other officers is made by this committee, and the entire management of the district is under their control. Their acts are, however, subject to the approval of the Local Government Board, who have the power either of interposing their veto on any appointment, or even expelling an officer by a "sealed order," without trial or accusation, or without the resource of appeal or investigation. The salary is paid by the Board of Guardians, and no increase can be made in the amount without their assent and that of the Local Government Board. Under the late Sanitary Act the committee may recompense the medical officer for special services, such as those during an epidemic of cholera, or for sanitary reports. The number of unions in Ireland is 163, to each of which is attached a medical officer, who is appointed and controlled by the Board of Guardians in the same manner as the dispensary surgeon is by his committee. The salary is usually better than that of the dispensary doctor, and the duties of a more easy and satisfactory description, inasmuch as the duties are confined to daily attendance at the workhouse hospital, and no night visits out of doors or any long journeys across the country are involved.

Duties.—The duty of the dispensary doctor is twofold. He is to attend his dispensary on a given day or days in the week. Frequently there are two dispensaries in the district, separated from each other by several miles, and he will have perhaps to attend two days a week. He has also to visit at any hour of the day or night a sick person for whose relief a visiting ticket has been issued by a member of the committee or the relieving officer, and to continue his attendance as often as may be necessary to the termination of the same. Moreover, he has a great many registry books to keep and a multitude of returns to make, and in the majority of districts he has to make up all the medicines for the poor.

The pressure of these duties is in the greatest degree dependant on the goodwill of the members of his committee. If the medical man be a favourite with his masters, they will give him very little trouble with "scarlet runners," as the visiting tickets are, from the colour of the paper on which they are printed, humorously called, and will be unwilling to trouble him even with cases deserving of personal attendance.

If, on the other hand, it is his misfortune to come in contact with some of the half-bred committee men, who know nothing of the treatment fit for an educated gentleman, or cherish a personal spite, the discharge of his duties may become simply unbearable. He may be peremptorily summoned, in any weather, at any hour, and to any distance, to a case which he may probably find to be altogether trivial, or to a person whom he may know to be perfectly well able to pay—aye, even to the committee man's own brother or daughter.

Superannuation.—A Poor-law medical officer may now receive a pension not exceeding two-thirds of his salary on being incapacitated from illness or old age. This grant is strictly at the discretion of the guardians; nevertheless, it has been given in most cases in which physical incapacity has been clearly proved. It is, however, at best a miserable resource, and can by no means be calculated upon as a provision for old age. There are now nearly 60 ex-medical officers receiving superannuation allowance, whose average term of service before pension was 20 years, and whose allowance is £64 15s. Their average age at retirement was 63. All official information may be obtained of B. Banks, Esq., Local Government Board, Custom House, Dublin.

Complete information as to fees, emoluments, duties, and appointment of Irish Poor-law medical officers will be found in the "Irish Medical Directory" for 1880.

THE SCOTCH POOR-LAW MEDICAL SERVICE.

To many young men, anxious, without the delay incidental to the making of a practice in a large city to realise an immediate income, and fond of a country life, the appointments held under the Parochial authorities of Scotland offer inducements. Practically these appointments, once made, are held *ad vitam aut culpam*, while in terms of the strict letter of the law, they are but yearly appointments. Arbitrary dismissal is, however, guarded against by the powers of the Board of Supervision. It is expected that soon Parochial medical appointments will be *legally* placed on the footing of permanent ones, and that a retiring allowance will be provided for the medical officers as is the case in Ireland. The emoluments received from the Parochial Boards vary according to the number of paupers, size of the parish, and often the local exigencies requiring the residence of a medical man. The salaries may be said to range, on an average, from £30 to £100 per annum. In remote and thinly-peopled districts the landed gentry and large farmers assess themselves in sums varying from £5 to £20, to make up an adequate income to the doctor, which however must be held in lieu of fees for medical attendance. Should such attendance, however, be much in excess of any such sum, the doctor is usually safe in trusting to the honour and generosity of the Highland gentleman, for this arrangement is more peculiar to the Highlands of Scotland. The young doctor has more speedy and easy access to "good society" in the country than in large cities; and perhaps better society than the latter; and should he be worthy of it, he is certain to command respect and courteous treatment, and with limited ambition and sporting tastes to lead an useful and happy life.

ASSISTANCIES, PARTNERSHIPS, &c.

MANY men, looking over the voluminous accounts of college curricula and university regulations, either for themselves or their sons, may naturally draw a deep sigh over the work to be done or the money to be spent, and exclaim, "What then?"—or, to quote Mr. Cobden's familiar expression, "What next, and next?"

Of course the full and complete reply to these questions would fill a volume or two; but we may briefly indicate what can and what cannot be done, *as a rule*. (a) There are many exceptions, but we advise no one to think that he will escape the general rules which affect the mass of men.

First, there is private practice as a destiny and ultimatum. In Ireland and Scotland it is generally found that private practice worth having only exists in large towns; elsewhere, in these two divisions, medical men live chiefly on their appointments. In England this is not so; the appointments are subordinate to the practice everywhere; the succession to a practice can be very generally secured by purchase; but this is not so in Ireland or Scotland. But in England there are practices which cannot be bought; no money will command the highest class of practice; it is a personal thing which attaches to a man, and cannot be transferred. Partnerships are regarded as safe introductions to practice, but apart from the notorious changes of partnerships, we regard them as greatly over-estimated in value. In considering a sphere for practice, the first question is the adaptability of the purchaser to what he contemplates. A suitable man will, as a rule, succeed to any practice where he is favourably and systematically introduced to the patients by his predecessors; but no man will undertake to resign his appointments and introduce a successor without a *quid pro quo*. Unless, therefore, a man has capital, he should not think of purchasing a practice.

A prevalent fallacy is that some man overworked wants a partner to relieve him of part of his work and—his income. If the practice is fairly good, the overworked gentleman can readily find a partner who will pay two years' purchase for the share secured. But some one wants to join him as a "working partner," and to pay nothing. Which is the overworked gentleman likely to accept—a junior partner, who will pay perhaps £1,000 for his share, and to whom he can delegate the greater part and all the drudgery of his work, or the junior who will do the same work, but will not pay the £1,000?

An assistantship is a capital discipline for any man. Such engagements are not what they used to be; the assistant in a medical practice being treated as a gentleman. But for details on this head we would refer to Langley's "Via Medica," which deals fully and fairly with this subject. No man should go out as an assistant without reading it, especially as it is to be found in nearly every college library.

Medical assistants may be divided into two classes, qualified and unqualified; but the salary which either will obtain is far more a question of actual experience than of the diploma which may be held in any given instance. The experience obtained by an assistant in England, even though unqualified, may be sufficient to enable him to obtain a far higher salary than many gentlemen of much higher qualifications, but without knowledge of English practice.

To act as "Locum Tenens" it is essential that previous experience of practice should have been obtained. Irish gentlemen, as a rule, are very deficient in dispensing, and the routine of English practice, which differs very materially from that which prevails in the sister isle, as medical men do not often dispense their own medicines in Ireland, and to this cause may in many cases be attributed the expression ofttimes seen, "No Irish need apply."

An assistantship, "with a view to partnership," is a thing that people read and write of, but seldom see. Experience shows it to be a mistake on both sides. If the assistant has money, he had better not appear in the practice as subordinate; if he has not, the probation will not as a rule assist him to get a share in the practice.

If, however, a successful student declines to enter private practice as purchaser or as assistant, he may enter the public services through the open doors of competitive examinations.

Practices abroad are rarely to be had or heard of. Sometimes they can be secured upon equitable terms; the contracts, however, should be always conditional upon the practice "out there" being found what it is represented to be. In such cases the intending purchaser should avail himself of the skill of some experienced and respectable medical agent.

In conclusion, it may be stated that whilst we have indicated generally the portals to success *after* the diploma has been obtained, we have no intention of ignoring the fact that men of decision of character, good antecedents and high qualifications, can and do secure distinguished positions in the profession, and occupy a large space in the eye of the world. But genius is the heritage of the few, and the great majority of men will do well to moderate their ambition, and seek to do their duty in the customary spheres of life in which many noble-hearted men have lived and worked and died, leaving the world somewhat better than they found it.

(a) For further information we would refer the reader to Langley's pamphlet, "Advice on the Transfer of Medical Practices, etc."

PART II.

EDUCATION AND QUALIFICATION OF THE STUDENT.

THE parent who desires to make a doctor of his son, or the student who selects that profession for himself, is probably already aware in a broad way of the steps which must be taken to effect this purpose. He knows that in order to practise medicine or surgery legally in Great Britain or Ireland it is necessary to be enrolled in the Medical Register, and that, to obtain that distinction, it is necessary to study at a College and a Hospital for about four years, and afterwards obtain one or more diplomas by passing one or more examinations in professional subjects.

The first point to be decided is whether the boy is of the proper age for studentship, and has received the requisite amount of schooling. As to the first of these points there need not be much apprehension, for although some of the licensing bodies profess by their regulations to accept for their diploma no candidate whose age is less than twenty-one, there is practically no minimum limit of age of the students. But circumstances impose some such limit, because none of the Public Services will appoint to medical office any youth of earlier age than twenty-one, and it is therefore not only useless, but unadvisable, to complete the student's education until he has reached that mature age. Moreover, in England, no student receives credit for any part of his medical study, as counting towards his diploma, until he has passed his preliminary examination in general education, and the average boy will hardly be able to do this until he has passed his sixteenth year. For these reasons the majority of students do not commence their medical studies until they are seventeen or eighteen years of age, in which case they receive their diplomas between their twenty-first and twenty-third years.

The second consideration is whether the boy has been sufficiently schooled, and this is determined by his capacity to pass a recognised preliminary examination in general education. Of such recognised examination the Medical Council publishes a list comprising most of the primary collegiate examinations throughout the world, but as to the extent and gravity of such examinations there are the most extraordinary variations. As a general rule the preliminary examination consists of Latin, English, and a moderate extent of Euclid, Algebra, and Arithmetic; occasionally modern languages and Greek, and also Natural Philosophy are added as optional subjects.

In England, and with most of the Scotch licensing bodies, it is essential that the student shall have passed his preliminary examination *before* he commences medical study. This is not the case in Ireland, where it is possible, though not usual, for the student to postpone his examination in general education until the eve of his professional examination. If he is either lazy or ignorant, he may adjourn that unpleasant process, *de die in diem*, until the eve of his examination for qualification, when if he does so, he will find himself in possession of a mental muddle of Latin and physic. The preliminary examination is, however, not to be feared.

We strenuously advise the parents of the student to insist on his passing his preliminary education before he enters a medical school or hospital, and thus the student will relieve his mind of the apprehension of a future examination, which he will assuredly put off to the last moment if he can. In England the four years of medical study required to pass do not commence to count until the preliminary is passed. It should be so in Ireland, but it is not.

The preliminary examination having passed, it becomes necessary to select the method of education to be pursued. It should first be decided what is to be the aim of the student in after-life, for upon that question will depend in great measure the school at which his studies are to be pursued.

THE CHOICE OF UNIVERSITIES AND COLLEGES

Will depend on various circumstances, and on the aspirations of the student. If he is intended to make a fortune and enlighten his generation as a metropolitan practitioner, and if money and education are plenty, he will probably take University degrees in arts and in his profession. If the attainment of good professional rank on moderate terms be desired, the Licenses of the "College and Hall' for London, the Colleges of Surgeons and of Physicians for Ireland, or the Double Diploma of Edinburgh for Scotland, will serve every purpose. For any University degree which are of any value, it is to be remembered the student must undertake the prolonged study of classics and science in addition to his medical, surgical, and anatomical studies; and he will have to pay a considerable sum for this course of teaching. But if he is content to face the expense and labour, he will enter the profession with all the prestige of an educated gentleman. In fact, the question whether he will or will not lay out for himself a University graduation in arts or medicine, depends principally whether he has money and time to give to it, and whether or not he means to practise in the metropolis. The University of Durham, the Queen's University in Ireland, and some of the Scotch Universities place at the disposal of the student a cheap University degree, and thereby attract many applicants who are at liberty to write M.D. after their names, and are not called upon for any prolonged University residence or academic study. These degrees serve as legal qualifications to practise, and pass for an academic Doctorate in Medicine amongst the uninitiated; but do not confer the prestige attached to the degrees of Oxford, Cambridge, or Dublin.

If the student elects to seek a University degree—other than that of the London University—he will, of course, pursue his Arts study in Oxford, or Cambridge, or Dublin, and his professional studies *pari passu*. If he be content with simple licences to practise, he must attach himself to a School and Hospital. Here the English and Scotch systems differ widely from that in existence in Ireland. In London, the usual course is for the student to select a School which is suitable to his pocket and his locality of residence, and where he thinks he will get "good value." The School is almost always in immediate connection, and on the same premises as one of the hospitals. In Dublin, on the contrary, the Schools have no immediate connection with any hospital, and the pupils of a Dublin School are a heterogeneous gathering from all the hospitals in the city. In England a composition fee is accepted by many of the Schools, and is paid in one or more instalments, which fee entitles the student to the whole of the curriculum of lectures, dissections, hospital, &c., necessary for his diploma. In Ireland, on the contrary, the fee for every course of Lectures and for Hospital attendance is paid separately usually at the period when the certificates are required, *i.e.*, on the eve of the examination.

The following is a statement of the composition fee payable at each London School from the most expensive to the cheapest:—

Bartholomew's, Guy's, or University College	£131 5 0
King's College, St. Thomas's, or St. George's	125 0 0
St. Mary's	106 1 0
London	94 10 0
Westminster	92 10 0
Middlesex	90 0 0
Charing Cross	88 4 0
Birmingham Queen's College or Manchester Owens College ...	105 0 0
Bristol	99 0 0
Liverpool	86 2 0
Sheffield	81 15 0
Leeds	71 8 0
Newcastle	70 7 0

Diploma Fees not included.

These fees are close approximations, subject to addition for extras required for certain licenses. The fees may be paid in full at the entering of the student, or they may be paid in certain fixed instalments at the beginning of the successive periods of study, by which system the total payment is something larger than those above quoted. It will thus be observed that, in England the student is encouraged to enter at a particular school and hospital

and to take his whole education there, and, as a matter of fact, the great majority of students follow this course. It has its advantages, not the least of which is that it places the student under the absolute control of his teachers, and enables them to dictate his method of learning, and to supervise his diligence to a much greater extent than is possible elsewhere.

In Ireland, on the contrary, composition fees are a rare exception to the rule. The student goes to any school he pleases and any hospital he pleases, and enters his name for any number of lectures he pleases. If he does not like his school or hospital, he most probably migrates to a rival institution on the first opportunity. It is, in fact, but seldom that an Irish student confines his studies to a single hospital, and, in order that he may be perfectly free to seek his education where he thinks he can best obtain it, it has been recently decreed by the Dublin hospital surgeons that perpetualism be abolished, and that no discount be allowed to students in consideration of their taking out their entire time at one institution.

The Irish system is open to grave abuses, which need not be dwelt on at present; but it has certainly the great merit of rendering the student perfectly independent, and forcing schools to compete energetically for a continuance of his patronage. It will be obvious, however, that the system which enables the student to pay a lump sum, and thus relieve himself of the trouble of entering for lectures, and paying fees in detail, is a convenient one, especially for the beginner, who is altogether ignorant of the system, and therefore the requirement which is provided for in England by the dean of the school, is met in Ireland by individual teachers or "apprentice" holders.

COST OF EDUCATION IN IRELAND.

Should the student proceed on his own account, the lectures necessary for the diplomas of the Colleges of Physicians and Surgeons in Ireland will amount to £65; hospital attendance, according to the new scale of fees, £36; lying-in hospital, from £4 4s. to £7 7s. These, with the diploma fees of £26 5s. for the College of Surgeons, and £15 15s for the College of Physicians represent the essentials. Thus, the absolute payment will amount to somewhere about £93, taking the minimum mode of payment. In addition to this sum are to be considered the payment for "grinding" or "coaching," a process almost universal, but by no means necessary to any industriously inclined student. The fixed sum is at present for private teaching £15 15s. for the surgical and medical qualifications, and £5 5s. for pharmacy, &c. Should the candidate "grind" for the army and navy examinations, a fee varying from £10 10s. to £21 is, we believe, usual. Should the candidate perform operations on the subject as a practice, they will cost something extra. So that, assuming the extras or voluntary costs are incurred, the total will vary, say from £120 to £140 on a moderate scale; it is, of course, to be expected that pupil holders should have some extra payment; we therefore might name for them 160 guineas.

This sum, or something like it, will secure to the pupil the advantage of being "apprenticed" to a teacher who will undertake all monetary responsibility for his education, and may be able to give him some special advantages as his own pupil at hospital; but it must, we fear, be confessed that the so-called apprenticeship is sometimes a simple contract for payment of fees, and involves but little of that special teaching which is due by a master to a true apprentice. Most of the apprentice holders will accept payment by instalments.

PAYMENT OF FEES.

If the student is his own manager, he must enter his name with the secretaries of the school and hospital, and pay for the lectures and hospital he intends to take out. If he is wise he will not adjourn the majority of his lectures, as he may, to the next year, but will take in his first year a full third of his curriculum. He is *supposed* to pay the professor's fee or hospital fee in full on entering his name, but few students do so; and many, we are sorry to say, are in the habit of entering for the minimum allowable number of lectures, and paying the minimum allowable proportion of the fee, putting off the attendance perhaps for ever, certainly until the last moment, and adjourning the payment until it becomes necessary to take up the certificates.

By a most objectionable laxity of system a student may get credit for one of his four years of attendance by paying a couple of guineas for dissections, and he may think himself safe in doing so if money be scarce; but if he does not pay his full third or fourth of the fees each year it often happens that he has to put off his examination from year to year—perhaps for ever—for want of money to pay the accumulated fees of previous years.

REGISTRATION OF STUDENTS.

Having thus entered his name as a medical student, and acquired his right to commence study, his next business is to register himself as such on the General Medical Council.

To this body is entrusted the supervision of Medical Education, and it has made a number of recommendations, the majority of which have been accepted by all the Examining Bodies, and are, consequently, found in their regulations. The student has, therefore, nothing to do with the Council, except that he must take care to be duly registered as a Student in Medicine, *at the commencement of his career*, at the offices, 315 Oxford Street, London, or at the offices of the Branch Registrar of the division of the United Kingdom in which he is residing. He must in England previously have passed a preliminary *Arts Examination*. With regard to registration, each English student should apply according to a form, accompanied by a certificate, of his having passed such examination, the same to be lodged with the Registrar, who will thereupon enter the same in the Students' Register, and issue a certificate to that effect. It should be recollected that this commencement of the course of professional study is not reckoned as dating earlier than fifteen days before the date of registration.

The intention of this registration is to ensure that the student shall occupy four years in medical study, which is, theoretically, the period which must be devoted to his education before his entry to the profession. In England this requirement is set down as essential, and no student can present himself for examination sooner than four full years from the date of registration, but the obligation to occupy this period in medical study is frequently satisfied by a nominal service for the first year under a general practitioner, or in a provincial hospital or dispensary, and the actual period of medical study is often really three years. Besides, the standard of medical education, as well as of the examinations of various examining bodies, is so much higher than it formerly was, while our own knowledge of medicine and the collateral sciences, and the scope of our medical studies have recently become so enlarged that four years is by no means too long a period to be devoted to medical study; and even the diligent student will find that at the expiration of this term he will have but an imperfect acquaintance with several branches of his profession.

In Ireland the registration of medical students is very irregular and unsatisfactory. No pupil thinks of giving himself any trouble about the matter, and leaves it to the Registrar of his School to return to the Branch Medical Council the names of his *alumni* which, for reasons the initiated understand, he frequently forgets to

do. Inasmuch, therefore, as there is, in Ireland, no legal date for commencement of medical study, there is no means of judging whether the nominal four years of medical study are, or are not, actually occupied in learning the profession, and, as a matter of fact, few students do devote that period to their work, though many of them continue in the nominal study of medicine for as long as seven or eight years.

DATES OF ENTRY IN IRELAND.

The entry of names and commencement of study in Ireland is supposed to date from the 1st of October in each year, but the Session really does date from the 1st of November, and the entry of names may be delayed by the dilatory until the 25th of the same month.

The student then begins work, attending hospital each morning at nine o'clock, and occupying his day from half-past eleven to five between lectures and dissections. His holidays—if the term be not ignoble—are a fortnight at Christmas, and a week at Easter, and he finally returns home at the end of July.

LECTURE ATTENDANCE IN IRELAND.

The average Dublin student is supposed to attend of necessity, and irrespective of voluntary courses, twelve courses of lectures, six of them extending over six months, and six over three months, making a total of 52 months lecturing. In addition to this, he is presumed to dissect and hear demonstration, say an hour-and-a-half daily, for eighteen months, to attend hospital for at least a couple of hours daily for twenty-seven months, to serve in the chemical laboratory for three months, and in the majority of cases to attend the "grind" for at least eighteen months for two more daily hours. He cannot, if moderately industrious, get on with less than two hours reading per day, and he may have during the same period to work up his business for the "Preliminary," or his Arts Course in the University. This curriculum—taking the lectures on an average of four days weekly—represents nearly five thousand hours close work to be got through in three working years of about seven months (allowance being made for Christmas and Easter and summer holidays).

Thus it will appear that the student, to fulfil the *nominal* requirements of his education in Dublin, must work very nearly nine hours daily—*i.e.*, from after breakfast to about seven p.m. It is hardly necessary for us to say that even the most avaricious medical bookworm does not attempt such a task. Necessarily the attendance on many of the courses of lectures is nominal in amount. The University of Dublin insists on an attendance of three-fourths of the number of the required lectures, but other licensing bodies accept as "diligent" attendance the presence of the student at all—a few—or none of the lectures which the student pays for. It would be manifestly ridiculous for them to demand *bonâ fide* compliance with the regulations, and thus it happens that the student being hopeless of attending at all, often attends scarcely any of the lectures which are supposed to form the chief part of his education. The average student thinks himself exemplary if he works his hospital, dissections, demonstrations, physiology lectures, and grind, and drops in occasionally to the other courses.

The progress of each year is the same, except that he usually devotes more attention to the "grinding," dissection, and hospital dresserships, and less to lectures in his later years of study. At the end of his second year he will take his "first half" examination, and by so doing relieve himself, in a great measure, of the study of anatomy, and be in the position of devoting his third year to surgery and medicine. After the expiration of his third session, his student life, whether it begin in laziness and end in a hurry and incompetency, or whether it commence in diligence and end in the confidence of proficiency, ends with the last examination, and he goes forth into the world either an ignoramus or a reliable surgeon, whichever his choice may have been.

THE STUDY OF VACCINATION IN IRELAND.

No candidate for an Irish qualification is now admitted to examination without producing a certificate of attendance for one month at the Cow-pock Institution, or under the instruction of a public vaccinator.

The instruction should include—1. The performance of the operation of vaccination. 2. The conditions of the patient which contra-indicate vaccination. 3. The characteristic appearances of the vaccine disease at the different stages of its course, and the deviations therefrom, which are compatible with its protective influence. 4. The taking of lymph and the method of preserving it in tubes or on points; and of recognising impurities. The candidate is examined upon these subjects at his final examination.

FINAL REGISTRATION OF PRACTITIONERS.

All duly qualified persons are required by the Medical Act to be registered before they can hold any public medical or surgical appointment, or issue valid medical certificates.

The medical registration of any practitioner is effected on personal application or in writing (according to a form to be had in London or at either of the Branch Offices). With such application he must produce or transmit the *Diplomas*, and also the fee, £6 for the first registration, and 5s. for every qualification which may be subsequently added.

THE UNIVERSITIES.

THE great majority of medical students in past years have been content to pursue their professional avocations without obtaining the additional distinctions conferred by University degrees. The present generation, however, is, in this respect, more ambitious, and a large number of young men are at this moment engaged in fulfilling the requirements of the statutes by which the conference of bachelors and doctors' degrees in medicine and surgery are regulated. The indication this affords is highly gratifying, as showing the increased appreciation of the wider culture insisted on by the Universities ere they will recognise the fitness of any candidate for their diplomas. In all places the conditions of graduation are not the same, and in these pages we shall briefly indicate the principal features of each of the great centres of learning. In all, however, there is one essential resemblance, consisting in a rigid enforcement of the rule requiring intending competitors for medical degrees to show a preliminary acquaintance with the main branches of higher general education. The medical man cannot be too well educated; he cannot be too widely read; and especially ought he to have familiar acquaintance with the outlines of that complex study to which by general usage the term, "natural science" has been applied.

Oxford.

The medical degrees of this University, the small number of which hitherto in use has been an approbium on its efficiency as a school of medicine, are now being sought at an increasing rate each year; but it cannot be any considerable proportion of medical students who will join them, because of the conditions which have to be complied with to that end.

Every student in medicine must pass all the examinations for the degree of B.A., and date the commencement of his medical studies from the final examination for arts. For the degree of B.M. two examinations must be passed, the first including Anatomy and Physiology (Human), Comparative Anatomy (chiefly the entozoa), and Physiology, Botany, Chemistry (theoretical and practical), and Physics, with Mechanics. At the second examination he is examined in two of the ancient authors—Hippocrates, Aretæus, Galen, and Celsus—and in some one modern author, as Morgagni, Sydenham, or Boerhave. He must spend two years in study prior to the first or scientific examination, and two years more after passing the first, prior to the final examination for the same degree. A dissertation has to be publicly read three years after obtaining the M.B., before being eligible for the M.D. The medical examinations take place annually in Trinity, but in 1880 there will be also an examination in Michaelmas term about November 29.

Scholarships of value from £60 to £100 are obtainable

Christ Church, Magdalen, and other Colleges, by competitive examinations in natural science. Each year a Radcliffe travelling fellowship is competed for by anyone who, having taken a first-class at any of the public examinations of the University, or having obtained some University prize or scholarship open to general competition, proposes to graduate in medicine. The travelling fellows receive £200 a-year for three years, half this period being spent in study abroad.

The facilities for the study of medicine at Oxford are considerable, but unfortunately no attempt to utilise them is made or encouraged. It may be hoped, however, that this will, ere long, be entirely altered, and that Oxford may rank at least with Cambridge as a centre of medical education.

Cambridge.

At the University of Cambridge, five years of medical study are required, unless the student has graduated with honours as B.A. For the M.B. he must have resided nine terms in the university, and have graduated in arts. There are three examinations for this degree. The first is in chemistry, physics, and botany; the second, in anatomy (human and comparative), physiology, and pharmacy; and the third, in the usual practical subjects. Subsequently to the third examination an Act has to be kept, which consists in reading an original thesis, followed by an oral examination on the subject of the thesis. The M.D. degree may be taken three years after the M.B. An Act has to be kept, with oral examinations, and an essay has to be written *extempore*. There is also a degree of Master in Surgery, for which the candidate has to attend extra courses of lectures on anatomy and surgery. An examination in so much of State Medicines as is required by medical officers of health, will in future be held. With respect to Cambridge (and almost the same apply to Oxford), a residence during nine terms—*i.e.*, the greater part of each of three years—is by statute requisite to obtain any degree in arts, medicine, or any other subject. The actual cost of this to a student who keeps his terms by residence in a college is from £150 to £200 a year. This, however, may include all payments to the university and the college—all fees, as well as clothes, pocket money, travelling expenses, &c. Non-collegiate students have only to pay the university fees, which are very small. They lodge and board as they like; their expenses, therefore, are entirely in their own hands.

London.

The candidate for the University of London Degree in Medicine is hampered by no restrictions regarding sex, residence, instruction, or nationality. The only conditions necessary to be fulfilled are those contained within a diversified curriculum. "Matriculation," an examination which derives its difficulty from the number of subjects included in it, must be passed before the commencement of medical study. It is usual to rate the London Degree as a high one; this it is, in the sense that much reading of deep books is needed to secure it; but it may fairly be doubted whether the fancied superiority claimed for it has not been somewhat over-estimated. That man, whencesover his qualification has been derived, who loves his profession for its own sake, will advance in it, and by it, it is surely time we heard the last of this or that body's superiority in a *medical* sense, and it is quite possible to accord all legitimate admiration for the greater degree of general cultivation distinctive of the holders of various university degrees as evidenced by such degrees; but the assumption that goes with it that the elements of technical education are more embodied in some than in other examining boards' schemes, is an unfair aspersion of the schools which are the first sufferers. All will admit, however, that the best trained practitioners are such as have enjoyed the most liberal opportunities of general culture, when this has been introductory to the study of medicine. The University of London, therefore, is a serviceable corporation, in that it offers facilities *to all* to put the hall-mark of a University degree on their attainments.

Those students who intend to graduate at the London University arrange their studies as to pass the preliminary scientific examination *before commencing their regular medical studies*, taking a preliminary year for the purpose of preparation. In this way much knowledge will be gained which will go to clear the way for his first year's studies, which would otherwise be much encumbered.

The preliminary ssientific examination commences on the third Monday in July, and no candidate is admitted to it unless he has completed his seventeenth year, and has passed the matriculation examination. The subjects on which he will be examined, are—Inorganic chemistry, experimental physics, botany, vegetable physiology, and zoology. Candidates who shall pass in all these subjects, and shall also pass at *the same time* in the pure mathematics of the first B.Sc. examination, or shall have previously passed the first B.A. examination, shall be considered as having passed the first B.Sc. examination. There are in this, as in every other stage of the graduate's career, examinations for honours, which afford the student the opportunity of gaining highly-prized distinctions in various branches, such as valuable scholarships, exhibitions, and prizes. The medical and scientific degrees of the University are—Bachelor and Doctor of Medicine, Bachelor and Master in Surgery, and Bachelor and Doctor of Science. For the regulations respecting these examinations the student should apply to the Registrar of the University.

It has come to be generally felt that scientific knowledge, to be real, must be practical as well as theoretical, and that a thorough knowledge limited to a comparative small range is preferable to a slighter acquaintance spread over a more extended area. In the first examination for Bachelor of Science, which every candidate will be required to pass, the programmes in mathematics, experimental physics, and inorganic chemistry, have been carefully revised. In place of the superficial acquaintance with both zoology and botany formerly required at this examination, there is a single examination (written and practical) in general biology, in which a more thorough knowledga is required of the simplest forms and elementary phenomena of animal and vegetable life. The regulations for the second B.Sc. examination, on the other hand, are framed with the view of allowing the candidate to bring up any three of the following nine subjects:—(1) Pure mathematics, (2) mixed mathematics, (3) experimental physics, (4) chemistry, (5) botany, including vegetable physiology, (6) zoology, (7) animal physiology, (8) physical geography and geology, (9) logic and psychology. Moreover, in the matricular examination which forms the basis of the science curriculum, German may now be taken in substitution for Greek. In regard to the Doctor's degree, a change has been made in favour of candidates who prolong the interval between their first and second examinations for the degrees of Bachelor from one year to two or more, as such will be allowed to come up for the degree of Doctor of Science within a year of their attaining the degree of Bachelor.

A special examination is held once in every year in subjects relating to public health, to which those candidates only are admitted who have passed the second M.B. Examination at least one year previously. Candidates will be examined in chemistry and microscopy, as regards the examination of air, water, and food; meteorology, geology, physics, and sanitary apparatus, vital statistics, hygiene, and sanitary laws, full particulars of which may be obtained from the Registrar.

All the medical degrees of the London University are open to women, and valuable scholarships have been founded for their special benefit.

University of Durham.

Two licences and three medical degrees are conferred by this university—viz., Licences in Medicine and Surgery, with degrees of Bachelor of Medicine, Master of Surgery, and Doctor of Medicine. A certificate of proficiency in sanitary science is also awarded.

With regard to the degree of Bachelor of Medicine, no one will be admitted to that degree unless he has kept one year's residence at the Durham University College of Medicine, and in the case of non-university men an additional arts examination to the professional examination must be passed. There are two professional examinations for the M.B., the first being held twice yearly in October and April, and the second twice yearly in December and June. In the year 1880-81 the first will commence on October 4th, 1880, and again on April 25th, 1881, and the second on December 6th, 1880, and again on June 13th, 1881.

No grace for the degree of Doctor of Medicine will be granted unless the petitioner is a Bachelor of Medicine of the standing of twenty-one terms (seven years) at least from his registration or matriculation, and of two years at least from his admission to the degree of Bachelor of Medicine, nor unless he has written an essay based on original research or observation on some medical subject selected by himself, and approved of by the Professor of Medicine.

For the degree of Master in Surgery the candidate must have passed the examination for the degree of Bachelor in in Medicine, and must have attended one course of lectures on Operative Surgery. Each candidate will have an additional paper on surgery, and will have to perform operations on the dead body, and to explain the use of instruments.

There is also an examination and a certificate of proficiency in sanitary science. Hospital practice can be attended at the Newcastle Infirmary, which contains 230 beds. There are four scholarships of £25 a year, tenable each for four years. Dickinson Memorial Scholarship, £15, tenable for one year, for general proficiency. Tulloch Scholarship, £20, tenable for one year, for anatomy, physiology, and chemistry. Charlton memorial scholarship. £35, tenable for one year, for medicine. Gibb scholarship in pathology, £20, tenable for one year. Four resident dressers, who also act as physicians' clinical clerks, are chosen every six months from the senior students. Fee for six months' board and residence, £10 10s. Two assistants in the pathological department are chosen every six months. At the end of each session a silver medal and certificate of honour will be awarded in each of the required classes.

An examination will commence on December 6th, 1880, and again on June 13th, 1881, in the College of Medicine, Newcastle-upon-Tyne.

With regard to fees, a composition fee for all the Lectures, payable on entering to the first winter session, £52 10s. Separate courses of lectures each, £4 4s. Twelve months' hospital practice, £7 7s. ; six months, £5 5s. ; three months, £4 4s. ; perpetual fee, £17 7s. ; or, if paid by instalments, first year, £7 7s. ; second year, £6 6s. ; third year, £5 5s. These fees also are payable in advance.

Foreign Universities.

An essay on "Foreign Degrees and How to obtain them," giving information much sought for, but not readily obtainable in this country, together with the routes and fares to, and from, the different university towns of the continent, appeared in the *Medical Press and Circular* for October 1, 1879.

Royal College of Physicians.

The license of the Royal College of Physicians, which is recognised by the Local Government Board as a double qualification, is rapidly growing in favour with candidates for a registrable diploma. The wonder is that it has not sooner become the generally sought qualification, the honourable *prestige* of the College, and the equal strictness of the examinations alike being such as should approve it to students. Certain changes in the scheme of examination for licentiates are under consideration, but await the formal sanction of the whole board ere they come into force. Three examinations will have to be passed under the new rules. The college comprises three classes of members, viz., *Fellows*, *Members*, and *Licentiates*.

The Fellowship.—The Fellowship of the College is attainable only by election, and no one can be proposed who is not a member of at least four years' standing.

The Membership.—A person may become a member without holding a degree in medicine, or, indeed, any diploma. But every candidate who shall have commenced his professional studies after September, 1861, shall satisfy the Censors' Board that previous to such commencement he has obtained a degree in Arts from some university of the United Kingdom or of the Colonies, or from some other university specially recognised by the Medical Council, or that he has passed examinations equivalent to those required for a degree in Arts. The curriculum extends over five years.

The following additional regulations for the membership came into force on Jan. 30th, 1878 :—1. Any candidate who shall produce satisfactory evidence of having passed an examination on chemistry and materia medica, required for a degree in medicine at a university in the United Kingdom, in India, or in a British colony, will be exempted from re-examination on those subjects, 2. Any candidate who has already obtained the degree of Doctor or Bachelor of Medicine at a university in the United Kingdom, in India, or in a British colony, or who shall have obtained a qualification entitling him to practice medicine or surgery in the country where such qualification has been conferred, wherein the course of study and the examinations to be undergone previously to graduation shall have been adjudged by the Censors' Board to be satisfactory, shall be exempt (if the censors shall think fit) from all or any parts of the examinations hereinbefore described, except such as relate to the third or pass examination.

Graduates in medicine of any British university are admitted to an examination for the membership. Such graduates are exempt from some parts of the examination—*e.g.*, anatomy and physiology. Even graduates of accredited foreign universities have no difficulty in being admitted to examination. All persons who have been admitted before February 16, 1859, licentiates of the College, and also all extra-licentiates who are not engaged in the practice of pharmacy, may be proposed to be admitted a member of the College, Every candidate for the membership is expected to pass an examination, but there are certain cases, referred to under sections 15, 16, and 17 of the bye-laws of the College, in which the candidate is exempt from some portion of the examination.

The Licence.—The Licence of this College is a qualification to practise medicine, surgery, and midwifery, and is recognisable by the Poor-law Board as a qualification in surgery as well as in medicine, but unless a graduate in some university he is forbidden to use the title of doctor ; we regret, however, many do so. It was regarded at first as a diploma for the general practitioner, intended to supersede that of the Apothecaries' Company. The examination is conducted by specially-appointed examiners, and is complete in the several departments. There are two examinations for the licence, the *first* of which may be passed after the termination of the second winter session, while the *second* examination cannot be passed until after four years of professional study. The fee for the College Licence is fifteen guineas, of which five are to be paid on admission to the first examination.

Every candidate will be required to produce satisfactory evidence of having completed the course of study in accordance with the bye-laws and regulations of the College, which may be obtained of the Registrar, and to pass the professional examinations conducted by the Examining Board.

Any candidate who shall produce satisfactory evidence of having passed an examination on Chemistry and Materia Medica, required for a degree in medicine at a university in the United Kingdom, in India, or in a British colony, will be exempted from re-examination on those subjects. Any candidate who shall have obtained a qualification which entitles him to practise medicine or surgery in the country where such qualification has been conferred, after a course of study and an examination equivalent to those required by the regulations of the College, shall, on production of satisfactory evidence as to age, moral character, and proficiency in vaccination, be admissible to the pass examination, and shall be exempt from re-examination on such subjects as shall in each case be considered by the Censors' Board as unnecessary.

Royal College of Surgeons of Englund,

This College has exercised much influence over the profession, for without the M.R.C.S. it is not easy to obtain any English surgical appointment. Its membership, although no longer essential, yet carries some weight in a parish appointment. For this reason most English students take this diploma, which, together with a medical qualification, suffices for every purpose of the general practitioner. The College gives four diplomas—the membership, fellowship, a diploma in dental surgery, and one in midwifery, which last is, however, mostly confined to those who are already members.

The Membership.—This diploma gives no vote in the affairs of the College. It is only a licence to practise, and corresponds with the licentiateship of the Edinburgh and Dublin Colleges.

In future, candidates for the diploma will be examined in the practice of medicine, although there are certain conditions on which he can claim exemption. He must also have passed the preliminary examination of the College, or one that is recognised by the College. There are now two professional examinations for the membership, the Primary and the Pass.

The Fellowship.—Members of long standing are often admitted to the fellowship by election. As, however, this grade is obtainable by examination, is of greater value, and needs no personal influence, men who have sufficient time and ability prefer the F.R.C.S. after examination.

For the Fellowship he must be a Member of the College of eight years' standing, and is admitted to examination on producing a certificate signed by three Fellows to the effect that he has been engaged in the Practice of Surgery for eight years, and is a fit and proper person to be admitted as a Fellow.

Few consulting surgeons in England are without the Fellowship, and in most of the London hospitals appointments are unattainable without it.

MEDICAL SCHOOLS OF LONDON.

THERE are in the metropolis eleven medical educational centres. Each of these comprises a fully appointed hospital, with medical school attached. The student, who is doubtful as to which he shall direct his steps, will be much puzzled how to decide on the one most likely to benefit him in the prosecution of his medical studies. In determining this point he should avail himself largely of the advice to be obtained from those conversant with the merits of the different institutions, and especially wilt he be wise to pay every heed to students senior to himself. Naturally every man so appealed to will declare his own *alma mater* to be *the* best school, but in spite of this, the partial information so obtained will be of great value, supplemented as it always should be by personal inspection of the institutions themselves. The country candidate will always find the most courteous readiness on the part of the officials at the various hospital schools, to lend him every assistance in ascertaining the advantages connected with each particular place; and before definitely selecting the hospital he will enter, the student should adopt the plan we have suggested. In many instances his choice will be guided by traditions and associations. It may be, father or brother has been at one or other place, and as a matter of course, the connection re-formed with it is maintained. This should be so. We write, however, more especially, for the guidance of those who are called upon to decide for themselves, and we repeat the suggestion we have made—hear all you can, and finally act on your own judgment and experience.

The London schools are the following:—Guy's, St. Bartholomew's, St. George's, King's College, the London, the Middlesex, St. Mary's, Charing Cross, the Westminster, University College, and St. Thomas's, and we shall notice them in alphabetical order.

The above are for men only. There is also a Medical College for Women, in full operation, in Henrietta Street, Brunswick Square. The clinical instruction is given in the wards of the Royal Free Hospital.

APPOINTMENTS, PRIZES, NEW SCALE OF FEES, &c.

ST. BARTHOLOMEW'S HOSPITAL. — *Appointments:* Four house-physicians and four house-surgeons are appointed annually without fee; each is provided with rooms and receives a salary of £25. A resident midwifery assistant and an ophthalmic house-surgeon are appointed every six months; they are provided with rooms, and receive a salary of £25 per year. The assistant chloroformist, salary £25 and rooms; in-patient clinical clerks; clerks and dressers to the assistant-physicians.

Scholarships, &c.—There are two open scholarships in science, value £130, tenable for one year; Jeaffreson exhibition, value £50, tenable for two years; preliminary scientific exhibition, value £50, tenable for one year; three junior scholarships, of £50, £30, and £20 respectively; Treasurer's prize for practical anatomy; Foster prize for practical anatomy; senior scholarship, value £50, for anatomy, physiology, and chemistry; Wix prize; Hichens prize; Lawrence scholarship and gold medal, value 40 guineas, for medicine, surgery, and midwifery; two Brackenbury scholarships in medicine and surgery; Bentley prize, for reports of surgical cases; the Kirkes gold medal for clinical medicine.

Scale of Fees.—Fees for perpetual attendance on lectures and hospital practice, 132 guineas, payable in the following instalments:—First winter, 40 guineas; first summer, 46 guineas; second winter, 46 guineas; or a single payment of 125 guineas. Fee for general subjects for students of dental surgery:—First winter, 31½ guineas; first summer, 31½ guineas; or a single payment of 63 guineas.

CHARING CROSS HOSPITAL.—*Appointments:* Medical and surgical registrars, each with a salary of £40 a year; resident medical officer, assistant medical officer, resident surgical officer, assistant surgical officer, resident obstetrical officer, assistant demonstrator, pathological assistant, clinical clerks and dressers. The resident officers are provided with rooms and commons, and the assistant officers with commons, in the hospital.

Scholarships, &c.—Two entrance scholarships of £30 and £20 respectively, tenable for one year; the Llewellyn scholarship of £25, open to all matriculated students who have completed their second year; the Golding scholarship of £15, open to matriculated students who have completed their first year; the Pereira prize of £4; the Governor's clinical gold medal. Silver and bronze medals and certificates of honour are awarded to the most deserving candidates in the various classes.

Scale of Fees.—Composition fee for matriculated students, £81 7s., payable in instalments, or first year's fee, £38 17s.; second year's fees, £36 15s.; third year's fees, £10 10s. Composition fee for the course of dental surgery, £42 2s.

ST. GEORGE'S HOSPITAL.—*Appointments:* House-physicians and house-surgeons are elected half-yearly from among the perpetual pupils. They are entitled to hold their appointments for twelve months, and to board and reside in the hospital, free of all expense; assistant house-physician; assistant house-surgeon; obstetric assistant, with a yearly salary of £100, and board and residence in the hospital; pathological curator, with a salary of £50; microscopical pathologist, with a salary of £25; medical and surgical registrars, each with a salary of £50 per annum; assistant medical registrars; assistant surgical registrars; ophthalmic registrar; ophthalmic assistant; demonstrator of anatomy, with a salary of £50; senior assistant demonstrator, with a salary of £20.

Exhibitions, &c.—The Brown exhibitions, one of £100 per annum, tenable for two years, and open to perpetual pupils possessing a registerable diploma; and one of £40 per annum, tenable for three years, and open to students in their third year. The Brackenbury prizes; one each in medicine and surgery. The Clarke good conduct prize, the Thompson medal, the Brodie clinical prize in surgery, the Acland clinical prize in medicine, the Johnson memorial prize in anatomy, the Treasurer's prize, and three proficiency prizes of 10 guineas each.

Scale of Fees.—Competition fee for perpetual pupils, £125, or in the following instalments: first year £45, second year £45, third year £40. For attendance on the hospital practice and lectures required by the examining corporations, £45 for the first year, £45 for the second year, and £20 for each succeeding year. The latter scale of payment does not entitle the pupil to become house-physician or house-surgeon, or to compete for the Brown exhibitions. The fee for general subjects in dental surgery is £55, payable in two instalments, first year £30, second year £25.

GUY'S HOSPITAL.—*Appointments:* The house-surgeons and house-physicians, the obstetric residents, clinical assistants and dressers, are selected from the students, according to merit, and without payment. There are also a large number of junior appointments, every part of the hospital practice being systematically employed for instruction.

Scholarships, &c.— Open scholarship of 125 guineas, in classics, mathematics, and modern languages. Open scholarship, of 125 guineas, in chemistry, physics, botany, and zoology. Six scholarships, varying in value from £10 to £50 each, for general proficiency in medical study. The Joseph Hoare prizes; the Treasurer's gold medal in medicine; the Treasurer's gold medal in surgery; the Gurney

Hoare prize of £25, for clinical study; the Sand Cox scholarship of £15 per annum for three years, for physiology and physics; the Michael Harris prize of £10, for anatomy.

Scale of Fees.—For the entire course of lectures and hospital practice, 125 guineas if paid in one sum on entrance, or by two equal instalments of £66, payable at the commencement of the first winter, and of the following summer session; or payment may be made by instalments of £50, £50, and £37 10s,, payable at the beginning of the first, second, and third years respectively. Fee for the dental course, 63 guineas, or in two annual instalments of 40 guineas and 23 guineas.

KING'S COLLEGE HOSPITAL.— *Appointments:* One physician's assistant, two house-surgeons, and one physician-accoucheur's assistant, appointed every six months. They are supplied with board and residence in the hospital on payment of £30 each. Assistant house-physician, assistant house-surgeon, and assistant resident accoucheur, appointed every six months; in-patient clinical clerks and dressers; out-patient clerks and dressers; obstetric clerks, ophthalmic, dental, and aural assistants; post-mortem clerks; assistant demonstrators and prosectors of anatomy.

Scholarships, &c.—Three Warneford scholarships, each of the value of £25 per annum, two tenable for three years, and one tenable for two years; one Warneford scholarship of £25 per annum, tenable for two years, open to resident students; three junior scholarships of £20 each, tenable for one year, and open to students of the first year; one second year scholarship of £30 tenable for one year, and open to students of the second and third years; the senior scholarship of £40, tenable for two years, and open to students of the third and fourth years; Daniell scholarship of £20 per annum, tenable for two years, for work in the chemical laboratory; two Sambrooke registrarships, each of £50 per annum; one science exhibition of £100; two Warneford prizes of £25 and £15 respectively; Leathes prize; Todd medical clinical prize; Jelf medal; Tanner prize of £10 for obstetrics. Class prizes, each of the value of £3, are awarded annually in particular subjects.

Scale of Fees.—Payment for the entire course of hospital practice and college lectures may be made in one sum, viz., £125 on entrance, or by the following instalments:—£60 on entrance, £50 at the beginning of the second winter session, and £25 at the beginning of the third winter session. Fees for the dental course, £95 1s. 6d.

LONDON HOSPITAL.—*Appointments:* The resident and other hospital appointments are free to full students. The resident appointments consist of five house-physiciancies, four house-surgeoncies, and one accoucheurship; also two dresserships and two maternity assistantships.

Scholarships, &c.—Two entrance science scholarships, value £60 and £40, and two Buxton scholarships, value £30 and £20, will be offered for competition at the end of September to new students. Entries on or before September 20th. A scholarship, value £20, in human anatomy, to first year's students; a scholarship, value £25, in anatomy, physiology, and chemistry, to second year's students; a scholarship, value £20, in clinical medicine; a scholarship, value £20, in clinical surgery; a scholarship, value £20, in clinical obstetrics; the Duckworth Nelson prize, value £10 (biennial), in clinical medicine and surgery. Prizes, value £60, to dressers of out-patients, in minor surgery.

Scale of Fees.—Perpetual fee for lectures and hospital practice, and two years' practical anatomy, payable in three instalments of 40, 35, and 25 guineas, at the commencement of the 1st, 2nd, and 3rd years respectively, 100, or if in one payment, 90 guineas. Composition fee for students entering at or before the beginning of their second winter session, their first year having been spent elsewhere, payable in two instalments of 40 and 35 guineas, 75 guineas; or if in one payment, 70 guineas. Perpetual fee for lectures alone, 50 guineas; perpetual fee for hospital practice alone, 50 guineas; dental students (general hospital practice and lectures), 40 guineas; perpetual fee for dental practice, 10 guineas.

ST. MARY'S HOSPITAL.—*Appointments:* There are four resident medical officers, three of whom are appointed for twelve months, and one, the obstetric officer, for six months; all of them live, free of every expense, in the hospital. Two prosecutors, appointed annually; a demonstrator of anatomy, a medical tutor, and a resident registrar, each with a salary of £100 a year, appointed annually, and eligible for re-election. Clinical clerks and dressers.

Scholarships, &c.—Two scholarships in natural science, tenable for three years; an exhibition in natural science of £20, tenable for one year; a scholarship in anatomy of £20, tenable for one year; a scholarship in pathological anatomy of £40, tenable for one year. At the end of each session prizes ranging in value from £2 2s. to £4 4s. are given for proficiency in particular subjects.

Scale of Fees.—For unlimited attendance on lectures and hospital practice, £125 guineas if paid by instalments, or 119 guineas if paid in one sum. Fee for hospital practice and lectures required by the examining bodies, 107 guineas in instalments, or 101 guineas in one sum. Fee for dental students, 62½ guineas.

MIDDLESEX HOSPITAL.—*Appointments:* Two house-surgeons, three resident physician's assistants, resident obstetric physician's assistant. The above officers have residence and board in the hospital free of expense, but they pay on appointment fees varying according to circumstances from 10 to 30 guineas.

Scholarships, &c.—Two Broderip scholarships of £30 and £20 per annum respectively, tenable for two years, for medicine and surgery; two entrance scholarships of £25 and £20 per annum respectively, tenable for two years; John Murray medal and scholarship, awarded every third year; the Governor's prize of £21; clinical prize of £10 10s.; class prizes in particular subjects.

Scale of Fees.—General fee for the entire course of hospital practice and lectures, £90, if paid in one sum on entrance or by instalments of £35, £35, and £20, payable at the commencement of the first, second, and third years respectively, and £10 for every additional year's attendance. Course of dental surgery, £42, payable in two instalments of £26 5s. and £15 15s.

ST. THOMAS'S HOSPITAL.—*Appsintments:* Two house-physicians, two house-surgeons, a resident accoucheur, two assistant-house physicians, two assistant house-surgeons, holding office for three or six months. The assistants are non-resident, but the other officers are provided with rooms and commons in the hospital free of expense. An ophthalmic clinical assistant, with salary of £50; surgical ward clerks, clinical clerks and dressers to in-patients and out-patients, obstetric clerks, two hospital registrars, each with a salary of £100; assistants in the dissecting-room, prosectors, pathological assistants, and assistants in the physiological laboratory.

Scholarships, &c.—Two entrance scholarships in natural science of £60 and £40 respectively; for first year's students, the William Tite scholarship of £30, and five college prizes ranging in value from £5 to £20; for second year's students, the Musgrove scholarship of £42, and five college prizes ranging in value from 5*l.* to 20*l.*; for third year's students, three college prizes of 20*l.*, 15*l.*, and 10*l.* respectively. In addition there are awarded the Cheselden Medal for surgery, the Mead medal for medicine, the Solly medal for reports of surgical cases, the Grainger testimonial prize of 20*l.* for a physiological essay, and the Treasurer's gold medal for general proficiency.

Scale of Fees.—For the entire course of hospital practice and lectures, 125*l.* paid on entrance; or 130*l.* in two payments, 70*l.* on entrance, and 60*l.* at the beginning of the next year; or by three instalments of 60*l.*, 50*l.*, and 30*l.*, at the beginning of the first, second, and third years respectively. The fee for the attendance on the *general* subjects required of students in dental surgery is for the two years 45*l.*, or by instalments; 50*l.* for the first year, and 10*l.* for the second year.

UNIVERSITY COLLEGE HOSPITAL.—*Appointments:* Six physicians' assistants, six house-surgeons, and four obstetric assistants, are selected annually by examination from among the senior students without additional fee. They reside in the hospital, paying only for their board, and have charge of the resident patients in the absence of the physicians and surgeons. The offices of physicians' clerks, surgeons' dressers, surgical ward clerks, and ophthalmic surgeons' assistants, are selected from among the pupils who are also students of the college, without additional fee.

Scholarships, Etc.—Three entrance exhibitions of 30*l.*, 20*l.*, and 10*l.* respectively, tenable for two years; Atkinson-Morley surgical scholarship, of 45*l.* a year, tenable for three years; Atchison scholarship, value about 55*l.*, tenable for two years; Sharpey physiological scholarship, value about 70*l.* a year, tenable for three years; Filliter exhibition for proficiency in pathological anatomy, value 30*l.*; Dr. Fellowes'

clinical medal ; the Liston gold medal ; Alexander Bruce gold medal ; Cluff memorial prize ; class medals, &c. ; gold and silver medals, or other prizes, as well as certificates of honour, are awarded, after competitive examinations in particular branches of study. Prizes to the value of 10*l.* will be given in the class of hygiene.

Scale of Fees.—125 guineas, if paid in one sum at the commencement of the course, or 130 guineas if paid by instalments, as follows : first year 60 guineas, second year 50 guineas, third year 20 guineas. Hospital practice and clinical instruction, perpetual, 31*l.* 15*s.* ; one year, 15*l.* 15*s.* ; six months, 10*l.* 10*s.* Practical pharmacy, three months, 5*l.* 5*s.*

WESTMINSTER HOSPITAL. — *Appointments* : There are numerous dresserships and clerkships : the posts of medical and surgical registrar, each with 40*l.* a year, and of house-physician, house-surgeon, resident obstetric assistant, assistant house-surgeon, physician's assistant, surgeon's assistant, ophthalmic assistant, and assistant in the skin department.

Scholarships, Etc.—Entrance scholarships next October.—The Fence, 50*l.* a year for two years, and two others value 50*l.* and 20*l.* Subjects—Latin, Mathematics, French or German, and Chemistry and Natural Philosophy. The Latin books the same as the June examination of the University of London matriculation—Ovid : Epistola ex Ponto. Books II. There are also—an exhibition, value 10*l.* 10*s.*, for first year's men ; a scholarship in anatomy and physiology, value 21*l.*, for second year's men ; prizes for clinical medicine and surgery of 5*l.* each ; the Frederic Bird medal and prize, value 15*l.* ; the Chadwick prize for proficiency, value 21*l.*

Scale of Fees.—In one payment, 92*l.* 10*s.* ; in two payments of 49*l.* each, payable on entrance and at commencements of second year respectively ; by payments distributed over five sessions, amounting to 107*l.* 2*s.* There are no extras, except parts for dissection. Fees for shorter periods or for single courses, may be learned on application to the Dean. Fees for dental students, payable in one sum on entrance, 45*l.*

SPECIAL SCHOOLS.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

The winter session of 1880-81 opens on the 1st October. The fee for the ordinary curriculum of non-clinical lectures is £80, if paid in one sum, or if paid in instalments £40 for the first year, £30 for the second, and £15 for the third. The courses of lectures included in this fee are as follows : —Two courses each of anatomy, practical anatomy, physiology, and practice of medicine, and one course each of botany, chemistry, practical chemistry, materia medica, surgery, pathology, midwifery, diseases of women and forensic medicine. Certain classes are held annually, others bi-annually. The fee of £90 entitles a student to attend, in addition to the classes enumerated above, one course each of practical physiology, zoology, ophthalmic surgery, mental pathology, and hygiene. The London School of Medicine for Women is now recognised by the King and Queen's College of Physicians, Ireland, and by the University of London. Students of the school can therefore proceed to the examination for the licence to practise medicine of the college, and for the degrees of M.D. and M.S. of the university. Hospital instruction is obtained at the Royal Free Hospital, some ten minutes walk from the School ; the fee for which, including annual courses of clinical medicine and clinical surgery, is £20 for the first year, and £15 for each subsequent year. Clinical clerks, surgical dressers, are selected from among the senior students without further fee. Two entrance scholarships, value respectively £30 and £30 per annum, for three years, will be competed for at the school on the 24th and 25th September.

SCHOOL OF ANATOMY AND PHYSIOLOGY.

This is established for private tuition, and is situate close to University College, at 16 Woburn Place, its principal being Mr. Thomas Cooke, F.R.C.S., senior assistant surgeon to the Westminster hospital, assisted by demonstrators. The whole of the anatomy (on the dissected body), of physiology (with microscopical preparations and such experiments as the law permits) and operative surgery (on the dead body), are gone through carefully every three months. Fees : Three months, three guineas ; six months, four guineas : for the higher examinations, with *special* supplementary class five guineas. There is a well-appointed dissecting room near the school.

LONDON SCHOOL OF DENTAL SURGERY.

This institution is situated in Leicester Square. The meetings of the Odontological Society are also held here. In winter, lectures are delivered on mechanical dentistry by Dr. Walker, on Wednesdays at 7 p.m. ; on metallurgy in dentistry, by Dr. Louis, on Tuesdays and Fridays, at 12 o'clock, during October and November. In summer Mr. A. Colman lectures on dental surgery and pathology, and Mr. C. S. Tomes on dental anatomy and physiology. General fee for special lectures required for the curriculum, £15 15*s.* The Saunders scholarship of £20 per annum, and prizes, are open for competition. In connection with the above is the

DENTAL HOSPITAL OF LONDON.—Surgeons : Messrs. Fox, Medwin, Gregson, Coleman, Moon, and Hill. Assistant Surgeons : Messrs. Hepburn, F. Canton, Gibbings, Woodhouse, Hutchinson, and Bartlett. Dental House Surgeon : Mr. Bradshaw. Assistant Dental House Surgeon : Mr. Rees Price. Fees for two years' hospital practice, £15 15*s.* Fees for lectures and practice, £31 10*s.*

NATIONAL DENTAL COLLEGE.

This is a more modern institution than the one in Leicester Square, having been open about four years. In connection with it is the National Dental Hospital, situate in Great Portland Street, which was established in 1861. The teaching at this school is recognised by the Royal College of Surgeons for the dental diploma, and lectures and demonstrations are given similar to those at the other dental school. The following are the lecturers, with their subjects :—Dental anatomy and physiology : Mr. Thomas Gaddes. Dental surgery and pathology : Mr. Oakley Coles. Dental mechanics : Mr. G. Williams. Dental metallurgy : Mr. Alfred Tribe. Supplemental lectures.—Operative dental surgery : Dr. Thompson. Elements of histology : Mr. Thomas Gaddes. Demonstrations on dental mechanics ; Mr. Harry Rose. Deformities of the mouth : Mr. Oakley Coles. The session commences on October 4th. Fees.—General fee for special lectures required by the curriculum, £12 12*s.* Fee for the two years' hospital practice required by the curriculum, £12 12*s.* Total fee for the special lectures and hospital practice required by the curriculum, £25 4*s.*

SCHOOL OF PHARMACY OF THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.

Lectures are delivered on Monday, Tuesday, and Wednesday mornings at 9 o'clock. The course consists of sixty lectures. Two courses are given annually, the first commencing in October, and the second course in March, 1881. The subjects of these lectures are—(1) Physics in relation to chemistry and pharmacy. (2) Inorganic chemistry. (3) Organic chemistry, botany, and materia medica. These lectures are delivered on Thursday, Friday, and Saturday mornings at 9 o'clock. The laboratories are open from ten o'clock in the morning until five in the afternoon daily, except on Saturdays, when they are closed at two o'clock. Fees for ten months, according to hours of attendance, twelve to twenty-five guineas ; for shorter terms in proportion. Each student is expected to attend every lecture of the course for which he has entered, or to state the cause of absence to the professor or to an assistant.

SOUTH LONDON SCHOOL OF PHARMACY.

This school, which has accommodation for 120 students, is situated at Kennington Cross, and is decidedly the most popular institution for the study of practical pharmacy and chemistry in London. Instruction is also given in analytical chemistry for the purpose of qualifying gentlemen in search of appointments under the Public Health and Adulteration of Food Acts, by the principal, Dr. Muter. Lectures are delivered daily in the laboratory, and each student is required to practically illustrate that he grasps the subject taught as the lecturer proceeds. The percentage of pupils passing at the examination is exceptionally high from this school. The winter session commences a fortnight earlier than the medical schools.

SCHOOL OF HOMŒOPATHY.

Homœopathy has now a recognised teaching school for students, which is situate in Great Ormond Street, where lectures and instructions according to homœopathic principles are given by duly qualified members of the medical profession, and where students who believe in the *similia similibus curantur* theory can be taught according to their bent. The winter session at this school opens on October 1st.

NOTE.—*Where fuller information is required by the reader than that contained in the foregoing notes, it will generally be found on reference to our advertising columns, where also will be found the names of the staffs, lecturers, etc.*

HOURS OF THE INTRODUCTORY LECTURES

To be delivered at the different Metropolitan Schools.

St. Bartholomew's Hospital : None. Session commences Oct. 1st.
Charing-Cross Hospital : None. Session commences Oct 1st.
St. George's Hospital : Dr. Cavafy, Oct. 1st, at 4 p.m.
Guy's Hospital : None. Session commences Oct 1st.
King's College Hospital : Prof. G. Johnson, F.R.S., Oct. 1st, at 4 p.m.
London Hospital : None. Session commences Oct. 1st.
St. Mary's Hospital : Mr. Walter Pye, 3 p.m.
Middlesex Hospital : None. Session commences Oct. 4th.
St. Thomas's Hospital : Dr. Ord, Oct. 1st, at 3 p.m.
University College : Prof. Burdon Sanderson, F.R.S., Oct 4th, at 8 p.m.
Westminster Hospital : Dr. Dunkin, Oct 1st, at 3 p.m.

THE PRINCIPAL METROPOLITAN HOSPITALS TO WHICH NO MEDICAL SCHOOL IS ATTACHED.

Open to Students from the Larger Hospitals.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.—This is a large and important hospital at the East End, containing 164 beds. Consulting physicians: Drs. T. B. Peacock, J. Risdon Bennett, E. Lloyd Birkett, J. Andrew. Consulting surgeon: Mr. Erichsen, F.R.S. Physicians: Drs. S. H. Ward, J. C. Thorowgood, Shepherd, Eustace Smith. Assistant physicians: J. B. Berkhart, S. W. Berkhart, Fothergill, Heron, West, V. D. Harris, and J. A. Ormerod.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—This is the largest institution for the treatment of affections of the chest in the United Kingdom, and contains 192 beds. Consulting physicians: Drs. C. J. B. Williams, W. H. Walshe, and R. Quain. Consulting surgeon: Prof. John Marshall, F.R.S. Physicians: Drs. J. E. Pollock, E. S. Thomson, C. T. Williams, R. D. Powell, J. Tatham, R. Thompson, and J. Fowler. Assistant physicians: Drs. Burney Yeo, F. Roberts, T. H. Green, and J. M. Bruce. Dental surgeon: Mr. C. J. Noble. Resident medical officer: Mr. F. J. Hicks. Secretary: H. Dobbin. Three clinical assistants reside in the hospital for a period of six months. Pupils are admitted to the practice of the hospital. Terms, £3 3s. for three months; perpetual, £5 5s.

HOSPITAL FOR DISEASES OF THE THROAT AND CHEST, Golden Square, W.; contains 21 beds, outposts, Newington-butts, Walworth, and St. John's Gardens, Notting Hill.—Physicians: Drs. Morell Mackenzie, Robert H. Semple, Prosser James, W. McNeill Whistler, and F. Semon. Surgeons: Dr. E. Woakes and Mr. W. R. H. Stewart. The practice of the hospital is open to students on payment; fee for three months' course three guineas; for six months five guineas; perpetual course seven guineas. Laryngoscopic demonstrations are given daily at half-past two.

CENTRAL LONDON THROAT HOSPITAL, Gray's-Inn Road.—25 beds. The staff consists of Mr. S. Jones, consulting surgeon, and Messrs. Lennox Browne and Llewelyn Thomas, surgeons. Assistant surgeons, Messrs. G. R. Steil, F. G. Hamilton, and A. Orwin. Six clinical assistants, being either qualified practitioners or students of three years' standing, are elected to assist the surgeons. Fees for three months' attendance two guineas; six months three guineas.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—This hospital treats above 6,000 out-patients annually, and makes up 26 beds. A new wing, of which the foundation stone was laid last year by Princess Louise, will raise the number of beds to over 60. Consulting physicians: Drs. Herbert Davies and Horace Dobell. Physicians: Drs. G. Goddard Rogers, P. J. Hensley, Gilbert Smith, and D. W. Finlay. Assistant Physicians: Drs. W. Murrel, H. S. Gabbett, and W. H. White. Consulting surgeon: Mr. Jonathan Hutchinson. Surgeon: Mr. W. Walsham. House hhysician: Mr. F. M. Pope.

EAST LONDON HOSPITAL FOR CHILDREN.—Physicians: Drs. Eustace Smith, and Horatio B. Donkin. Assistant physicians: Drs. Warner and Croker. Surgeons: Messrs. A. Cæsar, H. A. Reeves. Assistant surgeon: Mr. R. W. Parker. House surgeon: T. E. Hayward. Secretary: Mr. Ashton Warner.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Queen's Square, W.C., and Cromwell House, Highgate.—Physicians: Drs. Dickenson, Gee, and W. B. Cheadle. Assistant physicians: Drs. R. J. Lee, C. Sturges, Thomas Barlow, D. B. Lees, and Robert Bridges. Surgeons: Mr. T. Smith, Mr. F. Howard Marsh, Mr. Edward Owen, and Mr. J. H. Morgan. Surgeon-dentist: Mr. A. Cartwright. Fee for three months' attendance, £3 3s., perpetual, £5 5s. Secretary: Mr. S. Whitford. There are now 104 beds in the hospital, Great Ormond Street, and 52 beds in the country branch; total, 156. The practice at the hospital has recently been thrown open gratuitously to the pupils of the different hospitals and medical schools of London, on conditions which may be ascertained of the Secretary.

THE HOSPITAL FOR WOMEN, Soho Square, W.—Physicians: Protheroe Smith, Heywood Smith, C. H. Carter. Surgeon: H. A. Reeves. Assistant physicians: R. T. Smith, E. Holland, Mansell Moullin. House physician: Mr. Bottrell. Chloroformist: T. Bird. The hospital contains 61 beds. Clinical instruction is regularly given in the wards, and in the out-patient room daily at 10. Clinical clerks and assistants are appointed from time to time, application to be made to the physicians. Students to be received after the third year.

BRITISH LYING-IN HOSPITAL, Endell Street, St. Giles's, W.C.—25 beds. Consulting physician: Dr. Priestley. Consulting surgeon, T. Spencer Wells. Physicians; Drs. Heywood Smith, Arthur Edis, and S. Fancourt Barnes. This institution receives women only as midwifery pupils. The fee for the course of three months is £10 10s. Pupils who prove themselves competent receive a certificate signed by the physicians, enabling them to practise midwifery.

THE SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Lower Seymour Street.—52 beds. Physicians: C. H. F. Routh, W. R. Rogers, W. H. Day, Wynn Williams, P. Boulton, F. H. Champneys, and Prickett. Surgeons: G. C. Bantock, J. K. Thornton, A. H. G. Doran, and W. A. Meredith.

ROYAL LONDON OPHTHALMIC HOSPITAL, Bloomfield Street, Moorfields, is the largest of its class in the metropolis, and contains 100 beds. Consulting physician: Dr. F. J. Farre. Consulting surgeons: Messrs. J. Dixon, G. Critchett, W. Bowman, F.R.S., and J. Hutchinson. Surgeons: Messrs. Wordsworth, Streatfield, Hulke, Lawson, Couper, and Lyell. Assistant surgeons: W. Tay, J. E. Adams, J. Tweedy. House surgeon: Mr. Gunn. Number of patients annually, about 20,000.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, Charing Cross.—The hospital contains 50 beds, and is attached to the practice of Charing Cross Hospital. Fees for six months, £3 3s., perpetual, £5 5s. Students of the hospital are eligible for the post of house surgeon.

LONDON FEVER HOSPITAL, Islington.—260 beds. Consulting physician: Dr. Tweedie. Physicians: Drs. Broadbent and Cayley. Assistant physician: Dr. Mahomed. Consulting surgeon: Mr. W. S. Savory. Resident medical officer: Mr. Tonge-Smith.

ST. PETER'S HOSPITAL FOR STONE AND URINARY DISEASES, 54 Berners Street, Oxford Street.—Surgeons: Walter J. Coulson, W. F. Teevan. Assistant surgeon: Dr. F. R. Heycock. Resident medical officer: Dr. Macnaughton. Medical men and students are admitted to the practice of the hospital gratis. It contains 16 beds, and 154 in-patients were treated during the past year. The number of out-patients was 14,000.

GREAT NORTHERN HOSPITAL, Caledonian Road.—Physicians: Drs. Cholmeley, Cooke, Bridges, and Burnett. Obstetric physician: Dr. Gustavus C. P. Murray. Consulting surgeons: Mr. F. Le Gros Clark, F.R.S. Surgeons: Messrs. Gay, W. Adams, W. Spencer Watson, W. H. Cripps, and J. Macready. Ophthalmic surgeon: Dr. R. W. Lyell. Aural surgeon: Mr. A. E. Cumberbatch. Dental surgeon: Mr. C. J. Fox. Chloroformist: Mr. Eastes. House surgeon: Mr. A. Wharry.

WEST LONDON HOSPITAL.—A well appointed hospital at the western extremity of the metropolis in the Hammersmith Road, containing 60 beds. Consulting physician: Dr. Maudsley. Consulting physician-accoucheur: Dr. W. O. Priestley. Consulting surgeons: Messrs. S. A. Lane and William Bird. Physicians: Drs. Goddard, Rogers, and Thorowgood. Physician for diseases of women: Dr. Wiltshire. Surgeons: Messrs. W. F. Teevan and Alfred Cooper. Ophthalmic surgeon: Mr. B. J. Vernon. Assistant physicians: Drs. Fish, Fothergill, and D. W. C. Hood. Assistant surgeons: Messrs. Keetley, Morgan, and Edwards. Surgeon-dentist: Mr. Smale. Resident medical officers, two house surgeons, and an apothecary. Gentlemen desirous of acting as clinical clerks or dressers can obtain all information by application to Mr. Gilbert, at the hospital,

BETHLEM HOSPITAL.—This hospital is open for the admission of two resident medical students, who have recently obtained their diplomas to practise medicine and surgery, for the acquisition of knowledge regarding the insane. The next election takes plaee in October, at Bridewell Hospital, and the elected candidates will be expected to commence residence on the 1st of November.

ROYAL FREE HOSPITAL, Gray's Inn Road.—This hospital contains 150 beds. Of the smaller metropolitan hospitals few offer more extensive field for students in medicine and surgery. An arrangement has been made by which medical students from the School of Medicine for women are enabled to attend their hospital courses at this institution. Physicians: Drs. Hassall and Cockle. Surgeons: Messrs. F. J. Gant and W. Rose. Secretary: Mr. J. S. Blyth, from whom full particulars of the dresserships and clerkships may be obtained. Assistant surgeon: Mr. W. H. Cripps. House surgeon: Mr. R. Atkinson.

ROYAL ORTHOPÆDIC HOSPITAL.—Pupils are admitted to witness the practice of this hospital on the following terms. Six months, £3 3s.; twelve months, £5 5s.; perpetual, £10 10s. Surgeons: Messrs. B. E. Broadhurst, H. A. Reeves, C. Reid, and W. E. Balkwill. House surgeon: Mr. H. F. Baker. Operations on Mondays, at 2 p.m.

THE TEMPERANCE HOSPITAL.—The character of this institution is fully described by its title, and the non-alcoholic treatment is carried out in its entirety by an efficient staff. It is situated close to the University College in Gower Street.

SEAMEN'S HOSPITAL (late *Dreadnought*) Greenwich.—300 beds. For the reception of seamen of all nations who are received at all hours. Apartments are provided in the house of the surgeon for students and others who may be desirous of studying diseases incidental to tropical climates before entering the services or going abroad.

ENGLISH PROVINCIAL MEDICAL SCHOOLS.

BIRMINGHAM: QUEEN'S COLLEGE.—Students are admitted—(1)

as matriculated students who enter for their entire medical education; (2) as occasional students for one or more courses of lectures; (3) as junior students, to prepare for the preliminary examinations of the licensing boards.

Scholarships, Prizes, &c.—The Sands Cox prize, value £20. Open to students who have completed their curriculum. Subjects:—Medicine, Surgery, and Midwifery. Two Ingleby scholarships for obstetric medicine and surgery and diseases of women. The Warden's prize, value £5 5s., for first year's students, for general proficiency. The Percy prize, value £5 5s., for German.

Fees.—College fee for all lectures amount to 60 guineas, payable by two equal instalments.

Hospital practice is obtained at the General and Queen's Hospitals, which have been amalgamated for the purpose of clinical instruction under the direction of the Birmingham Clinical Board by whose order all schedules are signed and all examinations conducted. The hospitals have a total of upwards of 400 beds, and the staff attached is of a very high order.

All students will be required to attend six months alternately at each hospital, as directed by the Clinical Board, excepting students who enter the hospital for six months only.

Clinical Prizes.—The following prizes are given annually: Senior medical prize for third and fourth year's students, first prize, £5 5s.; second prize £3 3s. Senior surgical prize, for third and fourth year's students, first prize, £5 5s.; second prize, £3 3s. Junior medical prize, for second year's students, first prize, £3 3s. second prize, £2 2s. Junior surgical prize for second year's students, first prize, £3 3s., second prize, £2 2s. Midwifery prize £4. Medals and certificates are awarded in each class. The examinations for all the appointments and prizes are conducted by the Clinical Board, and are open for competition to all students registered by the Clinical Board.

Fees for attendance for four years on the medical and surgical practice, and on the clinical lectures at both hospitals, £42.

Bristol School of Medicine (University College).—Attached to this school, where there is ample provision for education and practice, are two well-appointed hospitals, the Royal Infirmary containing 264 beds, and the General Hospital, with 154 beds. Competitive examinations are held amongst students of the first, second, and third years respectively, and prizes of money, instruments, and books are awarded annually. The certificates of this school are accepted by all the examining boards. Medical and surgical hospital practice and clinical lectures are attended at the Royal Infirmary or at the General Hospital, at which institutions additional prizes are annually offered for competition amongst the students. The existing medical school forms a department of the College of Science and Literature.

Scholarships, Prizes, &c.—Prizes and certificates of honour are given in the medical school to first, second, and third year's students, and also in practical anatomy. At the Royal Infirmary—Suple's medical prize, a gold medal and £7 7s.; Suple's surgical prize, as the medical; Clark prize (interest of £100) for third year's student; pathological prize, £3 3s. At the General Hospital: Martyn memorial scholarship £20; Clarke scholarship (surgical) £15. Sander's scholarship (interest of £500), medicine and surgery; Lady Haberfield's prize (£1,000), for general proficiency.

Clinical lectures are given at both institutions, three and four times a week.

Fees.—School fees for unlimited attendance on all courses of lectures except comparative anatomy, 60 guineas.

Leeds School of Medicine.—Clinical lectures are given by the physicians and surgeons attached to the General Infirmary. Ophthalmic demonstrations and demonstrations of skin diseases are given in the Infirmary by the surgeons in each department, where also are obtainable six clinical clerkships and eight dresserships. Besides the Infirmary there is a large Dispensary and a fever hospital, both of which are open to students of the school. Students at this school have excellent opportunities of acquiring a thorough insight of pyschological medicine, as the renowned West Riding Lunatic Asylum is in connection, and Dr. Major lectures on mental diseases. The systematic lectures are given at the school, and the clinical lectures at the asylum, which now accommodates 1,500 patients.

There is the Hardwicke scholarship in clinical medicine, value £10, the Thorp, in forensic medicine, value 10*l.*; three surgeons' clinical prizes, of £8, £5, and £3 respectively. Silver and bronze medals, books, and certificates of honour are awarded for proficiency in particular subjects.

The composition fee for attendance upon all the required courses of school lectures is £50 8s., to be paid on entrance; or £26 5s. on entrance, and a second sum of £26 5s. twelve months afterwards.

At the General Infirmary the perpetual fee for medical practice and clinical lectures is £26 5s. The same amount is charged for the perpetual attendance on the surgical practice and clinical lectures. These fees are not included in the composition fees for lectures, and are payable separately.

Liverpool Royal Infirmary School of Medicine.—The infirmary attached to this school, which contains 300 beds, with 40 special wards for the treatment of diseases of women, is perhaps second to none in England in its general appointments, and the facilities it offers to students for gaining practical knowledge.

A payment of 50 guineas on entrance, or in two equal instalments (one half on entrance, and the remainder within twelve months), entitles the student to attendance on all the necessary lectures and demonstrations. The Royal Infirmary contains nearly 300 beds. There are special wards for the treatment of uterine and other diseases of women. During the year 1878 2,700 patients were admitted into the infirmary; the number of out-patients was 5,300. The Lock Hospital adjoining the infirmary contains 60 beds; during the past year 598 males and females were admitted as in-patients, the daily average number in the house being 41.

Two house physicianships and three house surgeonships, tenable for six months, and open to pupils of the school who have obtained a legal qualification; clinical clerks and dressers; post-mortem clerks.

Two Roger Lyon Jones scholarships, each of £21, for two years, one awarded as an entrance scholarship, and the other being open to students who have completed their second year; the Torr gold medal for anatomy and physiology; the Bligh gold medal for anatomy and physiology. School medals and certificates of honour are awarded for proficiency in certain groups of subjects.

The fee for a perpetual ticket for hospital practice is £33 12s., and may be paid in two equal instalments (one-half on entrance, and the remainder within twelve months).

Manchester: Owens College School of Medicine.—This school, as most of our readers are aware, has resulted from the amalgamation of the Manchester Royal Infirmary School of Medicine with the Owens College, and occupies in the provinces a somewhat similar position to that of University College and Hospital in London. It has a faculty of science as well as of medicine, with departments of law and arts. Since the amalgamation a new medical school has been built on the most improved principles, at the western extremity of the college estate. On the ground floor are two large lecture theatres, a library, and a museum. Over the lecture theatre is a dissecting-room, and over the library a physiological laboratory. The course of instruction afforded to students is thoroughly complete. Three of the most important chairs—those of anatomy, physiology, and chemistry—are held by professors who entirely devote their time to the work of instruction. Students wishing to engage in physiological or pathological researches will find opportunities for study in the complete and well-furnished physiological laboratory. Two valuable physiological scholarships are placed for competition in this branch as an incentive to original research.

Appointments.—Resident medical officer £250 per annum; resident medical officer at Cheadle, £150; resident medical officer at Monsall, £200; resident surgical officer, £150; eight house-surgeons, six months each; four house physicians for six months each; a registrar; a pathological registrar, 100*l.* each.

Scholarships, Prizes, &c.—Turner scholarship 25*l.*, for third year's men; Platt physiological scholarship, two, 50*l.* each, five years; one annually for physiology. Platt exhibitions: Details of these will be forwarded early in the session on application. Dumville surgical prize, 20*l.*; examination takes place April 29 and 30, 1881. Prizes of books, instruments, &c., varying from 5*l.* 5s. to 3*l.* 3*s.*, for third, second, and first year's students. Entrance for scholarships. Dauntesey medical scholarship: candidates not to be over 25 years of age; may be registered, but must not have studied at any medical school; value about 100*l.*, for one year; successful candidates must at once enter on full medical course in the Owens College. Examination commences October 1st, 1880. Subjects—General and comparative anatomy, physiological botany, chemistry, including practical work, and either mathematics or Latin. Gilchrist scholarships:—Three of 50*l.* for three years. One is annually awarded to candidates standing highest at matriculation of London University in June (provided he be in the honours division); failing such, two of 25*l.* to the two candidates standing highest in the first division; candidates must be between 16 and 20 years of age. There are also grammar school scholarships.

Fees.—Composition fee 63*l.*, or two sums of 31*l.* 10s. each. Hospital practice: composition fee 42*l.*, or two instalments of 22*l.* each. Further information may be obtained of Professor Gamgee, Dean of the School, or of the Registrar, M. J. Holme Nicholson, Owens College, Manchester.

Newcastle-on-Tyne College of Medicine.—This school is a department of the University of Durham, and contains ample provision for acquiring a sound education and practical experience at the bedside. It is smaller than some of the provincial schools, but with some parents and students this would be considered an advantage.

Hospital practice is obtained at the Newcastle Infirmary, which has 250 beds, and in which the required clinical lectures are delivered.

Fuller information of this college will be found under the heading University of Durham.

SHEFFIELD SCHOOL OF MEDICINE.—Students at this college obtain excellent instruction in medical and surgical practice at the General Infirmary, which contains 180 beds, and is provided with a museum and pathological and post-mortem theatres. The fees for perpetual attendance are 15*l.* 15s. for medical, and 21*l.* for surgical practice; for twelve months' medical and surgical practice, each 10*l.* 10s.; and for six months 6*l.* 6s. each. There is also the Sheffield Hospital and Dispensary, containing 104 beds, and is recognised by the College of Surgeons and the Hospital for Diseases of Women, to which students are admitted. The perpetual fee for attendance on all the lectures required by the Royal College of Surgeons and the Apothecaries' Hall, 42*l.* Prizes to the value of 30*l.* and certificates of honour are given annually. Some of the lecturers, and other local members of the profession, receive house pupils, which will be found far preferable to life in ordinary lodgings.

LIVERPOOL ROYAL SOUTHERN HOSPITAL.—This institution is one of the largest in the English provinces, and contains 200 beds. It has no school proper, although it contains accommodation for resident pupils, and clinical lectures are delivered daily by members of the staff. These, together with the practice obtained here, which is of a very varied and valuable character, is recognised by all the examining boards. Inclusive fees—perpetual, 25 guineas; one year, 10 guineas; six months, 7 guineas; three months, 4 guineas. Students can enter to the medical or surgical practice separately on payment of half the above fees.

NOTE.—*Our advertising columns, of which an index will be found at the end of the editorial matter, will supply further information, with the names of staff, &c., attached to the foregoing schools.*

IRISH QUALIFICATIONS TO PRACTISE.

THE Medical Licensing Bodies of Ireland are five in number, and, as a rule, medical students gravitate into one or other of three classes. *a.* Those who enter Trinity College, and take a full graduation in Arts, in addition to their professional degrees. *b.* Those who take the M.D. of the Queen's University, having put in a part or the whole of their term of study in the Queen's Colleges at Cork, Galway, and Belfast. *c.* Those who take the Licenses of the College of Surgeons with that of the College of Physicians or Apothecaries' Hall. A fourth minor class is constituted by the those who pursue their studies in Ireland, but who, either to escape the extended course of study required in Ireland, or to save the consequent fees, or because they cannot pass the Irish examination, migrate to Edinburgh or Glasgow for their licenses. Almost all these emigrants come from the Queen's Colleges, and the greater number of them from Belfast, while the Dublin students qualify, almost without exception, in Dublin.

The Irish licensing bodies are as follows :—

THE UNIVERSITY OF DUBLIN.—It grants the degrees of M.B. and B.Ch. to students who have obtained their Arts degree, and the higher degrees of M.D. and M.Ch. to those who have held, for at least three years, the grade of M.B and B.Ch. It does not grant degrees to ungraduated students; consequently, its licenses hold the highest rank as social and educational qualifications, and are sought for by those who look forward to occupying the best positions in the profession.

The expense of obtaining the degree of Bachelor in Medicine and Bachelor in Surgery in the University of Dublin is approximately as follows :—Lectures, £59 1s.; Hospitals, £44 2s.; Degree Fees, £26 = £129 3s.; Private Tuition, say £20; Total, £149 3s.

The expense of the degree of Bachelor in Arts, amounting altogether to £83 4s., should be added to the foregoing, making the total cost £212 7s.

The University also grants a midwifery degree (M.A.O.) to its own medical graduates, at an additional fee of £5.

The regulations for the University degrees will be found at page 249.

THE COLLEGE OF SURGEONS' license, or L.R.C.S.I., is universally sought for by those students who do not resort to a University. Its course of study extends over three years, and it holds the only extra-university preliminary examination, save that of the Apothecaries' Hall. It grants the higher qualification of Fellow or F.R.C.S.I., to those who are specially qualified and specially examined for that diploma, and it also confers a midwifery diploma on examination by a special Court of Examiners.

THE COLLEGE OF PHYSICIANS grants its license, L.K.Q.C.P.—the usual medical qualification of the Irish student—which is almost always taken by the young surgeon immediately after his passing at the College of Surgeons, and for it the same curriculum of study is sufficient. The College has recently established a higher qualification of "Member," for which there is a special examination, and there is also the still higher grade of Fellow of the College, to which admission is by ballot without examination or curriculum.

The cost of obtaining the L.R.C.S.I. with the L.K.Q.C.P.I., and the license in midwifery, is nearly as possible as follows :—

Lectures, &c.	£65	0	0
Hospital	36	0	0
Diploma fees L.R.C.S. ...	26	0	0
Diploma fees L.K.Q.C.P. ...	15	15	0
Diploma fees Lic. Mid. ...	3	3	0
	£145	18	0

The lecture fees may be reduced to £57 by making a cash composition for them; but, as a certificate of study in vaccination is now required, and a course of attendance at a midwifery hospital is requisite for the midwifery diploma, the total expense of the Dublin double diploma may be set down at £150.

The regulations of these bodies will be found at page 250.

THE QUEEN'S UNIVERSITY grants the degree of M.D. only, but grants it to any student who puts in a couple of courses in a Queen's College. The examination for the degree holds a high standard, but the degree, as it is obtainable with only a nominal Arts education and academic residence, does not occupy the same grade as the M.D. Dub. Univ. It, however, costs only £5, and is granted upon a much less extended curriculum than that required by the Dublin Colleges, and it is, therefore, in demand. Moreover, the lecture fees in the Queen's Colleges are generally not more than one-third of those charged by the Dublin lecturers, and, therefore, the cost of obtaining the M.D. Q.U.I. is very low by comparison. The following is a near estimate :—M.D. and M.Ch. (all lectures being taken in the provincial colleges.)—£62 9s.; ditto (two years' lectures and hospital taken in Dublin) say, £85.

THE APOTHECARIES' COMPANY grants a registrable license (L.A.H.), which is accepted by the Local Government Board as a medical qualification, and which, in addition, entitles the holder to keep open shop and sell drugs in Ireland. It only costs 10s., and it is taken in lieu of the License of the College of Physicians by a few Students to whom the money cost of their qualification is vitally important, or who intend to open an establishment in some of the provincial towns for the dispensing of medicines. Since the establishment of the Irish Pharmaceutical Society, which is empowered to grant pharmacy licenses, the demand for the L.A.H. has been nominal. The cost of the L.A.H., with the necessary curriculum of study, is about £59; that of the L.R.C.S.I., combined with the L.A.H., and a License in Midwifery, is about £130.

The regulations of the "Hall" will be found at page 251.

OFFICIAL REGULATIONS OF LICENSING BODIES IN IRELAND.

UNIVERSITY OF DUBLIN.

(For Names of Professors and Examiners see Advertisement in our pages).

REGULATIONS OF THE SCHOOL OF PHYSIC.

Matriculation.—Every student must be matriculated by the Senior Lecturer, for which a fee of 5s. is payable; but he need not attend any of the Arts courses unless he desire to obtain a licence or degree in medicine or surgery. No student can matriculate unless he has passed the Entrance Examination in Trinity College, in the Royal College of Surgeons of Ireland, or some other examination recognised by the General Medical Council. No student can be admitted for the Winter Courses after the 25th November.

QUALIFICATIONS FOR DEGREES AND LICENCES.

Bachelor in Medicine—Candidates must be graduates in Arts, and may obtain the degrees at the same commencement as the B.A., or at any subsequent one. The medical education of a Bachelor in Medicine is of four years' duration, and comprises the following lectures :—

Winter Courses.—Anatomy; physiology; practical anatomy; surgery; chemistry; practice of medicine; midwifery; heat, electricity, and magnetism.

Summer Courses.—Botany; materia medica and pharmacy; practical histology; medical jurisprudence; comparative anatomy. Hospital attendance on a medico-chirurgical hospital during three courses of nine months each, with clinical lectures, including actual attendance on fever; six months' practical midwifery; six months' dissections; and three months' laboratory instruction in chemistry are required. The Courses may be attended at any recognised medical school. The fee for the *Liceat ad Examinandum* is £5. The fee for the degree of M.B. is £11.

Doctor in Medicine.—A Doctor in Medicine must be M.B., or qualified to take that degree, for three years. He must also read a thesis before the Regius Professor of Physic. Total fee for this degree, £13.

Bachelor in Surgery must be a B.A., have spent four years in the study of surgery and anatomy, and passed the M.B. examination. The curriculum comprises the following, in addition to the course for the M.B. :—

Theoretical and operative surgery ...	One course.
Dissection	Two courses.
Ophthalmic surgery	One course.

Candidates are required to perform operations on the dead subject. Fee for the *Liceat ad Examinandum*, £5. Fee for the degree of Bachelor in Surgery, £5.

Master in Surgery must be a B.Ch. of three years' standing, and must read a thesis. Fee for the degree of Master in Surgery, £11.

Master in Obstetric Science (a Degree lately founded by order of the Board of T.C.D.) A Master in Obstetric Science must have passed the M.B. and B.Ch. Examinations, and produce certificates of having completed the following curriculum :—1. One Winter course in midwifery. 2. Six months' practice in a recognised lying-in hospital or maternity. 3. A Summer course in obstetric medicine and surgery. 4. Two months' practice in the Cow-pock Institution. Graduates of medicine of M.D. standing may present themselves for examination without complying with Regulations 3 and 4. Fee for the degree of M.A.O., £5.

UNIVERSITY LICENCES.

Candidates for the licences in medicine or surgery must be matriculated in medicine, and must have completed *two years in Arts.*

Licentiate in Medicine.—The course and examination are the same as for the M.B. An L.M. on proceeding to the degree of B.A. may become an M.B. on paying the fees without further examination. Fee for the *Liceat ad Examinandum*, £5. Fee for the licence in medicine, £5.

Licentiate in Surgery.—The course and examination necessary for the Licence in surgery is the same as for the degree of Bachelor in surgery. Fee for the *Liceat ad Examinandum*, £5. Fee for the licence in surgery. £5.

MEDICAL SCHOLARSHIPS.

Two Medical Scholarships are given annually, value £20 per annum each, tenable for two years, the examinations for which are held each year in June, in the following subjects :—Anatomy and physiology, chemistry, materia medica, botany, experimental physics, and comparative anatomy.

The board of Trinity College have recently passed orders —1. That three-fourths of the lectures must be attended. 2. That a daily roll be called by each Professor.

Students entering for demonstrations and dissections are required to pay £8 8s. before November 25; dissections only, £5 5s.; demonstrations only, £3 3s.; fourth year's dissections, £2 2s.

THE QUEEN'S UNIVERSITY IN IRELAND.

DEGREE OF M.D. AND M.CH.

THE Queen's University will continue to exist until the Royal University be in a position to confer Degrees; and the Act provides that all terms kept and examinations passed by graduates and students of the Queen's University and Queen's Colleges shall be deemed to be terms kept and examinations passed in the New University.

Each candidate for the M.D. degree is required—

1. To have passed in one of the Queen's Colleges the examination for Matriculation in Arts. 2. To have attended in one of the Queen's Colleges lectures on one Continental language for six months, and on natural philosophy for six months; also two Medical Courses. For the remainder of the medical courses, certificates will be received from any recognised lecturer. 3. To pass three University Examinations.

The Medical Curriculum is divided into two periods of two years each.

The first periods comprises attendance on Chemistry, Natural History, Anatomy and Physiology, Practical Anatomy and Materia Medica, Practical Chemistry in a recognised laboratory, and six months of a medico-chirurgical hospital.

The second period comprises Anatomy and Physiology, Practical Anatomy, Surgery, Midwifery, and Diseases of Women and Children, Medicine, Medical Jurisprudence, Practical Midwifery, and eighteen months' Hospital Practice.

At least two of the above courses of lectures must be attended in some one of the Queen's Colleges.

The University Examinations are held twice in each year, in June and September.

Each candidate for examination must forward to the Secretary, before the 20th of May and 20th of August respectively, notice of his intention to offer himself, along with his certificates.

THE FIRST UNIVERSITY EXAMINATION IN MEDICINE comprises a modern language, Experimental Physics, Zoology, and Botany.

Students may present themselves at any time after the close of the first winter session. Before being admitted to examination each candidate must produce evidence of having completed the prescribed course.

THE SECOND UNIVERSITY EXAMINATION IN MEDICINE comprises the following subjects :—Anatomy, Physiology, Materia Medica, and Chemistry, to which will be added Zoology and Botany in the examination of candidates who have not previously passed the first examination. Such candidates may either undergo their examination in Modern Languages and Experimental Physics as a part of the second examination, or at any time between the second and the degree examination,

Students may present themselves for the second examination at the termination of the first period of the curriculum, or at any subsequent period, but no student can postpone his second examination until he presents himself for his degree examination.

DEGREE EXAMINATIONS IN MEDICINE AND SURGERY AND EXAMINATION FOR THE DIPLOMA IN MIDWIFERY.

The Examination for the M.D. comprises the subjects recommended for study during the second period.

The Examination for the M.Ch. comprises Surgery, including Operative and Clinical Surgery.

The Examination for the Diploma in Midwifery comprises the Theory and Practice of Midwifery, and the use of obstetrical instruments and appliances.

(*See Advertisements of Queen's Colleges, Belfast, Galway, and Cork.*)

Official regulations may be obtained from G. J. Stoney, Esq., Queen's University, Castle Street, Dublin.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

LETTERS TESTIMONIAL, OR THE L.R.C.S.I.

THE examination is divided into two parts, known as the first and second halves.

The junior class must produce certificates of—

a, Preliminary examination, including Greek; *b*, three courses of lectures on anatomy and physiology; *c*, three on practical anatomy, with dissections; *d*, two on chemistry; *e*, one on materia medica; *f*, one on botany, and *g*, one on forensic medicine. This class is examined on anatomy, histology, physiology, materia medica, and chemistry.

The senior class must produce certificates of—

a, Three courses on surgery: *b*, one on practice of medicine; and *c*, one on midwifery; also attendance on a recognised hospital for three winters and three summer sessions. This class is examined in surgery, operative surgery, and appliances, practice of medicine, medical jurisprudence, and prescriptions.

The fees are: £5 5s. as registered pupil of the College; £5 5s. for the Junior Class Examination, which is not returned in case of rejection, but is allowed in the fee for his second examination; £15 15s. for the Senior Class Examition—total £26 15s.

Pupils *who neglect registering themselves previous to going in for the preliminary examination*, must pay £1 1s. for that examination, to which, however, registered pupils, in addition to their own privileges, are free.

Every candidate rejected at the quarterly examination is required to pay to the College the sum of £2 2s. on applying for re-examination.

Method of Examination.—Candidates must lodge their fees and certificates one week before the day.

JUNIOR CLASS.—The candidates are examined in alphabetical order, and the examination occupies three days: 1st day, dissections; 2nd day, written examination on anatomy, physiology, histology, materia medica, and chemistry; 3rd day, *vivâ voce* examination on the same subject. No candidate can proceed to the second day who has not passed the first; or to the third, who has not passed the second.

SENIOR CLASS.—The examination occupies four days; 1st day, written examination on surgery, practice of medicine, medical jurisprudence, and prescriptions; 2nd day, *vivâ voce* examination on surgery and practice of medicine; 3rd day, clinical examination; 4th day, operative surgery.

No candidate can present himself for examination after the first day who has not satisfied his examiners upon the previous day; but all candidates who have passed any day's examinatfon get credit for same. When presenting themselves upon a subsequent occasion, a former candidate is only required to present himself upon that portioon of the examination in which he has failed.

Midwifery.—After passing the L.R.C.S. the student is admitted to examination for diploma in Midwifery upon producing a certificate of one course on Midwifery and Diseases of Women and Children; a certificate that he has attended a lying-in hospital for six months; and a certificate that he has conducted thirty labour cases at least. Candidates are examined on the Organisation of the Female, the Growth and Peculiarities of the Fœtus, the Practice of Midwifery, and the Diseases of Women and Children. The candidate pays £1 6s. for the Midwifery diploma, provided he takes it out within one month from the date of his Letters Testimonial; after that date, £2 2s. Official information may be had on application to Mr. J. Brennen, Royal College of Surgeons, Dublin.

DENTAL REGULATIONS.

During 1878 the Council has under the authority of the Dentists' Act created a new license in dental surgery. The examiners shall consist of three fellows of the College, three registered dentists, and the president, vice-president, or other member of the Council of the College (summoned in rotation).

The board has the absolute power to refuse the application of any candidate.

The examinations, up to the first day of August, 1881, shall be of a practical character, embracing the anatomy, physiology, surgery, and pathology of the teeth, jaws, and surrounding parts, and mechanical dentistry; and shall be partly written and partly oral.

All candidates shall lodge at least one fortnight previous to each examination.

I.—A certificate of having attained the age of 21 years.

II.—Certificates from two fellows or licentiates of any College of Surgeons in the United Kingdom, and from two dentists of repute, testifying that the candidate is of good character, has been engaged in the practice of dentistry for at least five years, and has refrained from advertising or other unbecoming modes of attracting business for at least two years previously.

III.—Receipt for the fee of ten guineas.

After the 1st day of August, 1881, no candidate shall be admitted to examination who has not pursued the following curriculum, and lodged with the registrar of the College, at least a fortnight previous to examination—

I.—A certificate of having attained the age of 21 years.

II.—A certificate of having been engaged during four years in the acquirement of professional knowledge.

III.—Certificates of character as above.

IV.—A certificate of having passed the examination in preliminary education.

V.—A receipt for the fee of ten guineas.

VI.—Certificates of having attended in a recognised school—one course of lectures on anatomy and physiology, two courses of dissections, with demonstrations, one course of lectures on surgery, one course of lectures on chemistry, one course of practical chemistry and metallurgy, one course of lectures on materia medica, and two courses of lectures on dental surgery, including dental mechanics.

VII.—Certificates of having attended general hospital practice for two winter sessions; and the dental department of a general hospital, or a special dental hospital, for a further period of nine months.

VIII.—A certificate of having been engaged during, at least three years, in acquiring a practical knowledge of dentistry, under the instruction of a registered licentiate in dentistry of one of the licensing bodies.

The examinations shall include all the subjects of the foregoing curriculum, and shall be partly written and partly oral, preparations, microscopes, and other appliances being used.

N.B.—Every successful candidate, previous to receiving the license, shall declare that he will not advertise or pursue any other unbecoming mode of attracting business, so long as he holds the license in dentistry of the College.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

THE MEMBERSHIP.

[*Under the Provisions of the Supplemental Charter of December 12th*, 1878.]

I.—The grade of members is distinct from that of the fellows, and the members as such are not members of the Body Corporate.

II.—Members alone are eligible to the Fellowship. They have the use of the reading rooms and library.

III.—Licentiates admitted before December 12th, 1878, are entitled to be admitted members of the College without payment or examination, on giving six weeks' notice, in writing, to the Registrar.

IV.—Every candidate for membership must produce evidence—

1. Of being over 25 years of age.
2. Of being a licentiate of the College for three years at least; or, a licentiate of one year's standing, if also Graduate of Arts; or, a licentiate of one year's standing, if also a registered practitioner of seven years' standing at the time of his obtaining the license.
3. Of professional conduct and moral character.
4. That he is not engaged in trade; and that he does not directly or indirectly vend medicines or drugs; and that he does not dispense or compound medicines for anyone—even his own private patients—(except in cases of extreme

urgency); nor practise medicine or surgery in partnership, by deed or otherwise.

5. Of having attended courses in ophthalmology and histology.

6. Of having been for six months resident physician, or resident pupil, in a recognised hospital; or for same period as clinical clerk in the medical wards, or in medical charge, for at least twelve months, of any public institution for the treatment of the sick.

7. Of having paid the fee of twenty guineas.

V.—Every candidate must pass *Examination in the following subjects* :—Medical Anatomy, Pathology, Histology, Medical Chemistry, Forensic Medicine, Principles of Public Health, including Climatology and Meteorology, Psychology, and Clinical Medicine.

He shall also be required to translate into English a passage from a Latin author, or to show that he possesses a knowledge of Greek, or French, or German.

VI.—The examination shall be as follows :—Wednesday, Papers of four questions.—Medical Anatomy, Medical Chemistry and Forensic Medicine, Pathology, Psychology. An hour and a-half allowed to each paper.

Thursday.—*Morning—Clinical Examination.*

Afternoon.—The Oral Examination.—This examination includes the investigation of morbid specimens, the qualitative analysis of animal products, the detection of poisons, and the use of the microscope, as well as that in classics and modern languages.

LICENSES IN MEDICINE AND MIDWIFERY.

I.—Examinations for the licenses of the college in medicine and midwifery are held in the week following the first Friday in each month, except August and September.

II.—Every candidate for either license must return his name to the registrar, and lodge his certificate, bank receipt of fees, and his schedule at least *four* days before the first Friday in each month.

THE LICENSE IN MEDICINE.

Every candidate is required to produce satisfactory evidence :—

1. Of character, from a Fellow of the College, or from two registered practitioners.

2. Of having passed an examination in general education, held by some of the recognised examining bodies.

3. Of having been engaged four years in the study of medicine.

4. Of having attended lectures on the following subjects, at recognised schools—

Practical Anatomy, two courses. Physiology or Institutes of Medicine, one course. Chemistry, one course. Practical Chemistry, one course. Materia Medica, one course. Medical Jurisprudence, one course. Practice of Medicine and Pathology, one course. Surgery, one course. Midwifery, one course.

5. Of twenty-seven months a recognised Medico-Chirurgical Hospital, in which Clinical Lectures and Clinical Instruction in Medicine are given, the attendance not to be for more than nine months in any one year, and of having not less than three months studied fever in a recognised clinical hospital, containing fever wards, and recorded, from daily personal observation, at least five cases of fever, to the satisfaction of the attending clinical physician, as attested by his signature. [This rule, with respect to fever cases, to come into force on and after January 1st, 1881.]

6. Of having attended practical midwifery and disease of women for six months at a recognised Lying-in Hospital, or Maternity; or, where such hospital attendance cannot have been obtained during any period of the student's course of study, of having been engaged in practical midwifery under the supervision of a registered practitioner holding public appointments; not less that twenty labour cases to be actually attended.

III.—The professional examination is divided into two parts :—

First Part.—Anatomy, Physiology, Chemistry, and Materia Medica.

Second Part.—Practice of Medicine, Clinical Medicine, Pathology, Medical Jurisprudence, Midwifery, Hygiene, and Therapeutics.

IV.—Any registered practitioner of *five* years' standing shall be admitted to examination for the license of the College, on producing his certificate of registration, with satisfactory reference, and shall have the privilege of being exempted from the examination by printed questions.

Each candidate shall be examined separately, and shall be required to recognise pathological specimens, and undergo such other practical tests as the examiners shall select.

THE LICENSE IN MIDWIFERY.

Candidates for the license in midwifery, who are not licentiates in medicine, may be admitted to examination on the following qualifications :—

(1) The degree or license from any University or College in the United Kingdom; (2) Testimonials as to character; (3) Certificates of having attended (a) a course of lectures on midwifery in a school, recognised by the College (see Rule III). (b) Practical midwifery and diseases of women, for six months, at a lying-in hospital, or maternity recognised by the College; or where such hospital attendance cannot have been obtained during any period of the candidate's course of study, of having been engaged in practical midwifery under the supervision of a registered practitioner holding a public medical appointment,—the certificate, in eitner case, to state that not less than twenty labour cases have been actually attended.

Candidates who are already licentiates in medicine of the College, or who have passed the examination for such license, may be admitted to examination for the license in midwifery on lodging their fees, and signifying their wish to the Registrar a week at least before such examiuation

X.—Any registered practitioner of *five* years' standing shall be admitted to examination for the license in midwifery, on producing his certificate of registration, with satisfactory reference; and he shall have the privilege of being exempted from the examination by printed questions.

FEES FOR LICENSE AND EXAMINATIONS.

XI.—License in medicine, fifteen guineas, which may be divided as follows, viz. :—

For examination at the termination of the first period of study, five guineas.

For final examination for the license, ten guineas.

XII.—License in midwifery, three guineas.

XIII.—Fee for examination of the licenses in medicine and midwifery, if obtained within the interval of a month, sixteen guineas—to be lodged in one sum.

XIV.—Fee for special examination for the license in medicine, twenty guineas.

XV.—Fee for special examination for the license in midwifery, five guineas.

XVI.—Fee for examination for the license to practice as a midwife and nurse-tender, one guinea.

THE APOTHECARIES HALL, IRELAND.

THE ARTS EXAMINATIONS

Will be held at the Hall four times in the year—viz., the third Thursday in the months of January, April, July, and October, at the hour of twelve o'clock, noon.

The examination for *the License* is divided into two parts :—

The First Part comprehends Chemistry, Botany, Anatomy, Physiology, Materia Medica, and Pharmacy.

The Second—Medicine, Surgery, Pathology, Therapeutics, Midwifery, Forensic Medicine, and Hygiene.

THE PROFESSIONAL EXAMINATIONS

Will be held quarterly, on the first and second Monday in January, April, July, and October.

The First Part on the first Monday, at eleven o'clock, noon, and on the Tuesday and Wednesday succeeding at the same hour.

Subjects.—Chemistry and Botany, Monday; Anatomy and Physiology, Tuesday; Materia Medica and Pharmacp, Wednesday.

The Second Part, or Pass Examination, on the second Monday, at eleven o'clock, a.m., and on the Tuesday and Wednesday succeeding at the same hour.

Subjects.—Medicine and Surgery, Monday; Midwifery and Diseases of Women and Children, Tuesday; Forensic Medicine and Hygiene, Wednesday; Clinical Examination, Thursday.

The first three hours of each day will be devoted to writing answers, and afterwards there will be two hours to an oral and practical examination.

Candidates at the examination on Anatomy are liable to

be called on to perform dissections; and at the examination on Surgery to perform one or more operations on the dead subject.

Doctors of Medicine and Licentiates of a College of Physicians who have also spent twelve months at Practical Pharmacy, may obtain the License by undergoing an examination —the former in Surgery and Pharmacy and the latter in Medicine and Pharmacy. Licentiates of the London Society of Apothecaries must undergo an examination in surgery.

THE PHARMACEUTICAL SOCIETY OF IRELAND.

The above Society was instituted by the Pharmacy Act (Ireland), in 1875, 38 & 39 Vict., cap. 57. In that Act it is stated that whereas a great deficiency existed throughout Ireland, of establishments for the sale of medicines and compounding of prescriptions, and that great inconvenience therefore arises to the public, it is expedient to amend the Act of 1791 (the Apothecaries Act). A president (Sir Dominic Corrigan) and vice-president (Dr. Aquilla Smith), with a council of twenty-one men, were named by the Government to carry out the provisions of the Act. In 1878 Sir Dominic Corrigan resigned the presidentship. The present president is Professor Tichborne, and the vice-president Dr. Aquilla Smith. The pharmaceutical chemist is not allowed to prescribe, but must strictly confine himself to the compounding of prescriptions. In this respect he differs from the apothecary. All persons who keep open shops for compounding prescriptions must hold the license of the Pharmaceutical Society or the Apothecaries' Hall. The Society, according to their Calendar, which was corrected to the 31st December, 1879, had 167 licentiates. They hold evening meetings during the winter for the reading and discussing of pharmaceutical papers and scientific papers bearing on pharmacy. This society has power under their Act to prosecute persons illegally compounding.

MEDICAL SCHOOLS AND HOSPITALS IN DUBLIN.

The Clinical Hospitals of Dublin are 10 in number, exclusive of the Cork Street Fever Hospital, 2 Lying-in Hospitals, 2 Ophthalmic Hospitals, the Children's Hospital in Pitt Street, and other special institutions. To some of the Clinical Hospitals Medical Schools are attached; others, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies, while others again are without any special connection with any school. While, however, such affiliation of a school and hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the student is competent to attend any hospital and any school he wishes.

The Names of the Professors, Lecturers, and Hospital Staff of the following Hospitals and Schools are not included in this column, being found in the advertisement of each institution.

DUBLIN MEDICAL SCHOOLS.

School of Physic.—The Medical School of Trinity College is one of the largest and most important. It is especially frequented by those students who intend to take the Arts Curriculum of the University, but is freely open to, and largely availed of, by other students. It is under the immediate supervision of a Committee of Professors, with Rev. Prof. Haughton as Chairman, and the names of its Professors will be found appended to the advertisement in our journal. Two Medical Scholars are elected annually by the Board of Trinity College, at an examination held at the end of June. Each scholarship is worth £20 per annum, and is tenable for two years.

The Royal College of Surgeons School is situated within the walls of the College, and is under the superintendence of the Council, who appoint the Professors. The Professor of Physiology commences his course with a series of twelve lectures on Comparative Anatomy. The dissecting-rooms have recently been much enlarged, and are lighted with gas for evening work. Prof. Swanzy will give the Introductory Address on Monday, 25th October, at 1 o'clock. The staff of Demonstrators has been recently much enlarged.

The Carmichael College of Medicine and Surgery has been removed from North Brunswick Street to its new premises in Aungier Street. The edifice is now fully completed. As the buildings are entirely new from their foundation, the directors have been able to provide all the most recent improvements, and they have spared no expense to render every department fully adequate to the requirements of the most advanced teaching of Medicine and Surgery. The School is most conveniently situated, being in immediate proximity to the Meath, Adelaide, and Mercer's Hospitals, and it is connected by its teachers not only with these hospitals, but also with those of the House of Industry and the City of Dublin. We would direct attention especially to the dissecting-rooms, and to the physiological laboratory. The former are spacious, well-ventilated, and admirably lighted from the top as well as from the two sides; the latter is completely furnished with every requirement for the practical training of students in physiological and histological research. Two scholarships, the "Mayne" and the "Carmichael," each value £15, and prizes to the value of over £60 on the foundation of the late Mr. Carmichael, are offered annually. The Carmichael Scholarship is for students commencing their third year, and will be examined for in the last week in October. The examination for the "Mayne," and for the other prizes, will not be held until the close of the session.

The Ledwich School was founded in 1810 by the well-known Dr. Kirby, and since then has fully sustained its prestige. Its name was bestowed upon the school as a tribute of respect to the late T. H. Ledwich, who sacrificed a life in an increasing effort to promote its welfare. It is situated in Peter Street, not five minutes' walk from the College of Surgeons, the Meath, St Vincent's, Coombe Lying-in Hospital, and Mercer's Hospital, and in the same street with the Adelaide Hospital and the Carmichael Medical School, and ten minutes' walk from the Catholic University School, the School of Physic, and the City of Dublin Hospital. An Introductory Lecture will be given at this school by Dr. A. H. Benson, on November 1st.

The Catholic University School is situated in Cecilia Street, about ten minutes' walk from the University itself in St. Stephen's Green. Most of its professors are physicians and surgeons of the Mater Misericordiæ, St. Vincent's, or Jervis Street Hospitals, and its courses of study qualify for admission to all the licensing bodies. The University grants an Exhibition of £20, a gold medal, value £7, and class prizes.

Dr. Steevens's Hospital School has ceased to exist since our last issue.

CLINICAL HOSPITALS.

Sir Patrick Dun's is the hospital attached by Act of Parliament to the School of Physic, and officered by the professors of that school. It was for many years a purely medical hospital, but is now a large medico-chirurgical hospital, with a midwifery maternity attached.

The Meath Hospital, which is also the public infirmary of the county of Dublin, containing 120 beds, and now in the 125th year of its existence, ranks among the oldest of the charitable institutions of this city. It is situated on the side southern of the city, upon about three acres of ground, formerly called "The Dean's Vineyard." The original Meath Hospital, situated on the Coombe, was opened in 1753. The foundation-stone of a new Meath Hospital, on the Coombe (now the Coombe Lying-in Hospital), was laid out by Lord Brabazon, 10th October, 1570: this hospital was, in 1774, constituted the County Dublin Infirmary by Act of Parliament. The present building, in Heytesbury Street, was opened in 1822, since which time the building has undergone considerable enlargements and improvements. In 1830 the theatre for operations and lectures was erected. In 1852-53 the Collis Wards were added as a memorial to Maurice Collis, twenty five years surgeon to the hospital. In 1865 the "Smyly Ward," built for the special accommodation of children, was opened by the Lord-Lieutenant, Lord Woodhouse.

The City of Dublin Hospital is situated in upper Baggot Street, about ten minutes' walk from the Royal College of Surgeons and Trinity College. There are special wards for ophthalmic and aural diseases, on which subjects a special course of lectures is delivered. There is a special ward for

diseases of women, and a course of lectures given on diseases peculiar to women; there is also a ward exclusive for children. The Drummond Wing is set apart for fever and other contagious diseases. Clinical assistants to the physicians and dressers to the surgeons are appointed from the most deserving of the class. Medical and surgical pupils are appointed by examination.

MERCER'S HOSPITAL, William Street, founded A.D. 1750.—This hospital is situated in the centre of the metropolis, in the midst of a densely-crowded population, and its doors are opened at all hours for the reception of accidents and of acute cases. Dispensaries are held daily, and are largely attended. Special instruction is given in cutaneous, infantile, gynæcological and ophthalmic diseases. From the large number of accidents which from its position come to the hospital, students are afforded ample opportunities of rendering themselves familiar with the nature and treatment of disease in its various forms, and of acquiring dexterity in the dressing and manual operations of minor surgery.

RICHMOND, WHITWORTH, and HARDWICKE HOSPITALS.—Accommodation: Hardwicke Hospital, 120 beds; Whitworth Hospital, 82 beds; Richmond Hospital, 110 beds; total 312 beds. These hospitals are visited each morning at 9 o'clock by the physicians and surgeons, and, in addition to the usual bedside instruction, Clinical Lectures are delivered on the most important cases. Special instruction is also given on various branches of medicine and surgery. The Truss Establishment, for the distribution of trusses to the ruptured poor of Ireland, is connected with these hospitals. There is a very large ophthalmic, aural, and dental dispensary, and the respective surgeons give instruction in these important subjects. Eight resident Clinical clerks and the dressers are appointed each half-year, and provided with furnished apartments, fuel, &c., &c. These appointments are open not only to advanced students as formerly, but also to those who are qualified in medicine or surgery. A house surgeon for the Richmond Hospital is elected biennually, and receives a salary.

The Richmond Lunatic Asylum, containing 1,000 beds, adjoins these hospitals.

The ADELAIDE HOSPITALS, recently much enlarged, are in Peter Street, next door to the Ledwich School and within a few minutes' walk of the Carmichael Medical College, the College of Surgeons, and the University. From the 1st of October the physicians and surgeons will visit the wards, and give instruction at the bedside, at the advertised hours. There is a large detached fever hospital and also wards for infants and children. Special hours are devoted to clinical instructions in the diseases peculiar to women, and students are individually instructed in the use of the Stethoscope, Ophthalmoscope, Laryngoscope, and Microscope. Three resident pupils are selected half-yearly. Prize examinations including examination for the Hudson Scholarship, £32, are held at the termination of the Session. The large dispensaries afford facilities for the study of the eye, ear, throat, and cutaneous diseases, as well as minor surgery and dentistry.

MATER MISERICORDÆ HOSPITAL.—This is one of the largest hospitals in Dublin; it contains 230 beds; 50 beds are reserved for fever and other contagious diseases. A special course of lectures on fever will be given during the session. A ward has been assigned for the treatment of ophthalmic diseases, in accordance with the requirements of licensing bodies. The Leonard prizes, value of £30, will be given at the end of the winter session. A gold medal of the value of Five Guineas will be given by Dr. Hayden as a special clinical prize at the end of the ensuing session. The Introductory Lecture will be delivered by Dr. Madden, on November 3rd.

ST. VINCENT'S HOSPITAL was established in 1834 by the Sisters of Charity, some of whom had studied the system of the Parisian hospitals, after which it was modelled. The hospital has 120 beds constantly full, and each sister has charge of about twelve patients. In connection with it is the convalescent home at Lindon Grove, Blackrock. The clinical instruction in medicine and surgery is given by Dr. Quinlan, Dr. Mapother, Dr. Cryan, and Dr. Kehoe. A special ward for the treatment of the diseases of women has been opened under the care of Dr. J. A. Byrne, Gynæcologist to the hospital. The ophthalmic department is conducted by Mr. D. Redmond. The resident officers consist of a house surgeon and two resident pupils. The hospital is visited daily at 9 a.m., and patients are admitted at 10 a.m. Accidents and urgent cases, however, are admitted at all hours. Special arrangements have been made to afford facilities to the students for the study of infectious fevers.

DR. STEEVEN'S HOSPITAL, situated close to the Knightsbridge Terminus of the Great Southern and Western Railway, occupies a position of its own, far removed from the other medical institutions. Immediately adjoining is St. Patrick's (Swift's) Asylum for the Insane. There is accommodation for residence of seven surgical and four medical residents; besides whom the resident house-surgeon receives house pupils. The fees payable for the privilege of residence are twenty guineas, winter; fifteen guineas summer six months. Students have apartments, coal, gas, and furniture. Accommodation outside the hospital in the neighbourhood, is arranged by the hospital authorities.

JERVIS STREET, HOSPITAL is one of the oldest established charitable institutions in Dublin, having been founded in 1721. It is situated in a part of the city not otherwise provided with hospital relief, and which, from its commercial character, supplies the hospital with an abundance of surgical cases. Its nursing arrangements are under the charge of a community of Sisters of Mercy. The hospital, being found inadequate to the demands upon it, is in process of being rebuilt.

SPECIAL HOSPITALS.

The Special Hospitals of Dublin are the Rotunda and Coombe Lying-in Hospitals, Cork Street Fever Hospital, Pitt Street Children's Infirmary, St Mark's Ophthalmic Hospital, the National Eye and Ear Infirmary, and two Orthopædic Hospitals.

The ROTUNDA HOSPITAL.—This well-known and time-honoured institution posssesses a character as a school of midwifery which needs no comment. It is not, however, as generally recognised as it deserves to be, as also a great school of gynæcology. The institution consists, in fact, of two distinct hospitals, viz., the lying-in hospital, into which some 1,200 cases of labour are admitted annually, and the Hospital for the treatment of diseases peculiar to women, into which some 500 patients are now admitted during the course of the year. The present master, Dr. Lombe Atthill, as is well known, devotes special attention to this department of the charity. There is also a large extern maternity in connection with the hospital. Every facility is afforded for the study of the special departments of medicine to which the hospital is devoted, and both students and midwives are granted a diploma on passing an examination. The clinical clerkship, value £50 a year, tenable for six months, is adjudged, after open competitive examination, to any pupil who has attended the full course of instruction in the hospital.

COOMBE LYING-IN HOSPITAL.—This hospital, which was rebuilt and refurnished some few years ago, contains 65 beds. It was founded in 1826 by Mr. Boyle, and was incorporated by Royal Charter in 1867, thus enabling its medical officers to issue diplomas qualifying the holders to practise midwifery. This hospital is situated in the centre of a district densely populated by the lower orders, and thus affords the amplest opportunities for practice. It receives about 800 labour cases within its walls, while those attended as extern amount to more than double that number. Moreover, the chronic hospital for the reception of cases of the diseases of females gives admission to about 200 patients annually. The fee for attendance is £8 8s. for six months as extern, and £18 18s. as internal pupil. During that period the student attends on given days and nights in each week, and takes charge in his turn of any case that may be admitted to the labour wards, or may call for his assistance outside. Two resident pupil midwifery assistantships, and a clinical clerkship, are obtainable annually, by competitive examination, for which all pupils who have obtained their midwifery diplomas are eligible. Lectures are delivered in the hospital, and clinical instruction is given daily at the bedside. In fact, this hospital is now one of the first clinical hospitals (in this speciality) in Europe.

CORK STREET FEVER HOSPITAL AND HOUSE OF RECOVERY is the only special fever hospital in Dublin. It contains 200 beds, and is supported mainly by an annual Government grant, supplemented by voluntary contributions. A certificate of attendance on fever being now required of candidates for the licence to practice medicine of the King and Queen's College of Physicians in Ireland, arrangements are at present (September, 1880) being made whereby the exceptional advantages connected with this institution will in a short time be utilised for purposes of clinical teaching.

When these arrangements are completed and sanctioned by the managing committee, due notice will be given by advertisement as to the hours of attendance, fees payable, and other details. All particulars may then be ascertained on application to Dr. C. Purcell Atkins, Registrar and Resident Medical Officer.

The Pitt Street Children's Infirmary, established 1821, is situated close to Mercer's Hospital and the College of Surgeons. It was founded to provide treatment specially for children, and to teach that special branch of disease. Dr. Moore and Dr. Churchill are the the medical officers.

Dublin Orthopædic Hospital. 11 Usher's Island, contains 28 beds for the treatment of every class of deformities and the practice of orthopædic surgery. The Institution is under the management of Mr. Swan.

National Orthopædic and Children's Hospital for the treatment of club-foot, contractions and distortions of the limbs, spinal and other bodily deformities and all non-infectious diseases peculiar to children, 7 Adelaide Road, Dublin. Mr. Ormsby attends on Mondays, Wednesdays, and Fridays, Dr Woodhouse on Tuesdays, Wednesdays, and Saturdays, from 10 to 11 o'clock, and gives clinical instruction on the intern cases. The hospital is capable of containing 30 beds, for the reception of cases of deformity and all other forms of surgical disease. There is a large general dispensary for extern patients held daily from 10 to 11. Operations are performed on Fridays. Students and practitioners are allowed to attend the clinical instruction.

St. Mark's Ophthalmic Hospital and Dispensary for Diseases of the Eye and Ear.—This is the oldest and largest special ophthalmic hospital in Dublin, and was founded by Sir William Wilde. Clinical lectures are given on the mornings of Mondays, Tuesdays, Thursdays, and Fridays, at 11 o'clock, and operations are performed on Wednesdays and Saturdays at the same hour. A surgeon resides in the institution, and receives a salary of £10, besides room, gas, coal, &c.

National Eye and Ear Infirmary.—This institution is situated in Stephen's Green. Clinical instruction in diseases of the eye and ear, including the use of the ophthalmoscope, will be given during the winter session. The certificate of a three months' course on the eye and ear is now required by the Board of Trinity College for the degree of B.Ch., and by the Council of the Royal College of Surgeons in Ireland, for the L.R.C.S.I.

INTRODUCTORY LECTURES IN THE DUBLIN SCHOOLS AND HOSPITALS.

Royal College of Surgeons—Mr Swanzy; October 25th, at 1 p.m.
Ledwich School—Dr A. H. Benson; November 1.
Carmichael School—None.
Catholic Union School—No information.
Meath Hospital
City of Dublin Hospital—None.
Richmond Hospital—October 28th, at 10-30 a.m.
Jervis Street Hospital—None
Mercer's Hospital
St. Vincent's Hospital—Dr. Quinlan; October 28th, at 11 a.m.
Rotundo Hospital—November 1st, at 10 o'clock.
Mater Misericordiæ Hospital—Dr. Madden; Nov. 5, at 11 a.m.

IRISH PROVINCIAL SCHOOLS.

THE QUEEN'S COLLEGES.

These three important institutions are the special schools of the Queen's University, and are situated in Belfast, Galway, and Cork. When the new Irish University comes into operation the Queen's Colleges will maintain their existence as affiliated colleges. They receive a large subvention from the public funds and are provided with every facility for the education of their students. It is essential that every candidate for the medical or surgical degrees of the Queen's University shall have attended courses of lectures in Modern Languages, Natural Philosophy, and, at lesst, two medical subjects, in one of the provincial colleges, so that attendance at a Queen's College during one of the years of medical study is compulsory upon all candidates for the licenses of this University. A detail of the prizes and exhibitions in arts and medicine, the names of the professors, and other information will be found in the advertisements of this issue, and full details may be had on application to—

Belfast.—John Purser, M.A., Registrar.
Cork.—Alexander Jack, M.A.
Galway.—Edward Townsend, M.A.

TECHNICAL EDUCATION FOR IRELAND.

ROYAL COLLEGE OF SCIENCE.

This College supplies a complete Course of Instruction in Science, applicable to the Industrial Arts, especially those which may be classed broadly under the heads of Chemical Manufactures, Mining, and Engineering. A Diploma of Associate of the College is granted at the end of the Three Years' Course. There are Four Royal Scholarships of the value of £50 each yearly, with free education, including Laboratory Instruction, tenable for two years. Two become vacant each year. They are given to students who have been a year in the College. The Chemical and Physical Laboratories and Drawing School are open daily for Practical Instruction. The Session commences on Monday, October 7th.

MEDICAL EDUCATION IN SCOTLAND.

THE UNIVERSITIES.

The fees for the degrees in all four of the Scotch Universities are the same, viz. : £15 15s. (£5 5s. being payable at each of the three examinations; C.M., £2 5s. (in addition to the fees of M.B.); M.D., £5 5s. (in addition to the fees for M.B.); and £10 for Government stamp.

UNIVERSITY OF EDINBURGH.

This is a qualifying and teaching body, and has complete Faculties of Theology and Law, equally with Medicine. Prior to commencing medical studies the student must pass a preliminary examination in English, Latin, and arithmetic, the elements of mathematics, and the elements of mechanics. An examination in at least two of the following subjects is demanded before being admitted to a professional examination, in addition to the foregoing subjects, viz, : Greek, French, German, Higher Mathematics, Natural Philosophy, Logic, Moral Philosophy. The University confers three degrees, medical and surgical qualifications being granted—M.D., M.B., and C.M. The C.M. is not conferred unless the M.B. be taken at the same time. For the degrees of M.B. and C.M. four years of professional study must be completed after passing a preliminary education recognised by the Medical Council. A degree in Arts of any British University is held to supersede the preliminary examination. Of the four years of professional study, one must be passed in the University of Edinburgh, and another of such four years must be in some other university entitled to grant the degree of M.D. The M.D. degree is conferred on Bachelors of Medicine who have attained the age of twenty-four years, and who present a thesis to be approved by the Medical Faculty. The lectures of several extra-mural lecturers in Edinburgh, as well as those at the London medical schools, and such teachers in the provincial schools approved by the University Court, are recognised, subject to certain conditions.

UNIVERSITY OF ST. ANDREWS.

This University confers the degree of M.D. (certain exemptions being made to ten practitioners yearly), M.B. and C.M. Two years of study of each candidate must be in one or more of the following Universities, viz., the University of St. Andrew's, Glasgow, Aberdeen, Edinburgh, Oxford, and Cambridge; Trinity College, Dublin; Queen's College, Belfast; Queen's College, Cork; and Queen's College, Galway.

The degree of M.D. is conferred on any registered practitioner above the age of forty whose professional position is such as to entitle him to that degree, and who shall, on examination, satisfy the examiners of the sufficiency of his professional knowledge; provided always that degrees will not be conferred under this section to a greater number than ten in any one year. The examinations are held yearly, towards the end of April.

UNIVERSITY OF GLASGOW.

This is both a teaching and examining body. It confers three degrees, viz. : Bachelor of Medicine, Master of Surgery and Doctor of Medicine. Before graduating the student must have been engaged in medical study for four years, one of which must have been spent at the University of Glasgow, and the others at some university or school recognised by the Glasgow University. A *medicus annus* is constituted by two courses of 100 lectures each, or by one course of 100 lectures, and two of 50 each. Two preliminary examinations must be passed, one before commencing study, and the other before appearing at the first professional examina-

tion. A degree in Arts (not honorary) exempts the student from these examinations.

Bursaries tenable by Medical Students.—The Brisbane Bursary, of £50 yearly, held for four years by a student of medicine who is a Master of Arts. The Walton Bursary, of £36 yearly, held by a medical student (a native of England being preferred) for four years. The Logan Bursary, of £16 yearly, tenable by a medical student for four years. Two Rainy Bursaries' value £20 per annum each, open to medical students who have just completed the second year of professional study, and tenable for two years. The Armagh Bursaries, three in number, amounting each to £25 yearly, for three years, open to students of divinity, law, and medicine, who have taken the degree of M.A. The Macfarlane Bursary, value £40 per annum, and tenable for three years, open to students who have attended the first session of their professional study in the University of Glasgow, and who have passed in all the seven subjects of the preliminary examination for M.B. The Marshall Bursary, value £17 per annum, and tenable for four years, open to students entering the Medical Faculty, and awarded by competition on the subjects of the Preliminary Examination. The Lorimer Bursary, value £50 per annum, tenable by a medical student for three years.

UNIVERSITY OF ABERDEEN.

This University is entitled to confer degrees in all the Faculties, and is a teaching body as well. The curriculum of study is nearly the same as in the University of Edinburgh. One year must be passed at Aberdeen. Another of such four years must be either in this University or in some other university entitled to give the degree of M.D. With regard to fees, each candidate for the degree of M.B. must pay a fee of £5 5s. in respect of each of the professional examinations. If he desires to be admitted to the degree of M.B. only he will not be required to pay any further fee, in addition to the £15 15s.; but on admission to the degree of C.M. he must pay a further fee of £5 5s., in addition to the fees for the M.B. degree. Besides the Royal Infirmary, students have the opportunity of attending several other local institutions. Perpetual fee for hospital practice is only £16. The professional examinations are held twice in each year; namely, in April and July, directly after the close of the winter and summer sessions.

The Degree of M.D.—The degree of Doctor of Medicine may be conferred on any candidate who has obtained the degree of Bachelor of Medicine, and is of the age of twenty-four years, and has been engaged subsequently to his having received the degree of M.B. for two years, in attendance in an hospital, or in military or naval medical service, or in medical or surgical practice. Provided always that the degree of Doctor of Medicine shall not be conferred on any person unless he be a graduate in Arts, or unless he shall before or at the time of his obtaining the degree of Bachelor of Medicine, or thereafter, have passed a satisfactory examidation in Greek, and in Logic or Moral Philosophy.

THE COLLEGES.

Royal College of Physicians, Edinburgh.—This, like the sister College of London, is exclusively a qualifying body. In conjunction with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Edinburgh, this College grants a double qualification, and registerable as such. Each applicant for professional examination must previously have passed the preliminary examination prescribed by the General Medical Council. Exemption is made in the case of masters or bachelors of Arts, of any British University and certain recognised foreign Universities. Candidates who may have already passed the first professional examination of any body approved of by the College will be at once admitted to the second part of the examination.

The Fellowship is conferred only by election, and the candidate must at least have been a member of the College for one year previously, and have attained the age of twenty-five years.

The Membership is conferred on licentiates of the College, or graduates of the British or Irish University, with whose knowledge the College may be satisfied, and who have attained the age of twenty-four years.

The License.—The regulations are nearly the same as those for the joint examination for the Scotch double qualification.

The professional examination will be divided into two parts, according to the following arrangement of subjects: 1. Anatomy, physiology, chemistry. 2. Materia medica and pharmacy, pathology, and pathological anatomy, practice of medicine, surgery, midwifery, medical jurisprudence, clinical medicine. No candidate will be admitted to the first examination until the end of his second winter session, or to the second until he has completed four years of professional study. The examinations will be partly oral, partly in writing.

Qualification in Public Health.—The College now confers a certificate of competency in public health. The examinations are held in April and October. Fee, £10 10s.

Fees.—The fee payable by a licentiate is £10 10s. In the case of unsuccessful candidates the fee is returned, minus £4 2s., retained to defray the expenses of examination. The fee to be paid by a member is £31 10s. When a licentiate is raised to the rank of a member, he pays £21. When a member is raised to the rank of a fellow, the fee is £31 10s., exclusive of stamp duty, which amounts to £25. All candidates for fellowship or membership must lodge their fees, and the amount of stamp duty payable at the time to Government, with the treasurer, previously to presenting their petitions.

Royal College of Surgeons, Edinburgh.—Candidates for the diploma of this College must have followed a course of study in some University, or in an established school of medicine, or in a recognised provincial school. Candidates already qualified are admitted on certain exceptional conditions.

Preliminary Examination.—All candidates for the diploma of the College must have passed the complete examination prescribed by the General Medical Council, and have their names inscribed on the register of medical students at the commencement of their medical studies. The preliminary examination of certain recognised bodies is accepted by the College.

Professional Examination.—Candidates commencing professional study after September 16, 1886, must have been engaged, during four years after the preliminary general education, in professional study, which shall include not less than four winter sessions, or three winter and two summer sessions' attendance at a recognised medical school.

Professional Examination.—The professional examination is divided into two, the one oral, the other written. The first examination embraces anatomy, physiology, and chemistry. The second examination embraces surgery and surgical anatomy; also medicine, midwifery, materia medica, and medical jurisprudence; and does not take place prior to the termination of the winter session of the last year of study.

The Fellowship is conferred only on candidates who have obtained a diploma from this College or from either of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians or Surgeons of Glasgow, and who are twenty-five years of age. The election is by ballot and three-fourths of the votes are required to be in the candidate's favour, and he has to subscribe certain bye-laws of the Colleges. Fellows are forbidden to keep open shops, to be connected with secret remedies, or indelicate advertisements or publications.

The Licenses.—The regulations are almost the same as those for the joint examinations conducted by the Colleges of physicians and surgeons.

Dental Diploma.—Every candidate for the dental diploma must have attended the general lectures and courses of instruction required at a University or an established medical school, recognised by the College as qualifying for the diploma in surgery.

THE SCOTCH DOUBLE QUALIFICATION.

The Royal College of Physicians of Edinburgh by a certain arrangement, grants conjointly with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons, after one series of examinations, a double qualification, two diplomas being given and registered under the Medical Act as medical and surgical qualifications, thus: Lic. Roy. Coll. of Phys. Edin. and Lic. R.C.S. Edin., or Lic. Roy. Coll. of Phys. Edin. and Lic. Fac. Phys. and Surg., Glas., according as the case may be.

By the understanding subsisting between these bodies, the College of Physicians take exclusive charge of the

examination in medicine; and the College of Surgeons or the Glasgow Faculty, of that in surgery; whilst departments common to both medicine and surgery are examined by a board in which each body is represented. Such arrangements as these were contemplated by the Medical Act, and authorised by section XIX., and those under consideration were sanctioned by the Medical Council, 7th August, 1859.

Candidates having fulfilled the full curriculum are subjected to two professional examinations. Hereafter the preliminary examination must be passed before commencing professional study, and must be otherwise conformable to the regulations of the Medical Council.

School of Medicine, Edinburgh.—The lectures of this School qualify for the University of Edinburgh and the other Universities, and the Royal Colleges of Physicians and Surgeons, Edinburgh, London, and Dublin, and the other medical and surgical boards.

Royal Infirmary, Edinburgh.—Clinical instruction is afforded at this institution under the supervision of Professors of the University and ordinary physicians and surgeons to the Infirmary. Special instruction is given on diseases of women, physical diagnosis, and diseases of the eye. Separate wards are devoted to fever, venereal diseases, diseases of women, diseases of the eye, &c. The perpetual fee in one payment, is £10; the annual fee, £5 5s.; half-yearly, £3 3s.; quarterly, £1 11s. 6d. Separate payments for two years entitle the student to a perpetual ticket. No fees are payable for any surgical or medical appointment.

Glasgow Royal Infirmary School of Medicine.—The winter session will commence on October 29th. Courses of lectures are given on all the subjects required by the licensing bodies for qualification, and lectures are also given on practical physiology, operative surgery, aural surgery, dental surgery, and diseases of the eye. During the summer lectures on insanity are given by Dr. A. Robertson, and the City parochial asylum under his charge is free to students of this school. Students have unusual facilities for the study of anatomy, the supply of subjects being practically unlimited.

Class Fees.—For each course, first session, £2 2s.; second session and perpetual, £1 1s. Students who have attended a first course elsewhere can enter on the second course on payment of £1 1s. Anatomy, first winter session, £4 4s.; summer session, £1 1s.; second winter session, £4 4s.; afterwards the fee for lectures and practical anatomy is £1 1s. per session. Lectures on diseases of the ear, £1 1s.; with clinique to those who are not students at the hospital, £2 2s. Clinique on dental surgery free to students of the hospital, to others £1 1s. Lectures on diseases of the eye, £1 1s.

Glasgow Royal Infirmary.—Number of beds 570. In addition to the ordinary medical and surgical wards, there are separate wards for the treatment of venereal diseases and the diseases of women, whilst diseases of the eye, ear, throat, and teeth are especially treated at the dispensary. Courses of clinical medicine and surgery are in one at least of the following subjects, viz.:—French, German, Higher Mathematics, Natural Philosophy, and Natural History. Provided also that he shall lodge with the Dean of the Faculty of Medicine a thesis composed by himself, and to be approved by the Faculty of Medicine, on any branch of knowledge comprised in the Professional Examination for the degree of Bachelor of Medicine, which he may have made a subject of study after receiving that degree.

given by the physicians and surgeons, and post-mortem examinations are conducted in the pathological theatre by the pathologists, who also give practical instruction in pathological anatomy and histology.

Appointments.—There are five physicians' and five surgeons' assistants. The appointments can be held for six or twelve months, and are open to students who have passed all their examinations except the last, or to gentlemen who have a qualification in medicine or surgery. Clinical assistants, dressers, dispensary clerks, and pathological assistants are selected from the students.

Fees for hospital practice and clinical lectures, first year, £10 10s.; second year, £10 10s., afterwards free. For six months £6 6s.; three months, £4 4s. Students who have paid 20 guineas at another hospital for its perpetual ticket are admitted six months for £2 2s., or one year for £3 3s. Vaccination certificate, recognised by Privy Council, £1 1s.

Anderson's College, Glasgow.—This is exclusively a teaching body. In addition to its offering excellent opportunities for acquiring a good medical education, instruction is given in the other branches of a liberal education, advantage of which might profitably be taken by medical students generally. The expenses of this institution, as already mentioned, are exceedingly moderate. Extensive opportunities for dissection are offered, under the guidance of the very talented lecturer on anatomy.

In connection with this College, there are five hospitals and dispensaries for special diseases, to all of which students are admitted.

The examination for the Scholarships will take place in the last week in November, 1879.

The Summer Session, at this College begins on the first Tuesday of May, and closes about the middle of July. A lectureship on Aural Surgery has been established. Lectures on Dental Surgery are also given four times weekly. The fee for two years' hospital practice required by the curriculum for the Dental Licence is £10 10s. Fees for Dental Lectures are £2 2s. each course.

Further particulars may be obtained on applying to Dr. A. M. Buchanan, Dean of the Medical Faculty.

NOTICE.—The Editor desires to thank the Deans of the various Medical Schools for supplying him with the information respecting the institutions with which they are connected. [As this number is devoted exclusively to information necessary for students intending to join one or other of the various medical schools; and for those, who, having passed their curriculum, are about to enter into the ranks of the profession, the ordinary matter which fills our columns is necessarily deferred to next week. Should any of our readers desire to present this number to a patient or friend who contemplates sending his son to a medical college, our Publisher will be happy to supply him with a duplicate free of cost.]

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WOMAN AS A SANITARY REFORMER. (a)

By BENJAMIN WARD RICHARDSON, M.D., F.R.S.

Two of the wisest of men, and by necessity, therefore, both of them sanitarians, Solomon and Xenophon, have laid down rules bearing on the duties of women who rejoice in being called wives as well as women. (The learned author here quoted many passages from Holy Writ, and from Xenophon's writings, as a text on which to found his discourse.) He then said, we ought not to blame womenkind because it seems that women are behindhand in the work. They are not, in point of fact, behindhand at all ; they are rather the forerunners in the race. Long before the word sanitation was heard of, or any other word that conveyed the idea of a science of health, the good, cleanly, thrifty housewife was a practical sanitary reformer. Nay, if we come to the question of organisation itself, we have in this country, in that admirable institution, the Ladies' Sanitary Association, the first of the great sanitary societies, which by its publications, its practical aid to mothers, its out-door recreative parties to the stived-up children of the metropolis, and by various other means, has set an example which will one day be historical as a part of the great movement in the promotion of which we are engaged. There is not, therefore, one single difficulty in the way of making the woman the active domestic health reformer. The only thing that requires to be put forward is the method of bringing her universally into the work, and, if I may so express it, making the work a permanent custom or fashion, to neglect which would be considered a moral defect. There are in England and Wales alone six millions to be influenced. The first suggestion is that the beginning of the crusade shall be a beginning that shall not drive, but lead ; that shall not dictate, but patiently suggest.

> Women should ne'er be taught a thing unknown.
> It should be credited as all their own.

Nor can any finer or nobler occupation be imagined than is implied under this head of domestic care and nourishment of health. There are women who think it the height of human ambition to be considered curers of human maladies ; content at best to take their place with the rank-and-file of the army of medicine, and not perceiving that the only feature in their career is its singularity, a feature that would itself become lost if the wish of the few became the will of the many. I press this office for the prevention of disease on womenkind, not simply because they can carry it out ; not simply because it pertains to what Xenophon describes as their special attributes, their watchfulness, and their love ; but because it is an office which men never can carry out ; and because the whole work of prevention waits and waits until the woman takes it up and makes it hers. The man is abroad, the disease threatens the home, and the woman is at the threatened spot. Who is to stop it at the door, the man or the woman? The house is her citadel. The majority of women will ask by what process of training can we help towards a triumph of science so beneficent? I devote myself from this point of my discourse to give some answer to that question. I state at once that the training required is simple—beyond simple ; that every woman who wills to go through it may go through it and may become mistress by it of the destinies of the world. Not the Fates themselves were more the mistresses of the destinies of the race than the women of an educated commonwealth who were conversant with the art of the prevention of disease and premature decay. A woman should master physiology so far as to understand the general construction of the human body. She should be rendered fully conversant with the different changes of food that are required for the digestive process in different periods of life ; the extent to which the digestive powers should be taxed in infancy, childhood, adolescence, maturity, first and second decline, and old age. She should

(a) Read at the Annual Meeting of the Sanitary Institute of Great Britain and Ireland, held at Exeter, Thursday, September, 23rd, 1880.

be made aware what substances, taken as food, are of real, and what of spurious quality. She should be taught the relationship which solid foods hold to liquid foods or drinks. She should be told what drinks are foods, and she should specially understand what are the particular foods required for the young during the periods of active growth. In illustration of the value of this last-named fact, it may be stated that if women only knew what foods were requisite to feed the skeleton or bony framework of the living body while that skeleton is in the course of growth, and if she would act upon her knowledge, as she almost certainly would if she possessed it, there would hardly be one deformed child left in the land in one or two generations. Rickets, with all its attendant miseries of bowed legs, crooked spines, and humped backs, would pass away as if by the spell of an invisible enchantress. After the understanding of the digestive system, the woman should learn the principal facts relating to the circulation of the blood, and the blood itself. Nor should she, in respect to the healthy organisation, be less informed respecting that breath of life which is ever being breathed into the living thing by the Eternal Chemist whose constructions and resolutions are the motions visible and invisible of His eternal universe. The complete structure of those breathing lungs should be as plain before her as the outward form of the things she knows best. Equally clear to her should be the leading facts bearing on that receptive system of the body into which the external universe transports itself, and from which, in reflex response, the acts of life, the expressions, the movements, the thoughts, return in wave-like repetition back again, to become themselves external phenomena, linked, as such, with all the visible universe. To the knowledge of nervous function it would be advisable to add to the store of elementary principles a few facts respecting the great glandular system of the body; and of those night and day labourers of the body, the muscles, the women should learn sufficient to be made aware of the advantages of so training the muscles to work that they shall be daily exercised, shall not be subjected to over-strain, shall be equally subjected, as far as possible, to healthful labour. And of the bony skeleton, on which the muscular engines are laid, and which act as the passive framework and levers of the engine, she should gather enough information to be conversant with all its outlines of form and chemical construction. Lastly, the woman should attain so much instruction in reference to the great membranous expanses as to know them also. She should learn the necessity of keeping the functions of the skin in due cleanliness and condition for work, so that the bath should be considered as one of the necessities of the daily life, like a daily meal of cleanly substance. The living house thus generally learned, the Sanitarian helpmate for us who can do so little beyond our suggestion, would be tempted to study, until she completely mastered it, the mysterious construction of that deadly-lively house, which until lately the architect and builder have pitchforked into street and square with facile and contented wisdom of wigwam descent. She would want to learn how the immaculate house is in every room provided with at least moderate ventilation. She would require to find out how most effectively and economically she can maintain in the varying seasons an even and equable temperature. She would aim to consider in what way she could keep the air of the house free of that most objectionable of mischiefs, dust. She would demand to have marked for her on a map or plan the precise position of every drainpipe in the establishment, and would insist, with intelligent skill, on having every drain kept as systematically clean as the china in the housemaid's cupboard or the metal covers that make so many bright and effective pictures over the dresser of the well-arranged kitchen.

She would see, not trusting to the mere word of anyone, that those drains were properly ventilated so that sewer air could never enter the domain except as a burglar might enter by special skill and violence, against which there is no absolute protection. She would learn enough of the chemistry of water, to enable her to determine with as much facility, as she could tell whether a looking-glass is clear enough to reflect back without fault the image of her face, whether a water was wholesome and drinkable; and she would have a sufficient amount of skill to direct how an impure water might be purified and made safe for her and hers to drink and use for all domestic requirements. She would see to it that damp had no place in any apartment. She would insist that where any living thing that ought not to be present house exists in it, that house is unclean, and in some way uninhabitable for health; since health will not abide with anything that is uncleanly. She would see to the biennial purification of the dwelling, as though a Passover were still an universal belief and practice. She would make the very act of cleaning and cleansing clean; she would make the very best places for cleaning and cleansing—the scullery, the landing, the bathroom, the laundry—the cynosures of the household. In the art of perfection or towards perfection of health the educated woman would in her domestic sphere bring her best energies to understand the selection, the purification, the preparation, and the administration of foods and drinks. As she would keep seeds of certain pestilence from her fold, or vulgar poisons that kill outright, and proclaim at once with loud voice, "accidental disease, or murder," so would she do her best to keep out those refined and subtle poisons which, in and under the name of strong drinks, bring silently more accident, disease, and murder into this inscrutable world than all the other poisons put together, unlicensed though they be, and so little liked by the Exciseman, that he would fly them any distance, the Devil himself in company, rather than so much as touch them with his divining rule. That she would acquire a thorough knowledge of the best art of cookery; that she would acquire a good knowledge in choosing foods in season; that she would become an adept in detecting actual wholesome from actual unwholesome foods; that she would find out what foods are most suitable for persons of different age and constitution; and that she would distribute food with well-balanced hand, neither feeding over-indulgently nor parsimoniously, I take for granted. But I expect she would learn to do more than all these things in relation to food. She would be able better than anyone to put to the test the experience whether it is good or necessary to go to the living animal creation at all for human food. I am in doubt. It does not seem to me that man is constructed to be a carnivorous animal. It does not seem clear, putting the anatomical argument altogether aside, that it can be good to go to secondary sources of supply for our food when Nature bountifully presents them to us from her prime source. It does not seem reasonable that we should employ millions of living laboratories for our daily food, and take the risks of disease which they in endless forms produce and propagate for us, when we can get all that is necessary without the chance of such production and of such propagation. It does not seem certain, when we know that the vegetable world is the original source of every particle of living food, and that carnivorous animals have to depend on the herbivorous for their supplies—so that carnivorous feeding is an anomaly rather than a basic principle of nature—it does not, I repeat, knowing these things, seem certain that the cost of the support of the living laboratories is justifiable on any ground except the extravagant process of making work that work may be at hand and employment procurable. Still I am not sure whether the necessity for the secondary supplies of food for man from the animal world are or are not necessary, and that doubt it is in the *rôle* of the educated woman to solve. Her discernment, properly and eagerly directed, would soon settle whether those about her were injured or benefited by an exclusive vegetable and fruit diet. It has been one of the endeavours of my life to show that we living men and women make in our own corporeal structures a refined atmosphere, which I have called a nervous atmosphere, or ether—an atmosphere which, present in due tension, distinguishes life; which, absorbed or condensed, distinguishes death; an atmosphere through which the external world vibrates and pierces us to the

soul; an atmosphere which, pure and clear, brings us peace and power, and judgment and joy; an atmosphere which, impure and clouded, brings us unrest and weakness, and instability and misery.

We make it from foods and drinks, and as we make it, it makes us. Go into the wards of a lunatic asylum, and notice amongst the most troubled there the odour of the gases and the vapours they emit by the skin and breath. That odour is from their internal atmosphere, their nervous ethereal emanation. They are mad; mad, we say, up to suicide, or murder, or any criminal folly. Can it be otherwise? They have secreted the madness; they are filled with it; it exhales from them. Catch it, condense it, imbibe it, and in like manner it would madden anyone. See, from the study of foods, out of which the radiant or deadly atmosphere is made, what fields of discovery open to the mind. A mother, watching the effect of food on her gloomy saturnine child, may detect how she can so feed it that the cloud shall pass away. Happy mother of a child? Far, far happier mother, perchance, of science and hope. In some great establishments for the insane so much gloom is secreted in the nervous recesses of human frames, that many times a day, but for excessive vigilance, some terrible hand would raise itself against itself, to kill itself. What if in a wiser day, however far off, the removal of that little cloud from a troubled child should show the way to the removal of those denser, blacker clouds which lower and create storms in human breasts, overpowering altogether the radiant nervous ether! What if from that minor event this greater one should follow! What nobler accomplishment of noble deed could woman perform, save and except when she is the mother of her kind? Women should know the correct names and characters of the more common diseases, and they should know, by sight, the every-day contagious or communicable diseases. All the best known methods of preventing disease should be at their fingers' ends, and the rule of the sick room should be their faithful care. The woman should know everything about registering the temperature of the sick room and degree of humidity; the mode of ventilation; the different special methods of feeding, washing, and changing the sick; the most efficient means of disinfecting, and of removing or destroying the poisons of the communicable diseases. How in this way the woman could help the physician, none but the physician can understand.

> Truth can never he confirmed enough,
> Though doubt should ever sleep.

I declare it again, that if, in the management and treatment of any of the acute and of many of the chronic diseases, you gave me, in this climate, absolute control of the fire and the window of the sick room, I could determine the course of the illness. There is no department of practice more neglected, in respect to principles, than the management of offspring in its earliest youth. Love there is plenty of; admiration unbounded; rational systematic training the poorest that can be described. Woman, in addition to instruction on all the points above named, should understand the little appreciated law of temperaments; the nervous, the bilious, the sanguine, and the lymphatic. She should study the combinations of these, and she should observe how temperament influences health, taste, activity, and disease. From this she would learn how different natures would intermix in work or play, and what work, what play, would suit the nature. The sanguine child, ruddy and red, with blue eyes, red hair, strong muscle, quick movements, restless limb, she may set to study at books, while she curbs exercise, with no fear that books will kill, for it will outlive any book. The bilious child, with dark eyes, dark skin, black hair, stolid expression, thoughtful brow, she will not set to the study of books as the work of life; for books may kill; physical exercise may save, but will never be carried voluntarily to injury. The nervous child, with fair skin, light hair, blue eye, quick but feeble movement, timid glance, yet, perhaps, unbounded ambition, she will spirit gently; will balance between physical and mental labour; will apportion excess of neither, and will never urge unduly to any effort. The lymphatic child, large of body, pale, with grey or blue eyes, brown hair, shambling step, watery lip, and slow determination, she will rouse to action, both physical and mental, with the full assurance that neither effort will do anything but good. Beyond the study of the temperaments and the special dangers connected with them, she should devote her mind to the consideration of what the learned D'Espiné has designated the mental contagions. She should study emotional contagion with special care, and on one emotion, that of fear, she should keep the most watchful observation, because she will discover it to be the most common and disastrous of all contagions. She will never excite it for a moment by story of superstition or dread. Finally, in physical psychological training there would stand out for contemplation, and action founded upon it, one more subject: that marvel of the marvellous in living phenomena heredity of type and action, extending to health, and extending, alas! to disease in its deepest foundations. She should stand to resist with her full persuasive might that process which I have elsewhere called the intermarriage of disease. She will tell her sisters what that terrible process means. She will tell that diseased heredity united in marriage means the continuance of the heredity as certainly as that two and two make four; that madness, consumption, cancer, scrofula, yes, and certain of the contagious diseases, too, may be perpetuated from the altar; and that the first responsibilities of parents towards the offspring they expect ought to be, not how to provide for wealth and position over which they have no control, but that preliminary health parentage, which is the foundation of health, and without which position and wealth are shadowy legacies indeed. Delicate ground, you may say. I admit the fact. But in a world in which those who study the living and the dead most carefully rarely see a man or woman hereditarily free from disease, even this ground must be entered on by the enlightened scholar. I touch on it here for the best of all reasons, that the subject it includes, affecting deeply the human heart in its sympathies and affections, is one on which the influence of woman the arbitress of the natures that are to be, is all potent for good or for evil. To know the first principles of animal physics and life; to learn the house and its perfect management; to learn the simpler problems relating to the fatal diseases; to ordain the training of the young; to grasp the elements of the three psychophysical problems; the human temperaments, the moral contagions with their preventions, and the heredities of disease with their prevention—these, in all respect and earnestness, I set before this Congress as the heads of the educational programme for our modern woman in her sphere of life and duty. Let these studies be hers, and once more may be applied to her the promise of that wisest of men, with whose words I opened this discourse: "She shall rejoice in time to come. The heart ot her husband doth safely trust in her." And—sun and sum of all hopes, ambitions, happiness!—"Her children shall rise up and call her blessed."

THE NECESSITY AND IMPORTANCE OF MORTUARIES FOR TOWNS AND VILLAGES, WITH SOME SUGGESTIONS FOR THEIR ESTABLISHMENT AND MANAGEMENT. (a)

By HENRY C. BURDETT,
Greenwich Hospital.

THE subject of mortuaries is one that has received by far too little attention at the hands not only of those who are responsible for the practical carrying out of the pub-

(a) Abstract of a Paper read at the Annual Meeting of the Sanitary Institute of Great Britain and Ireland, held at Exeter, Wednesday, September 22nd, 1880.

lic health laws of the kingdom, but even of ardent sanitary reformers. Yet it holds, or ought to hold, a prominent place in preventive medicine; and it differs from other sanitary appliances in having an important moral and social office as well as a hygienic one. Most of us, and especially those whose work has brought them into relations with the poor and the degraded, know what additional terrors death brings with it when it occurs in wretched tenemented property, or in overcrowded cottage homes, where the same room has to act as dead-house, living room, work-room, and not infrequently bed-room. In the poorer parts of our great towns, and, to a lesser degree, perhaps, in country villages, scenes of the most harrowing and saddening description are constantly being enacted through the unavoidable presence of the dead in the midst of the living. Our veteran vice-president, Edwin Chadwick, wrote most fully on the subject so long ago as 1843. Cases are constantly occurring in the experience of London coroners, whose evidence on this subject would be of the most instructive and startling kind. The dead body of a woman on whom an inquest was held by Dr. Hardwicke in 1876 was kept in a miserable underground kitchen where the family lived; and where, after the work, the family slept and took their food by the side of the corpse until the burial took place. At a meeting of the West Derby Local Board in March, 1876, the sanitary inspector reported that in the course of his duties he had visited a house on the 23rd, and had found the body of a woman who had died on the 19th lying in one of the rooms which was used as the sleeping-room of the family. The husband stated that as he was too poor to inter the body, he had applied to the relieving officer to have it buried, but the request had been declined by the board of guardians. He then went to the clerk of the Local Board, who, after some delay, got an order from a magistrate, and the body was buried six days after death. The husband, who was represented to be given to drink, and indifferent as to whether the body was buried or not, had slept, it was said in the same bed in which the cerpse lay.

All sanitarians agree in thinking that in large or crowded towns a properly constructed mortuary is of the first necessity; and there are reasons for thinking that in rural districts also some provision of the kind would be extremely valuable and save much present scandal. The dwellings of agricultural labourers and their often indecent overcrowding need no description at my hands; and what is to be done in such when a death occurs? Evidently the dead must be left in very unwholesome and distressing proximity to the living in the absence of a mortuary or dead-house, which thus becomes a necessity throughout the country. The remedy is the provision of reception or dead-houses, in which corpses may remain pending interment.

Mr. Burdett then sketched at length the various attempts made by the Legislature to deal with the question of mortuaries during the years 1840-1880. Of mortuaries proper, all sorts and sizes exist, from the elaborate erection provided at a cost of £12,000, by the City of London Commissioners of Sewers, in Golden Lane. The speaker then graphically sketched the features of a properly-constructed mortuary, and gave many interesting details as to its establishment, situation, and the regulations for its conduct.

With reference to hospital mortuaries, he made the following practical suggestions:—Most hospitals make some sort of a provision for deaths occurring within their walls; and I think that if sanitary authorities felt disposed to help, hospital managers would often be found willing to erect a somewhat more pretentious mortuary than they would otherwise have done, and to throw it open, under certain regulations, to the general public. The rapid extension of cottage hospitals leads one to hope that this method of securing mortuaries would satisfy the demands of a large and increasing number of places. It is a common practice for local authorities to subscribe to hospitals —especially to infectious hospitals— provided by private enterprise; and I am not aware of any legal objection to the same power of subscription being exercised in the case of mortuaries. Indeed, the utility of a mortuary is usually more obvious to local authorities than that of a hospital, so that probably this plan has only to be suggested to secure adhesion to it. Mortuaries in cemeteries next claimed attention, and the valuable evidence given by the late Mr. Robert Baker was enforced. The disinfections, fittings, and rules for burial were fully described, and the speaker further insisted that the post-mortem room may adjoin, but should be quite distinct from, the mortuary. The hours during which bodies ought to be received, the necessity of having free mortuaries, the regulations as to the visits of friends, and the provision of a separate chamber for infectious cases were then fully entered into.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

An Acute Case of Addison's Disease.

Under the care of Dr. DYCE DUCKWORTH.

Communicated by Mr. SIDNEY DAVIES, Clinical Clerk.

G. WILLIAM S., æt. 20, a pressman, was admitted to St. Bartholomew's Hospital, on August 19, complaining of headache, giddiness, and nausea. He gave the following account of himself:—

About a month ago he noticed that he came home from his work quite exhausted. Shortly after, his friends observed a darkening of his complexion. For a month past he has been getting progressively weaker, and losing flesh. Previous to his present illness he had been well and strong, except for two attacks of rheumatism (whether acute or chronic, unknown). He had rheumatic pains in his thighs two weeks ago, which confined him to bed for a week. He knew of no special disease among his relatives, so that no help to diagnosis could be obtained from his family history.

On admission, he was found to be in a state of great weakness, and his muscles were much wasted. But the noticeable feature about him was the bronze colour of the face, which at once attracted attention; though it might have appeared natural in a country labourer, it seemed very unnatural in a delicate-looking Londoner. This bronze tint also pervaded the skin over all his body, but was specially marked on the areolæ and nipples, navel, scrotum, and prepuce; after these, the abdomen, palms, and flexor surfaces of arms were most pigmented. Lines of pigment were also seen on the mucous membrane of his cheeks. The conjunctiva was rather anæmic, and the pupils contracted. Temperature, normal; pulse, weak—beating 72 per minute.

The heart and lungs were normal. On palpating the abdomen, tenderness was found in the epigastrium, but at that time he had no pain in the abdomen, or loins. No tenderness or other abnormal feature was discovered in the region of the spine.

He stated that his appetite was generally bad, but had improved a little since entering the hospital. He slept pretty well. The urine was normal. A microscopical examination of the blood was made a few days after admission; the most marked abnormal feature was the absence of any tendency in the red corpuscles to form rouleaux, and the absence of the dumb-bell shapes commonly presented by red corpuscles seen on edge: besides this, the white corpuscles appeared to be more numerous, and more granular than normal, and there was much *debris* of degenerated leucocytes.

Up to the 25th the patient appeared to be improving; he got up and went about the ward, and only occasionally felt giddy after the exertion of rising. He felt better, and ate and slept well. But on the 26th he first felt a pain in the umbilical region, accompanied by nausea. This continued, and was soon followed by vomiting after taking food. Nutrient enemata were tried without success, and the patient quickly showed signs of inanition; the pulse quickened each day, his extremities became cold, his breath fœtid, and on the 1st September he died. Before death the pigmentation had greatly increased, especially over the abdomen.

Notwithstanding the most urgent entreaties a post-mortem examination was refused.

The only medicines administered, besides aperients were perchloride of iron, ℥xx, and infusion of calumba ; a meat diet was used.

Translations.

THE PHILOSOPHY OF SLEEP AND DREAMS.

By M. DELBOEUF.

Translated from the *Revue Philosophique*.

By EDWIN JACKSON, B.A., M.R.C.S.,
Manchester.

PART I.

CRITICAL SKETCH OF SOME RECENT WORKS.

III.

(*Continued from page* 219.)

In the course of the chapter M. Radestock gives us thus one by one the particular characteristics which distinguish dreams from objective ideas. He will still talk, for example, of the notion of causality in the dream, of immorality in the dream, and under this head he will examine how far we may be considered responsible for what we do during sleep. He will remark how habitually, except in the case of children, dreams are fugitive, and leave little hold for the memory. He next proceeds to treat in two pages of the *illusion* of which dreams make us the sport—in this respect dreams are in effect distinguished from the other products of imagination in which we without difficulty recognise a character of unreality. Now in my opinion this is a capital, essential, fundamental part in every theory of dreams, and the author passes over it too lightly ; not that he does not on this as on every point say some good things, but he does not settle all my doubts. We will let him speak.

Besides the faculty of *comprehension*, consciousness possesses the no less important faculty of *distinction :* man separates his "representations" one from another ; in the assemblage of his psychical activities he distinguishes the lasting groups and the particular and variable impressions ; he classifies and arranges his ideas from certain points of view in definite circles in which he puts only similars and rejects the dissimilars. He can distinguish between the feebler images of his memory and the present sensations, which are stronger ; and among these latter between those which are furnished to him by his own organism and those which come to him from without. Thus he learns to oppose his own body to the external things which affect it, and his own proper *ego* as concerns the sum of the bodily impressions and psychical activities to the other beings to which he grants an independent reality like his own. Thus he knows in the waking state and in health that a recollection is a different thing from an intuition, and he can *in most cases* distinguish a product of his imagination from something which has an existence, although he cannot always clearly judge between that which is peculiarly objective and that which is peculiarly subjective, in every "representation." But it is otherwise in a dream, or in delirium : here the exaltation of the central nervous activity (is it not a pity to see mere *words* in place of a true explanation ?) lends to the products of fancy a vivacity which is ordinarily the property only of immediate impressions, and which annuls the activity of the soul. We consider as true what our imagination presents to us, the past becomes present, we take our hopes and our desires for facts, absolutely impossible monsters for realities. Sometimes the same thing happens to us when, without our being asleep, we allow ourselves to be the willing dupes of the illusions of our imagination. But these cases are rare, "because recollections have not altogether the force of immediate impressions, and we possess the faculty of setting ourselves right by the real world." In sleep, on the contrary, we receive from without only enfeebled impressions, for were they to be strengthened ever so little they would waken us ; they are incapable of making consciousness act again, and the dreamer, without any information as to the world he lives in, builds himself another out of his own ideas. Hence the dictum of Heraclitus quoted above, that in sleep every one has his own world to himself, whilst when awake the same world is common to all of us. Towards morning only, on the approach of our awaking, we again become sensible of external things, the higher activities of the mind are set in motion, and the illusion vanishes.

I have reproduced this passage almost at full length. As we look at it, it seems very well put ; some will think even that there is nothing to add to it ; and for my part the sentence which I have put in inverted commas seems to me to contain the principle of the solution. However, I stop. Here I am, before my table, which is covered with papers, and I write these lines which the reader has under his eyes. I do not think that I am the subject of a dream ; but, as Descartes says, I have sometimes dreamt something similar, while remarking to myself further, in my dream, that I was not dreaming. Only quite lately I had an extremely complicated dream, quite connected, and very interesting : then I felt suddenly that it deserved to be made a note of, and still dreaming, I carefully put it down on a sheet of blotting-paper. Am I not still dreaming, at the moment when I am writing on ordinary paper ? Some one will tell me that I can put myself right by the external world, which is quite true ; the sun shines, a refreshing breeze is sporting in the foliage spread out before my window ; I hear in the distance the rolling of carriages, and a child's trumpet which grates on my ears,—but is not all this a part of my dream ? Does not M. Radestock himself say, and I have underlined the words, that *in most cases* we can distinguish imaginations from real images ? There are then some cases in which we cannot : am I not in one of these cases ? And if this presents itself even once, how can I be sure that it is not always presenting itself ? In a note which ought to have figured in the text M. Radestock speaks of a Polish student whom he had met in a scientific society. This student used to be a somnambulist, and at the present time it often happens that in his dream he is conscious that all that he dreams is untrue, and still the false images do not go away. I have known some madmen who were in the same position. How is this possible ? What is it but a consciousness of reality ? I repeat it, we may to a certain extent consider that M. Radestock has said all that needed to be said, but I should have wished for a more detailed, more vigorous, and more profound analysis on this special point.

I shall have to point out again in the ninth chapter this same lack of depth. I say nothing of the seventh and eighth chapters, in which he treats principally of somnambulism, and of the differences in dreams, because this would lead me too far. In the chapter now to be considered, the author compares dreams with madness. "Madness is a waking dream," says Kant. The author does scarcely anything but comment on this definition ; he gives himself up to his taste for descriptions, in which he generally succeeds well ; but unfortunately, he makes use of too many figures, metaphors, and comparisons, which have their charms, but are wanting in solidity. The comparison should render the explanation clear and powerful, and not take its place. Between comparisons, then, and descriptions, and descriptions and comparisons, M. Radestock has reached a point where, by making me see resemblances and analogies, he has so confused and mixed up things that I cannot tell the difference between the man who is asleep and dreaming and the madman. However, no one is deceived : the madman is neither a sleeper nor a somnambulist.

The same remark applies to the last chapter, in which he treats of reverie and musings.

The author formulates his conclusion thus : "It is by degrees numerous, but still continuous and indivisible, that waking-consciousness passes into the consciousness of sleep and of dreaming, and between health and disease of mind we do not find a well-defined line, but there exists a great intermediate domain of troubles and disorders. No one could say exactly where reason ends and mental derangement begins."

Very well, but my whole being revolts from this conclusion, which confuses everything, and which in its final analysis suppresses reason and drives it from the universe. From the fact that there are intermediates between two opposite states, it does not follow that the one is the other : between the curve and the straight line there are all possible transitions, but there is only one straight line ; between

zero and unity there is every imaginable value, but none of them is zero or unity.

IV.

M. Stricker, whose ideas I am now about to expound, has, so far as I am aware, hitherto produced no work on psychology, and even the chapters which form the concluding part of his "Lessons on Pathology" will to some readers seem a mere digression. But we certainly may congratulate ourselves on the learned professor's having incurred the reproach of breaking the rule of unity of subject. I have rarely had the pleasure of reading any pages more lively, clearer, and more original on subjects which are somewhat trite. Like Spinoza, Traube, and Helmholtz, M. Stricker is a Jew: if I mention this it is because he does not write like most Germans; his style is rapid and condensed, his language short and incisive, his thought clear and piercing; I may add that his penetration is subtle and ingenious. I shall follow in my *résumé* the order of the master's lessons.

We must distinguish between *potential* knowledge and *actual* or *active* knowledge (*das lebendige Wissen*). At any given moment of my existence I can think of only a very small portion of all that I know: what I think of is actual knowledge; the rest belongs to potential knowledge. Actual knowledge is present to our consciousness, this latter word being used in its narrow and limited meaning. What is the seat of consciousness? This is a question which cannot be solved, and is in part needless: it is enough that it is universally admitted that the functions of the mind are dependent on those of the brain. It is now a matter of dispute whether it is the cell only that works psychically, and the nerves uniting the ganglion-cells act only physically, *i.e.* simply as instruments for transmission. However, when a deaf and dumb man pulls the bell, and his blind companion hears it, neither of them will be able to say that the *bell has rung*, in the sense which an ordinary man attributes to that phrase. Does not this comparison clearly show the impossibility of admitting the insulation of the psychical centres?

I attribute to others a consciousness like my own. This is not an *unconscious* judgment; this belief is explained quite simply by an association of ideas: when I see a piece of furniture in the shape of a cupboard I suspect that it contains a cavity, although I have never consciously formulated the conclusion that every cupboard is hollow.

Our ideas come to us primarily from experience, and secondarily from memory. Why do we refer the cause of our impressions to something external? By a result of habit; there cannot here be any question of innate idea: if a man had for many years always worn a cap, and if after taking it off he still felt it, should we talk of an innate idea?

The organs of the senses are, as J. Müller has pointed out, only the outposts of the brain. The *ego*, although represented most clearly in the head, is still not limited by the envelope of the brain, but goes as far as the sensory nerves. This assertion is proved by the fact that sick men gain anatomical knowledge. Imagine a basin filled with water and having passing from it horizontally some tubes terminating in open bulbs, into which the water reaches; if we throw some pebbles into the bulbs, the wave will spread to the basin, but will there appear markedly weakened; we shall see the disturbance on the surface of the basin and of the bulb, but not in the communicating tube. This is the idea which we form of the brain, the organs of sense, and their relations to one another.

We are led to consider a perception direct, real and objective, when the consciousness of what is going on in the peripheral ends of the nerves is brought prominently before us. This power of decision has been acquired little by little; but, once acquired, in virtue of it we decide to be outside of us the cause of every excitement of the peripheral nervous extremities, and we associate with the *preponderance* of their phenomena the idea that we are under the influence of a cause outside of ourselves, and that we perceive something external. But we are often deceived: dreams afford us proof of it every day. Where then is the criterion of the legitimacy of this judgment of the external?

This we shall see presently. Meanwhile I would remark that an illusory image is in its nature exclusively personal, whilst an objective image may be common to several people. This is a first criterion, and a very practical one.

The *normal* images of the memory are nothing more than the reproduction of sensible impressions. The others—for example, the image of a Venus of Milo on horseback—are "fantastic;" they contain more than has really been perceived. Such are the figures of dreams.

The ideas which we have at the same time are associated. Of these associations some are separable, others not. I can separate the image of a play-house from that of its spectators, but I cannot separate it from the idea of place or size.

Let us now speak of the illusions of the senses. There is a difference between hallucinations—for example, those which we have at the moment when we are falling asleep—and dreams. In dreams there is first a change of scene; I am in a fictitious place, I have no knowledge of my surroundings, and if I receive some impression of them I make it serve my fancy, and weave it into the dream, consequently there is nothing but illusion in the dream. If I dream of brigands, and that I am seized with fear, this fear is logical and real, and sometimes it lasts even after I am awake. In short, the ideas have a kind of connection in the dream which they have not in the waking state. In hallucination, on the other hand, my attention is enfeebled from the commencement. I cannot easily fix the moment of the entrance of the false images; still I remain conscious where I am, and when it has ended I know that I have seen these images, but I know, too, that I have seen them from the place where I am. Further, we do not see ourselves in it, we take no part in the game of the actors, we experience no joy, no fear, no anger; we maintain an absolute indifference. In short, we do not think, we do not seek to concert ideas; we are like a seeing machine.

Fictitious images are reminiscences; but memory does not suffice to explain the illusion, for we only believe in the illusion if the nerve ends have a share in it. For example, if I look at the sun I shall still see it for some moments after I have shut my eyes, and I shall see it *outside of myself* as long as that image lasts; but after it is effaced, if I recollect both the real image and the consecutive image, they are no longer, either of them, external. Ten or dozen years after having lost our sight, we may still dream of forms and colours, but little by little the ideas relative to touch and hearing prevail to such an extent that at length dreams of seeing cease to be produced. Then without the peripheral nerves and their functions the illusion is not possible.

According to the hypothesis of Lazarus and of Hager, when images are formed in the brain the peripheral nerves participate in the excitement if they are in a fit state. It is with this participation that the dream is connected. Even in normal memories we can always produce a state of illusion, because the internal excitement is propagated to the peripheral nerves. Here M. Stricker returns to his comparison of the basin and pipes. There is recollection only if the waves have their origin in the basin. If the pipes are set in motion the recollection becomes plastic, but if the bulb receives a wave the illusion is produced; it is the same as if a pebble had been thrown into it.

Let us consider for a moment the idea of motion. We do not know how the muscle gives us its information; but the existence of a muscular sense is undoubted. The question how the idea of movement is produced in us is difficult, and has not yet received a satisfactory solution. It is possible that this representation results simply from the indications which we receive from the sensory nerves of the skin, ligaments, joints, and bones, and further, from seeing and hearing the movement. Whatever it may be, the will may explain it as follows: The impression on the organ produces a reflex muscular contraction; the impression and the movement both stamp themselves on a certain part of the brain. Let us suppose now that the point where the impression is stamped is excited by a strange cause, which thus arouses a remembrance, and that this excitement makes itself felt up to the point where the movement whose image is thus reproduced is stamped. We shall be able to say that the movement is *willed*, and the movement propagating itself from this point to the muscle by the same route which the image of the movement had followed in the contrary direction, in order to impress itself upon the brain, will be said to be *voluntary*. We must not practically lose sight of the fact that we can only will what we have already experienced. In this connection I suggest this subtle paradox, worthy of meditation by all who attempt to fathom the problem of free-will; it is that if logical actions appear to us as *necessities*, much more ought *illogical* actions to be considered such, for it is self-evident that as everyone professes to act logically when he can, it is in spite of himself that he acts illogically.

Special.

LOCAL CONDITIONS IN RELATION TO ENDEMIC DISEASES IN INDIA.

(*Concluded from page* 221.)

FEVERS MET WITH.—*A. Malarial.*—It is stated with regard to these, that at Nowgong "the fever of the district is often of a low type, causing great prostration; and that it is very fatal among the native population" (175). Remittents of a bad type, "the aul," are very common in the north-western part of Chumparun, especially among the inhabitants of the *very dirty* town of Ramnugger (247). "In the Punjab, especially during epidemic years, fevers end fatally with typhoid symptoms and diarrhœa," there is abundant carefully collected evidence "that these cases are truly of malarious fevers" (348). "The most common history of fatal malarious fever is this: the patient lingers on for a while with fever, till dysentery or diarrhœa supervenes, and then he dies" (355). "A vast majority of cases of malarial fevers and bowel complaints (in the Punjab) are attributable more to neglect of proper precautions against exposure to *chill* than to any other causes (355). In the Kangra valley *miasmatic* fever is universal, although splenitis is very rare (396); the term miasmatic being used as a synonym of malarial. It thus appears that malarial fevers on occasions end fatally with *typhoid* symptoms, diarrhœa, or dysentery; also that in some instances at least they are considered to be due to *chill* alone.

B.—Typhus.—True typhus is next to unknown in Lower Bengal (95—128). Two outbreaks of this form are recorded in Lucknow jail, namely, in 1860 and 1865 (279). It prevails in Kumaon and Ghurwal, especially where the villages are extremely filthy (316). In the Punjab typhus and diphtheria occasionally occur on the Western and South-western frontier (342). In certain portions of that province epidemics of typhus have occurred during the past sixty years (95); and in some jails pneumonic typhus, or contagious pneumonia has occurred during such outbreaks (361).

C.—Relapsing Fever.—The jail population of Northern India are liable to attacks of *relapsing contagious* fever (95). An epidemic of relapsing fever occurred among the native troops at Ferozepore in 1864 (491).

D.—Specific Typhoid or Enteric Fever.—No distinct definition of the standard taken appears, further than that the intestinal lesions found in fatal cases of the disease so-called in India are exactly those which are found in the enteric fever of Europe (90). It was looked upon as contagious (211). But "setting aside the specific poison doctrine as altogether inapplicable to the history of enteric fever in India," may not other disease causes, which have little effect on the young soldier in England, exercise a very powerful influence on him when aided by heat and other *tropical influences*" (90). From the circumstance of epidemics of cholera and of fever being associated in Northern India, and the frequent similarity of bad cases of malarious fever to cholera, it has been argued that the miasms of both have an allied character (120). It is rarely met with in Bengal (128), but prevails, together with remittent fever, in Nepaul, in dirty villages during the rainy season (258). Except among the Ghoorkas it is of rare occurrence in the native army (90). It is a very rare disease in the Punjab (348). Here, then, the statement occurs definitely that the "specific poison theory" of typhoid is inapplicable in India, notwithstanding that on occasions the disease so named prevails in dirty villages during the rainy season, in connection with remittent fever. We have already seen that among the results of malaria are fever, dysentery, and diarrhœa; also that among the complications of malarial fevers the two latter affections are noticed.

Epidemics of Fever.—The occurrence of malarial fevers as epidemics in the Doab at intervals of eight to ten years is recorded (299). Malarial fevers, especially in *epidemic years*, assume typhoid symptoms (348). Adverting to the recurring epidemics of *malarial* fever in the Doab elsewhere described, it was observed (301) that in those towns which suffered most severely the disease was aggravated by exceptional filthiness of the people; yet the effects of *malaria* were manifested altogether apart from canal irrigation; that the continuous and effectual removal of water, to the change of much moist into dry land, has been the only cause of fever mortality; but that, according to the opinions of Drs. Moir and Garden, a *lessened epidemic influence* may have helped the good cause (303). A committee appointed to report on fever in the North-western Provinces expressed an opinion "that an extensive *epidemic influence* had of late years overspread a large portion of that part of India comprised in that division (371). The Sealkote district is described as being generally healthy, and yet as having years of exceptional sickness (419). It is asked "why the atmospheric influences of one locality should prove favourable to the development of *cholera*, and those of another unfavourable?" Dr. Bellew observes he is no more able to explain it than why the atmospheric moisture should collect in a cloud in one spot in the sky and not in the spot contiguous to it; or why a thunder storm should sweep along one line, and not in a line parallel to or athwart it (441). At Mooltan the cause of fever, "whatever it may be," varies in intensity from year to year; "the variations in the intensity of the cause depend upon local circumstances, which may act independently of the conditions, whatever they are, which occasionally send a *fever wave* through the whole or part of the province" (487). In the same page allusion is made to "fever years" at that station.

In 1869-70 a severe epidemic of this nature overspread the Punjab. Cases of intermittent fever first became numerous in the month of August (66); the reports of civil and regimental surgeons concur in pronouncing it malarious (*id.*); among the troops the cases were chiefly of the quotidian type, a few of the tertian, and still fewer remittent (*id.*); there was but little characteristic of the prevalent fever beyond its being the usual autumnal fever in an exaggerated degree, somewhat *lower* in type, perhaps, and with a more than ordinary tendency to diarrhœa (*id.*) Post-mortem examination showed "the usual negative signs of malarial poisoning," with occasional enlargement of the spleen and *liver*; no alteration in the intestines, nor any disease of Peyer's patches. It yielded readily to quinine (*id.*). In one form it commenced as an ordinary intermittent, then suddenly took on a *low typhoid* form, and generally terminated in death from the seventh to the eleventh day (*id.*). This epidemic was in its nature essentially the same as the ordinary *autumnal or climatic* fever of Northern India (70). Dr. Bryden, alluding to an "epidemic of *malaria*" among the troops at Buxar in 1859, remarks that among those in that fort it was of the *intermittent type;* among those hutted on the level ground outside, remittent (71). The circumstance also is mentioned that prisoners in jail are very little affected by *malarial* epidemics sweeping a province (93).

Dr. Bryden alludes to the association as *epidemics* of malaria, famine, and typhus fevers (95). Contagious fevers occur from time to time in Kooloo, together with intermittent fevers and bowel complaints; also every now and then contagious fevers of very bad type, together with cholera, prevail fatally (390). At Murdan the ordinary autumnal or malarial fever sometimes assumes the character of an epidemic, "aggravated by the peculiar though undetermined conditions which give rise to a year of epidemic fever in Northern India, and by the dirt of the inhabitants and their dwellings" (451).

In connection with *epidemics*, reference occurs to *healthy* and *unhealthy years.* Thus at Peshawur, 1868 was described as a healthy year; 1869 as one of excessive sickness; 1870 another unhealthy year; 1871 a healthy year; 1872 as having a good deal of fever; 1873 a healthy

year ; 1874 not an unhealthy year—no epidemic ; 1875 not an unhealthy year ; 1876 a cholera year ; 1877 a healthy year (458).

From these particulars the following points seem to be established, namely, *a.* That epidemics of purely malarial fever do recur at stated periods in India ; *b.* That the operation of an "epidemic influence" in connection with their occurrence is acknowledged, although as yet the actual nature of that influence remains to be defined ;" *c.* That "local circumstances" affect the intensity of the cause of those epidemics, although it is nowhere stated that they are themselves *the cause* of them ; *d.* In some instances the fever during an epidemic assumed "a low typhoid form ;" *e.* That prisoners in jail are seldom the subjects of *malarial epidemics* ; *f.* That *contagious* fevers from time to time occur in the hills ; *g.* And that in Northern India epidemic *autumnal* fever is at times "aggravated by the dirt of the inhabitants and their dwellings."

Complications and Sequelæ.—These are respiratory and bowel diseases, chiefly dysentery, diarrhœa, hepatitis, "spleen," and göitre. In the Punjab malarial pneumonia and *pneumonic typhus* have occurred (360-361) ; these happen during *typhus* periods. At Bunnoo, from September till December, the remittent type of fever, with pneumonia as a complication, becomes frequent, and causes much mortality (472). At Chuckrata a similar complication occurred in the case of the sappers stationed there (336). The general health becomes deteriorated at Peshawur (461). At Peshawur (459) and Kohat (467) attacks of intermittent and remittent fever with choleraic symptoms occur. At Nowgong, as elsewhere, ill-health, manifested in various ways, occurs as a result of the system being saturated with malarious poison (175). In Chumparun, although the attacks of malarial fevers are comparatively mild, yet they leave their subjects pale and anæmic (247).

Spleen.—A relationship, physiological and pathological, is described as existing between the spleen and thyroid gland ; a cause of blood disease, therefore, such as malaria, which involves the one may reasonably be expected to affect the kindred gland (43) ; and yet great enlargement of either or both is compatible with an apparent perfect state of health (44). In Nowgong enlarged spleen is of very frequent occurrence with malarial fever (175) ; while in Tirhoot the natives do not suffer much from ague, although they do from spleen and goïtre (240) ; and in Chumparun the occurrence of spleen without that of fever has been observed (247). On the other hand in some parts of Oude repeated attacks of fever do not necessarily produce enlarged spleen (269). In the Dhoon enlarged spleen as an accompaniment of malarial fever is commonly met with (307). According to a committee on the subject of fever in the Umballah district, although the intimate connection between malarious fever and spleen is established beyond a doubt, these diseases do not bear an exact proportion to each other. Many fevers occur, especially if the attacks be slight and not often repeated, without being followed by enlargement of the spleen. Many tumid or slightly enlarged spleens become natural in size soon after the fever has passed off. The spleen may become enlarged *from other causes*, and in persons who have had no distinctly developed paroxysm of fever, although living in a malarious locality (374). In the Kangra Valley *Spleen* is rare, although *miasmatic* fever is prevalent (397).

In Relation to Animals.—In some parts of Oude cattle suffer from spleen, while people in the same places do not (270). To the south of the river Chowka cattle, equally with people, suffer (275). In the Montgomery district, near Mooltan, animals, especially goats and dogs, suffer from (malarial) goïtre (495). But it is not alone in regard to purely *malarial* diseases that animals suffer, as do the human inhabitants of affected districts. In Komaon the circumstance of rats dying in houses the inmates of which are affected with *Mahamurree* is recorded (322).

Quinine.—With regard to the Punjab it is stated that a number of cases of ordinary malarious fevers with typhoid symptoms and diarrhœa end fatally ; yet that specific signs (of typhoid), namely, resistance to quinine, are absent (348). At Bunnoo "neither quinine or arsenic seem to be of much good in cases of malarial fever, and change of air is the only efficient remedy (472) ; and so at Mooltan the sequelæ of fever are in many instances of so obstinate a character as to require the removal of the sufferer from the locality (489).

From these allusions the circumstance appears to be established that quinine is *not* always a successful remedy in all cases of *malarial* fever.

FRANCE.

[FROM OUR OWN CORRESPONDENT.]

M. Bouchardat has just made an important communication to the *Academie de Médicine*. It was in reference to the enormous mortality amongst children under one year over all Europe. The following figures will give an idea of this mortality which, as will be seen, varies according to the countries, the towns, and according to the different quarters of the town. In the Scandinavian countries it is lowest. Out of 1,000 children under one year there die in Norway 104, in Denmark 135, in Sweden 137, in Belgium 181, in the Netherlands 196, in Russia 218. In France the average mortality, according to Bertillon, is 205, but in Paris it attains the incredible figure 462. To what can be attributed this high death-rate ? If the statistics for the first half of the present year be consulted it will be seen that 286 deaths are attributed to small-pox—a sufficient proof of the necessity of vaccination—and here I may state, by way of parenthesis, that vaccination is not, as yet, compulsory in France. 99 deaths have been caused by croup, a disease that is greatly on the increase at Paris. M. Bouchardat, in his Report, considers that a special hospital should be built for croup and diphtheria. Scarlatina caused but 18 deaths, while 151 are attributed to measles, 142 to whooping-cough, 643 to acute bronchitis, and 147 to pneumonia. But diarrhœa (infantile) which, by the way, is very prevalent just now, has had 3·282 put down to it. The death-rate, according to the *arrondissements*, is highest in the twentieth (*Belleville, Menilmontant, and Père Lachaise*). M. Bouchardat shows that the use of bad fermented milk bought in Paris is the great cause of this mortality, and advises the encouragement of maternal nursing, aided by *crèches*, where milking goats could be kept.

M. Bouchut has written to the *Gazette des Hôpitaux* on an anæsthetic he employs in the minor operations on children. The agent he uses is chloral, of which he administers one, two, three, and four grammes, according to the age ; two grammes might be given without danger between three and five years. The dose, one, two, or three grammes, as the case may be, is given in four ounces of water well sweetened ; the whole being taken at once. A half-an hour afterwards the child sleeps, and in an hour is perfectly insensible. This sleep lasts from three to six hours, and the child awakens as fresh as if after natural sleep. Once insensibility arrives a great number of operations can be performed, such as extraction of teeth, destruction of erectile tumours by caustics, application of Vienna paste, opening of abscesses, thoracentesis, re-dressing of malformed limbs, anchylosis, &c., without any other inconvenience than that of leaving the children to sleep off the effects of the chloral. M. Bouchut asserts that he has administered this anæsthetic over ten thousand times at the hospital (*Hôpital des Enfantes Malades*), and never had an accident ; where the stomach rejects the chloral (which is very rare in children), a suppository with the required dose is given, and when it has melted sleep comes on. M. Bouchut, however, is not in favour much of this mode, as chloral he has found irritates the rectum after the third or fourth time. Although chloral is so well tolerated in the child, it is far from it in the adult. M. Bouchut never could succeed in giving a dose large enough to produce insensibility, as when four grammes were administered it was rejected at once. If the employment of this anæsthetic, says M. Bouchut, were attended with any danger, it should be abandoned, but as I have already stated, there is none whatever.

A country practitioner writes to the *Concours Medical* on

the treatment of infantile cholera by oxalate of cerium. He says, "profiting by a slight epidemic of diarrhœa amongst children and adults, I administered oxalate of cerium regularly in doses indicated by my *confrère*, Dr. Poulet, viz., four grains divided into ten powders for children under two years, one to be given every hour, eight grains in ten powders between two and ten years, and 15 grains similarly divided for adults. *Without any exception* I have obtained rapid and absolute cessation of the vomiting, and in four cases complete cure of the diarrhœa. In a child of a month old, already much attentuated by the disease, I renewed during three days successively, the dose of four grains in ten powders, each time I obtained the cessation of the vomiting, which returned when the medicine was discontinued. Unfortunately, it was impossible for me to arrest the diarrhœa, and the child succumbed, but I am convinced that if I had been called in earlier I could have saved it. I cannot impress too strongly the importance of the cessation of the vomiting, as it permits the employment of the administration of the remedies usual in these cases. I tried to give the oxalate of cerium in a mixture, but I had to abandon it in favour of the powders. In a word, the employment of oxalate of cerium seems to me indicated in infantile cholera, and the cholera nostras of adults at the vomiting period. Its action upon the stomach is incontestable, and if that which it exercises on the intestine is more doubtful, it permits, at least, the recourse to other medicines, the administration of which would have been otherwise impossible."

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS, FOR THE GUIDANCE OF THE PROFESSION AND THE PUBLIC.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C., President of the Pharmaceutical Society of Ireland, &c.

WITH NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond., Lecturer on Materia Medica and Therapeutics at the London Hospital.

(*Continued from page* 159.)

PURGATIVE WATERS.

Friedrichshall.—Friedrichshall Saline Springs lie a little to the South of Heidelberg, on the road to Heilbronn, and situated in a district abounding in salt works and springs. This water is an old friend deservedly held in high estimation. The proprietors publish valuable testimonials from Liebig, Sir Henry Thompson, and others, but except in very special cases, it is not our intention to quote from the numerous puffs published with mineral waters, but simply to relate our own personal experience and to confine ourselves as far as possible thereunto. It is curious to observe that this well-known water, when examined in the bottled condition, gives very different results from the published analysis. If we were seeking for an illustrative example of the necessity of a thorough examination of mineral waters, we could not have hit upon a better one. We do not mean to say for a moment that there is anything wrong about this water as bottled. It agrees in almost every respect with the analysis published by the proprietors as regards the quality of the ingredients, and also very fairly as regards the relative proportions; but here the analogy ends, and we find the Friedrichshall water of commerce much stronger and centesmally richer in ingredients than the published analysis. This might at first sight seem unimportant, but when we find Sir Henry Thompson basing his remarks upon the relative amount of grains of sulphate of soda and magnesia contained in a pound of this and other water to such a nicety that 30 grains of a salt determines the relative merits of two waters, it becomes a very striking discrepancy. His remarks are as follows:—

The most powerful of this group is that of Pullna, which contains 154 grains, or nearly 2½ drachms, of sulphate of soda to the English pint, and nearly 2 drachms of sulphate of magnesia. Those quantities would give a tolerably efficient purge to anybody. But you must not give a pint of Pullna; five ounces would be a full dose. I do not like Pullna generally for our purpose, because it purges too freely, often gripes, and is very nauseous. Half a drachm of sulphate of soda and half a drachm of sulphate of magnesia in this form is too much for many people. I therefore recommend Friedrichshall, which contains not a drachm of sulphate of soda in a pint, and little more than three-quarters of a drachm of sulphate of magnesia. Nevertheless, you would not think of giving a pint; eight or nine ounces make an efficient purge; for many persons six or seven suffice. I think I may say that seven ounces is an ordinary average dose. If you take seven ounces of Friedrichshall water an hour before breakfast, and soon after a cup of hot tea or coffee, you will have a full, free action of the bowels; perhaps two. That, you see, would be about twenty-five grains of sulphate of soda and twenty grains of sulphate of magnesia, which, taken in any combination you like out of a druggist's drawer, would have no appreciable action; you might be a little uncomfortable, perhaps, but there would be no action of the bowels.—(Sir Henry Thompson's Lecture on the Early History of Calculus Diseases.)

How can we make this to agree with the fact that we find the Friedrichshall water contains ⅓ more salts than given in Liebig's original analysis? The imperial pint being 4 ounces more than the fluid pound, as given in Liebig's, would give respectively 57½ and 47 grains of sulphate of soda and sulphate of magnesia, or, as Sir H. Thompson says, nearly a drachm of sulphate of soda, and ¾ of the magnesium purgative.

The above remarks are evidently based upon the old analysis of Liebig, which we now give.

Analysis by Liebig, grains per pound or 16 *ounces fluid.*

	Grains.	Grains per pint.
Sulphate of soda	46·51	... 57½
Sulphate of Magnesia ...	39·55	... 47
Chloride of sodium ...	61·10	
Bromide of magnesia ...	0·37	
Chloride of magnesia ...	30·25	
Sulphate of Lime	10·34	
Sulphate of potash	1·52	
Carbonate of lime	0·11	
Carbonate of magnesia ...	1·16	
Silica	0·33	
	191·24	
Carbonic acid	5·32 cubic inches	

Therefore, the total amount of solids in an imperial gallon of 10 pounds would be 1,912·4 grains.

The following figures represent the result of our analysis in grains per gallon :—

Sulphate of soda	715·35
Sulphate of magnesia ...	641·38
Chloride of sodium ...	997·22
Bromide of magnesia ...	2·75
Chloride of magnesia ...	501·14
Sulphate of potash ...	25·18
Sulphate of Lime	171·30
Carbonate of magnesia with traces of lime	21·02
Silica	4·40
Total solids per gallon	3079·74
Carbonic acid not determined	

Skeleton Analysis of 10 *Fluid Ounces, or Half-a-pint.*

Total Solids.	Purgatives.	Salts, &c.	Antacids.
192·4	84·7	95·3	1·3

It is stated that Friedrichshall water keeps well in the bottled condition, and a glance at its composition will show that this fact is very probable. A temperature of 50° to 60° Fah. is stated to be the proper temperature of this water.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, SEPTEMBER 29, 1880.

STIMULANTS IN LUNATIC ASYLUMS.

THE Committee of Visitors of the Surrey County Asylum during the discharge of their duty of supervising that establishment, seem to have formed two impressions bearing upon, if not reflecting, on its management. They seem to have arrived at the conclusion, firstly, that the re-admissions into that asylum of patients whose malady was due to intemperate habits, were unnecessarily frequent; and secondly, that the amount of money expended on stimulants was unnecessarily large. Influenced by these beliefs, they on the 19th of December last adopted the following minute :—"The Committee wish the medical superintendent to consider and submit some plan by which a certain number of patients, especially those addicted to drink, should have milk or other non-stimulants instead of beer." The medical superintendent, Dr. Brushfield, evidently lost no time in acting upon this minute, for on the 19th of January, 1880, having maturely considered the matter, he submitted to the Committee, not indeed a plan for replacing beer by milk, but a report demonstrating in the most conclusive manner that the impressions on which the Committee had acted were entirely erroneous, and teaching them the important lesson that it would be well in future to abstain from meddling with matters which are too high for them. Fox-hunting does not prepare for the decision of difficult physiological problems, and visiting justices exceed their proper functions when they interfere with questions of dietary. and embarrass the medical staff of a great hospital with crotchets which may give much trouble and cause much suffering, for all medical superintendents may not have the ability and intrepidity to grapple with a crotchet and expose it in its true colours in the manner in which Dr. Brush field has grappled with and exposed this milk-and-water crotchet of his Committee. The first question to which he applied himself in preparing his report was to determine the exact number of readmissions into the Brookwood Asylum in proportion to the admissions, and to contrast this with the number of re-admissions into other asylums. The re-admissions for the last three years he found amounted to 6·78 per cent. of the total number admitted, a proportion far below the general average of English asylums, which for the year 1878 was 12·31 per cent. After showing the periods of absence from the asylum of those patients who were re-admitted to it during the last three years, which varied from one week to upwards of ten years, he demonstrated that in 39 of the 131 patients discharged recovered during 1878, intemperate habits, constant or occasional, was associated with the cause of the attack, and that the total number of re-admissions in three consecutive years came to a figure less than one-half of this number. From his statistical investigations in this branch of his inquiry, Dr. Brushfield concludes "that asylum residence has a deterrent influence upon a large section of those patients discharged who are, or have been, of intemperate habits. 2. That many reported as of intemperate habits are not habitually so, otherwise they would undoubtedly soon be sent back to the asylum; and 3. That the ordinary asylum beer (which can be neither regarded as an intoxicant nor a stimulant), can have but little or no share in producing or tending to a relapse of the malady. If it had this effect, it is only reasonable to believe that the number of re-admissions ought to be greater in those asylums where beer is used largely, than where it is but little used. But this is not so.

Turning next to the cost of stimulants in asylums, in-

cluding under stimulants wine, spirits, cider, and all malt liquors, Dr. Brushfield presents an elaborate table, which he must have been at much pains to construct, containing a comparative and statistical account of the amount expended on them in all English county and borough asylums. From this table we ascertain that the average cost per head for stimulants in 47 English county asylums was 6·96d. per week for the year 1878; and that in eight borough asylums it was 6·97d. The lowest rate was in Cumberland, where milk has been substituted for beer in the asylum dietary, and amounted to 1·42d. per week. The highest was in Suffolk, where broken down agriculturists are not denied their wonted beverage, and amounted to 10·96d. per week. In the Cumberland Asylum, in which beer does not form a part of the ordinary dietary, the number of re-admissions is exceptionally high; so high, indeed, that Dr. Brushfield questions if it is equalled in any other asylum in England, a fact which, by the line of reasoning adopted by the Surrey Justices, would conduct to the conclusion that milk is eminently conducive to the recurrence of insanity. In the Cumberland Asylum also there is a disproportionately large expenditure on extras for the sick. In the Surrey County Asylum the cost of stimulants during the year 1878 was 5·46d. per week, and was therefore below the average.

In considering whether beer should form a constituent of asylum dietary, it is of course clear that regard should be had to the habits of the population from which the inmates of the asylum are drawn; and in a large majority of English counties beer is the staple drink of the people, as wine is in France and Switzerland. In some counties, as in Norfolk and Cumberland, beer is not the ordinary drink of the peasant class, and in these counties it is very properly excluded from the lunatic asylum dietary. In Worcestershire, Devonshire, and some adjoining counties, cider is the popular drink, and in these it is wisely supplied in the lunatic asylums. In Cheshire, where buttermilk is much used, that substantial drink is served in the lunatic asylums. But in other counties in which beer is in regular use amongst the people, it ought assuredly to be supplied in moderate amount to the insane poor, who are already sufficiently afflicted, without adding to their distresses a degradation which they feel very keenly.

No apprehension need be felt as to the moral consequences of permitting a moderate indulgence in asylum beer even to those who are disposed to alcoholic excesses, for the concurrent testimony of many asylum superintendents established beyond doubt that that modest liquid is after all but a pleasing delusion, and that it "cheers, but not inebriates."

FLOGGING.

The efficacy of a cat as an agent for the repression of crime is a favourite subject with a certain section of the sentimental army which troubles itself with the publication of imaginary woes. The class of burglars, murderous ruffians, and villains who delight in crimes of violence, seem to appeal with peculiar success to the sympathies of those easily led enthusiasts, and whatsoever the enormity of which the modern Sykes may be guilty, the suggestion to submit his brawny back to the correcting influence of the lash, is met with an immediate outcry of indignant remonstrance against the cruelty of inflicting physical pain on the hardened wretch. It matters not what enormity may have been committed, the greatest brutality is taken as insufficient of itself to justify the adoption of the only measure of real good, in the cases of outrage to which the country's attention is from time to time directed. In a degree, too, the medical profession, or members of it, are to blame for the false feeling which dictates the nonsensical objections of the criminal's apologists. Assertion is made to the effect that medical testimony is borne to the injury done in those cases of flogging that are occasionally inflicted in British jails; and by failing to utter protest against the false assumption, the medical men of this country are passive assistants in the spread of a grave error of vital public importance in its bearing on the future of our criminal regulations. Decried though it may be, and is, no careful observer can doubt that the cat-o'-nine-tails is a wholesome subjective of the gross animalism characteristic of the brutes who deface creation by the exhibition of their savagery. It is not possible to regard the filthy wretch whose delight is in the writhing tortures of the unhappy woman he illuses because she is his wife, as anything more nearly human than the beast he so nearly resembles. We cannot frame excuses for the flagrant violence that civilisation and its product, society, alike condemn; and in the punishment we select for teaching repentance to the Criminal, we hope less to influence him at once, than to reach the numbers he is but a type of, through the example of his sufferings. Painful though the admission is, to us now after ages of enlightenment, and centuries of advance, we are fain to confess that the lowest traits of human natures are as powerful in their evil ascendancy in this year 1880, as they were in the earliest days of man's historic progress. In so far as we have, perhaps, circumscribed the area of depravity, we have forged ahead; but the actual savagery of individuals is as marked now as in the days long past. The problem is not how to rid ourselves of crime; that will not be until the utopia of modern speculators is *un fait accompli*. The stern necessity of the hour is the limitation of its *influence*. Slowly, and by degrees, can we hope to confine the violence of crime to the innately criminal, and so prevent the contamination of other and less lowly intelligent classes of beings. That our systems of punishment, of imprisonment, and penal servitude are insufficient in this cause, the annual records of crime too clearly show. In the whip, however, we have an ally of which we know part, but not all, the strength. In it we have a weapon with which we may hope to overcome the most hardened offenders, and so subdue the disposition they show, as to excite in them a desire to live less dangerously subject to the infliction which, once felt, they will dread to incur again. That the lashes of the 'cat' are remembered with shuddering dread, the experiences of an infinite number of criminals attest; and the fact has been eagerly seized on by the sentimentalists to substantiate their claim for the total abolition of flogging. The argument is, however, eminently weak. The injury done to the criminal who has been flogged is in no sense a moral degradation. To such as are visited with the punishment of the 'cat' a moral sense is as utterly wanting as a con-

science in a monkey; they know no shame, and right and wrong are appreciable qualities, only in regard to their own physical sensations. The organic disturbance they suffer in consequence of the flogging is not of a kind that leaves serious or irrecoverable effects behind it, notwithstanding all we are urged to believe to the contrary. Thirty, or even 40, lashes at one time, are productive of an amount of ill of which the sensible indications of pain are no trustworthy criterion; nor are the make-believe faintings and exhaustions likely to deceive the wary eye and touch of the experienced surgeon. It has happened, and may happen again, that an amount of punishment has been ordered impossible to be supported by the prisoner, but in every such case the watchful medical officer is alert to prevent any possible evil consequences, by staying the operation ere it progresses too far. In the excessive carefulness displayed by the authorities lest any mischance occur in connection with these punishments, the public has the greatest security that its trust in the humanity of the law it owes its safety to is not misplaced; and in the undisguised terror with which the criminally inclined regard the possible judgment that would consign them to be flogged, we have a sure proof of the excellent nature of this agent, as a means for reducing the percentage of crimes with violence in our midst. The question of flogging in other places than prisons is hardly one to be discussed here. Its supercession in the army may have been productive of good results, without this in any way affording a reasonable guide for action in prisons. We may not draw comparison between our soldiers and our criminals; but it may be permitted to inquire whether gross insubordination, repeated in numerous individual cases in a way that proves the influence of example, might not be best met by a punishment that would awe the intending rebel into a fitting appreciation of the extent of his contemplated fault. These are points that may well remain for consideration. We would suggest, now, only that it be made a subject of inquiry whether, in view of the admirable effects of flogging in reducing the spread of crime, the adoption of the lash in all cases of robbery with violence, savage assaults, and kindred crimes, would not be a better way of meeting these increasing outrages, than by sentences of long-protracted imprisonment.

THE CORK FEVER HOSPITAL INQUIRY.

The Committee of the Hospital having concluded its inquiry has promulgated the following decisions upon the charges made against Dr. Jones:—

First Charge—"That, having received a direct promise that his (Mr. Crawford's) child would not be placed under the care of Dr. Jones, he was subsequently so placed." The answer of the Committee to that is: We are of opinion that Mr. Crawford had good reason to believe that such promise was given; but Dr. Jones is in no way involved in the matter.

Second Charge—"That Dr. Jones, having refused to allow his (Mr. Crawford's) physician to be taken into consultation as to the proposed operation on his child, subsequently performed the operation (a new and dangerous one) without consulting his own colleagues in the hospital." The answer is: Dr. Jones did refuse Mr. Crawford to call in his (Mr. Crawford's) private physician in consultation. He was quite justified in so doing, according to the usage and the practice of the hospital. He did perform the operation by himself. We are of opinion that the operation, or application of the drug referred to, was new in the city of Cork; but the medical evidence shows that in medical practice it is not new either in the United Kingdom or on the continent of Europe. When skilfully administered, we do not believe the term "dangerous" applicable to the operation or use of the drug. We regret that, following the usage of the hospital, Dr. Jones did not consult his colleagues; and we are of opinion that, using pilocarpine for the first time in a case of scarlatina, he ought to have shared the responsibility with them; but, on the other hand, the medical evidence states that, from Dr. Jones's special knowledge of the drug, he was warranted in dispensing with a consultation.

Third Charge—"That he so performed that operation without any proper explanation to Mr. Crawford of its nature or effect, and without getting his sanction." The answer of the Committee to that was: We do not think it was necessary that Dr. Jones should have given any explanation to Mr. Crawford, nor was it necessary to get his consent.

Fourth Charge—"That he exhibited want of care and discretion as to the time of performing the operation, and great carelessness and neglect subsequently, considering the dangerous and novel nature of the operation." The answer is: There was want of care as to the time of performing the operation. Sufficient pains were not taken to procure the drug in due time, and lamentable delay occurred in its application. If the remedy was useful at nine o'clock in the morning, there was great neglect in not applying it until five o'clock in the evening. On the whole, we do consider that there was evinced an absence of sufficient care and interest in the treatment of the case.

The Committee cannot close their unanimous report without stating that the facts disclosed in the course of this inquiry necessitate a searching investigation into the general administration of the hospital, which they have determined to make forthwith.

The verdict of the Committee thus given is a complete and gratifying vindication of Dr. Jones's conduct, and his professional skill; but it does not, we think, make sufficiently clear upon whom lies the blame which, with good reason, it expresses.

It is fair that it should be distinctly understood that, for the circumstances which the Committee consider blameworthy, Dr. Jones cannot be held answerable in the least degree. They are of opinion that "there was want of care as to the time of performing the operation," and "great neglect in not applying the remedy until five o'clock in the evening," and that "there was evinced an absence of sufficient care and interest in the treatment of the case." We think it but fair to Dr. Jones to point out that the delay in the application of the pilocarpine and in the other treatment of the case was not of his doing; but that, on the contrary, it appears from the evidence that he gave definite orders for all the treatment at the first moment of his seeing the case; and that he was not informed or aware of the fact that his treatment had not been carried out until late in the day.

The sole responsibility for the loss of time rests with the house-surgeon, who, however, excuses himself by an alleged difficulty of obtaining the drug. No one can expect more from a physician than that he shall see his patient with reasonable frequency, and give such directions for its management as he thinks necessary; and this Dr. Jones seems to have done.

As to his refusal to receive Mr. Crawford's family physician as an hospital consultant, some misapprehension

may exist; and as an important point of professional etiquette hangs thereon, it is well that the matter should be understood. If Dr. Jones had been asked by the physician in question for permission to see the patient as a visitor and friend at the time of Dr. Jones's visit, it would have been unusual and hardly courteous to refuse; and we conceive that Dr. Jones did not decline any such request. But, from the evidence, it would seem that Mr. Crawford made a very different demand—that he required that his own physician shonld enter the hospital as a consultant, to supervise and suggest treatment which might or might not accord with Dr. Jones's views. Such a request was never complied with by any hospital physician, and Dr. Jones certainly broke no rule of duty, of etiquette, or of propriety in refusing it. Having regard to his own independence of action as to his duty towards the other physicians of the hospital, he could not assent to such an arrangement; and that Mr. Crawford could make such a request only serves to illustrate his primitive ignorance of hospital management.

The *Medical Times and Gazette* reviews the whole subject in its last issue, and thus delivers its opinion:—

"Professor Jones is thus practically acquitted of all blame on the main points involved in this unhappy inquiry; and he comes out of the trial, to which he has so unnecessarily and unfairly been subjected, with his high professional reputation untarnished. We congratulate him on the result, for he had to contend against considerable feeling and prejudice, and against legal astuteness and special pleading.

"We are glad to congratulate Dr. Jones on the whole result, and on the very great probability that the inquiry will not, to say the least, injure his professional prospects; for public opinion in Cork seems to have been strongly in his favour, if we may judge by the loud applause that followed the reading of the findings of the Committee which pronounced him free from blame."

Notes on Current Topics.

The Metropolitan Water Supply.

Dr. Frankland reports that all the samples of Thames water supplied to the metropolis during the past month of August, although efficiently filtered, were of very bad quality, and utterly unfit for dietetic purposes owing to their pollution with organic impurities; and that the Lea water, which was also efficiently filtered, was nevertheless not superior to the Thames water. On the other hand, the deep well waters supplied by the Kent and Colne Valley Companies were of their usual excellent quality, the latter being softened before it was delivered to the public.

The Officer of Health of Bermondsey, we observe, questions the view entertained by Dr. Frankland of unwholesome water, because, as he alleges, this unnecessary condemnation is likely to cause unnecessary alarm. We would remind him that an important and delicate duty is cast upon Dr. Frankland, and that in the interest of the public health he is bound to speak the truth, however unpleasant it might be to Dr. Dixon's clients, the Southwark Water Company. Dr. Dixon can hardly expect the public to receive his dictum of what constitutes pure water in opposition to the immense experience of Dr. Frankland, and who has devoted a life-time to the examination of palatable waters, more especially to those of the Thames and Lea. It is idle and mischievous to tell members of vestries, after the vast accumulation of facts, chiefly contributed by medical men, on so important a matter as that of danger to health from a contaminated water supply, that "medical men have failed to discover any difference worth noting in the death rates, nay, any evidence whatever that any special class of disease has been prevalent from drinking the water of the Thames and Lea." No statistical figures that can be brought forwad will be likely to convince those who have given attention to the water supply, that all the work of the past twenty years has been, or rather would have been (if any reliance could be placed on Dr. Dixon's statements), worse than useless, and an utter waste of public money. No one believes, or has asserted at any time, that water should be judged by the quantity of impurities present in it. It is perfectly immaterial whether a gallon of water contains a teaspoonful or a few grains of organic matter. Dr. Frankland, indeed, asserts that "if a teaspoonful of unhealthy sewage is put into the Thames at Oxford it may poison some persons in London." There is no exaggeration in this statement since it is admitted that mere dilution does not deprive a contaminated water of its dangerous qualities. The chief conditions of danger in potable waters is, as the Rivers Pollution Commissioners remark, "excremental pollution," and can Thames water be expected to be free from human excrement pollution whilst more than two and-a-half millions of land drain into it, and a population of upwards of a hundred thousand human beings live on its banks and drain into it, or daily float on its surface? It is the nature and origin of the impurity that claims the first consideration, and if Dr. Dixon can throw light upon this part of the question he will do something towards helping on the choice of a purer water supply than that of the Thames and Lea.

Guy's Hospital.

The commencement of a new session naturally recalls the question of the affairs at Guy's Hospital, for many who might wish to begin a course of study there will be chary of entering an institution where the dignity of medicine is admittedly secondary to secular officialism. It is difficult to comprehend what, however, is really true, that no change for the better has occurred at Guy's, that the old-standing outrage against the profession of medicine is still countenanced and encouraged; and that the medical student who enters there this time will do so in the assurance that he must subjugate himself, throughout his ward experiences, to the authority of the nursing staff. The public have not hitherto formally interfered to prevent the gross injustice that is being perpetrated; but an attempt has at length been made to awaken the governors to the truth of the grievous injury they are doing by their continued supineness. The board of guardians of St. Saviour's Parish have decided to memorialise the governors of the Hospital to the end that they shall pay heed to public and private feeling by putting a stop to the improper exercise of authority by the nurses at the charity. Can the guardians of St. Saviour's, however, for a moment,

imagine that anything short of an actual and irresistible mandamus, will ever suffice to stir the indolent apathy of governors who have so long looked unconcernedly on the ruin of a noble institution?

Provident Dispensaries.

THE multiplication of cheap dispensaries, to which attention is being continually called in London, is taking place with equal rapidity in other large towns. The scheme of the Metropolitan Committee for establishing self-supporting institutions has been adopted in Manchester with apparent success, to judge from the reports of a meeting recently held there. At this it was stated that four provident dispensaries in the city were self-supporting, and that two others were nearly so; and congratulations were raised on the fact of the excellent result. It will be remembered that a chief feature of this scheme of providing the poor with medical relief at a small cost is the retention of a number of local practitioners on the list, to whom patients may apply at their option. The amount of remuneration paid to these gentlemen would be interesting information, and might serve as a valuable guide to those who still cherish the hope of making all London the recipient of economic medicine.

Instruction of the Deaf and Dumb.

AN admirable example has been set by the London School Board at a school in Bermondsey, in connection with the instruction of deaf and dumb children. A considerable number of these unfortunates are to be found within the limit of jurisdiction exercised by the School Board of the metropolis, and it is cheerful to note the wisdom which has characterised that body's recent action. Under its direction a teacher from the Deaf and Dumb Institution in Fitzroy Square has been appointed to give instruction at Bermondsey to those children in need of this particular method of teaching. The admirable system adopted at it was explained in a recent number of the *Medical Press and Circular*.

A Yellow Fever Celebration.

OUR readers will probably remember something of the terrible outbreak of yellow fever at Memphis about this time last year, when thousands of the inhabitants were literally mown down by it, and the rest, panic-stricken, fled in all directions, save a devoted band of medical men, who volunteered from various parts of the States, and succeeded eventually to stem the tide, and restore confidence, but not till several of these had succumbed to the malady. The said city had a celebration on Wednesday last to commemorate its freedom from yellow fever this summer. The streets were decorated, and two triumphal arches were raised, one of which was formed of cotton bales. A procession three miles long, composed of civic societies and trades, marched through the chief streets, large crowds assembling to witness the ceremony. The governors of Kentucky, Tennessee, and Arkansas attended. By a curious coincidence, on the very day of this jubilation a paper was being read at Exeter, before the Sanitary Institute of Great Britain, on "The Yellow Fever of Memphis and its Teachings."

Adulteration.

THE adulteration of milk with water is, perhaps, the commonest of the offences against the Adulteration Act, the reason being a two-fold one. The addition is an easy one, and the product so seemingly innocuous that it presents none of the features of impropriety. In the case of a Bow milk-seller who was condemned last week to pay a fine of £10 for adding 25 per cent. water to milk vended at 2d. a quart, the act of adulteration was attempted to be condoned on the ground that a card stating the milk to be "country skimmed, sold as adulterated," was contained in the cart which held it. This excuse was rightly held to be insufficient, and the fine described imposed Only so can there be any likelihood of repressing the adulteration taking place all round us, in the milk exposed for sale.

Queen's University in Ireland.

ON Monday week the last of the examinations in connection with the Queen's University in Ireland were opened at the Exhibition Palace, Earlsfort Terrace, Dublin, the proceedings commenced at 9.30 o'clock. The largest number of candidates ever examined on these occasions presented themselves this year, the students under the different headings being—For M.D., 84; for second examination in medicine, 140; for third do., 120. The examinations in operative surgery and dissections were held at the Royal College of Surgeons. On Tuesday there were examinations in anatomy and dissections, and on Wednesday and Thursday candidates in the faculty of arts were examined in English, and candidates for medicine in physiology and medicine.

The meeting of Convocation will probably be held at 12 o'clock on Thursday, 7th October, and the public meeting of the University (under the presidency of the Duke of Leinster), at which degrees will be conferred, at 3 o'clock, on Wednesday, October 13th, in St. Patrick's Hall, Dublin Castle.

On the 5th October the committee of the Senate of the new Royal University of Ireland which is to supersede the Queen's University, will meet to complete the revision of the scheme of studies, and settle other details. A few days later the Senate of the University will assemble to arrange for the University.

Hygiene of the Indian Soldier.

THE Indian government has offered a Prize of £100 for the best Manual of Hygiene for the use of the British soldier in India. It is specified the work must be in clear and simple English, and thoroughly practical, showing the ordinary causes affecting health, the special dangers to health to which British soldiers are exposed in India, and more particularly during their first years in the country, and the best means by which these dangers may be averted. The work, which, if accepted, will be printed at the public expense, and become the property of the State, must not cover more than 50 or 60 pages of print of small pica, octavo size. Competing primers must be sent to the Secretary of the Government of India, so as to arrive not later than March 31st, 1881.

A Foreign View of the Medical Council.

THE *Detroit Lancet* says :—"From a careful study of its late meeting we are unable to see that the General Medical Council of Great Britain accomplished anything for the advancement of the medical profession. Its chief merit consists in drawing salary. It either lacks power or the needful knowledge, or the disposition requisite to bring some order out of the existing Babel.

Eucalyptus Oil for Dressings.

DR. SCHULZ, of Bonn, considers that eucalyptus oil offers many advantages over carbolic acid, without its inconveniences. It is a powerful antiseptic, is freely soluble in alcohol and oil, and mixes well with paraffine : its odour also is agreeable. Dressings prepared with this oil are very antiseptic. It may be employed also for spray and washing.

Treatment of Syphilitic Neuralgia.

M. MAURIAC treats the neuralgia symptomatic of syphilis with iodoform pills, according to the following formula :—℞ Iodoform powder, 1½ gramme ; extract and powder of gentian, q.s. Divide into 20 pills, 2 or 3 to be taken daily.

MR. JAMES PARETTE, L.R.C.P., of Sirhowy, Monmouthshire, was, on the 14th inst., presented with an illuminated address and a massive gold albert by the workmen of the Sirhowy Ironworks, and inhabitants of Sirhowy and district, in recognition of long and valuable services.

WE are delighted to learn from our New York exchanges that Dr. Tanner's lecture upon his forty days' fast, which was given in Booth's Theatre, did not draw an audience capable of half filling the house. Another insane imitator has announced his intention of fasting for forty days in Brooklyn.

WE learn by telegraph of the sudden death of Dr. Wilms, said to be the greatest operating surgeon of Germany, and one of the luminaries of scientific and professional Berlin. He was carried away by blood poisoning consequent on an accidental lesion during the performance of an operation.

TELEGRAMS from Candahar dated Saturday last, reveal a terrible state of sickness among our troops there. A medical inspection of the 15th Foot, held the previous day, showed that, out of a force of eight hundred men only three hundred were found to be fit for duty, five hundred being sick here, or on the line of road.

THE Peculiar People were again indirectly the cause of another death at Upchurch, near Sittingbourne, last week. The victim this time was a child, named Lears, which had been unwell for several days, but medical assistance was not summoned ; deceased was simply anointed with oil, according to the principles of their religion, and allowed to die. A coroner's inquiry is the result.

THE managers of the Metropolitan Convalescent Institution have received from an anonymous donor the sum of £6,500, on condition that they at once establish a seaside convalescent home. Two other sanatoria have received bequests under the will of Miss Fanny Brookman, of Sandford, Winscombe, viz., Weston-super-Mare Hospital, £500, and the West of England Sanatorium, £1,000.

FOR the post of Medical Officer of Health for the borough of Marylebone, vacant by the death of Dr. Whitmore, competition was very strong. The salary attached is not a heavy one—£100 a year—but it carries a good deal with it, and no less than thirty-six applicants sought the post. These were eventually reduced to two, and last week to one, Dr. Gibson, Assistant Medical Officer to the Whitechapel Union, being elected. Marylebone is a wealthy, and at the same time a filthy, parish in some parts, and the newly-elected health officer will find plenty to do if he will only look up the backs, instead of the fronts, of certain well-known localities.

ACCORDING to the reports of the Registrar-General, the annual rates of mortality per 1,000 last week in the large towns of the United Kingdom were—Plymouth 17, Edinburgh 19, Bristol 20, London 20, Glasgow 21, Portsmouth 26, Oldham 26, Newcastle-upon-Tyne 27, Manchester 27, Birmingham 27, Sheffield 28, Brighton 28, Bradford 29, Nottingham 29, Wolverhampton 30, Leeds 30, Sunderland 33, Salford 34, Liverpool 34, Hull 37, Norwich 36, Leicester 37, Dublin 39.

IN the principal foreign cities the rates of mortality according to the most recent weekly official returns were—in Calcutta 23, Bombay 30, Madras 33 ; Paris 23 ; Geneva 21 ; Brussels 32 ; Amsterdam 25, Rotterdam 24, The Hague 27 ; Copenhagen 36 ; Stockholm 32 ; Christiania 29 ; St. Petersburgh 41 ; Berlin 32, Hamburg 34, Dresden 30, Breslau 31, Munich 30 ; Vienna 23, Buda-Pesth 36 ; Turin, 21 ; Venice, 23 ; Lisbon 32 ; Alexandria 48 ; New York 28, Brooklyn 26, Philadelphia 19, and Baltimore 20 per 1,000 of the population. Typhoid fever caused 38 deaths in Paris, and 12 in Lisbon.

THE death rate from the seven principal zymotic diseases in the large towns last week ranged from 3·9 and 4·2 in Brighton and Plymouth, to 17·3 in Leicester, 17·4 in Hull, and 18·8 in Norwich. Scarlet fever showed the largest proportional fatality in Sunderland, and enteric fever in Portsmouth and Sunderland. Of the 19 deaths referred to diphtheria, 12 occurred in London, and 2 in Manchester. The annual death-rate from diarrhœa was equal to 3·0 per 1,000 in London, and averaged 9·3 in the other large towns, among which it ranged from 3·4 and 3·5 in Brighton and Plymouth, to 15·3 in Leicester, 15·7 in Hull, and 15·8 in Norwich. Small-pox caused 3 deaths in London and 1 in Dublin.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

"LEGALISED QUACKERY AND LOW CHARGES."—A good deal of nonsensical and snobbish writing has recentl been

indulged in in the leading medical journals under the above unjust and ungenerous heading. A contemporary in its impression of last Saturday contains a letter in "Defence," by a "L.R.C.P. Edin." We homologate every word of this temperate and perfectly logical letter. As the writer justly observes, "we must live," that is to say, the great majority of medical men have no other means of livelihood than their profession. To live by their profession they must obtain a connection. Some are born into it, many toady into it, and others gain it by giving advice and medicine for *nothing*, and the maligned section of the profession connected with provident or self-supporting dispensaries attain this end by accepting fees, and charges for drugs, by which they are able to live, and do justice to their patients. Who acts the most gentlemanly part? Is it the man who gives medicine for nothing to all comers who compels the dispensary doctor to accept such paltry fees? It ts simply the struggle for existence. Glasgow is permeated with hospitals and dispensaries which give advice and medicine gratis to all and sundry. The greater the number the more it is sagely argued the need for the "institution," and the more clamant the demands on the public. It is full of clubs of a most diversified and heterogeneous nature, the appointments to which at 5s. and less per member per annum, are eagerly sought after by men who hold their heads high in professional circles—inventors of surgical instruments! Is not the dispensary doctor, who receives 1s. per visit, and 6d. for medicine, not *much better* rewarded than the club doctor? Suppose the case, by no means rare, of a man beginning practice with little money, a soul above toad eating, no hospital appointment, no club, and no dispensary. He trusts to the mere brass plate, and his excellence as a student. Vain hope! *Rusticus expictat dum defluat amnis.* The worst student, as a rule, make the most successful practitioners from the money point of view, by which most things are guaged in the nineteenth century. The majority of people are like themselves, and wanting in intelligence and professional knowledge, they resort with profit to circumvention and dodges of a more vulgar and congenial kind. Medical men of excellent professional attainments have made comparative fortunes on shilling visits in Glasgow, and have thus been able to retire when overtaken by personal infirmity or old age. Medical etiquette! Bah! we hear too much of it. Those who talk most of it practice it least. There should, and can be, no etiquette in the medical or any other profession, than the etiquette which obtains among gentlemen.

Loch Katrine Water.—The Monthly Report of the quality of Loch Katrine water, prepared by Professor E. J. Mills, D.Sc., F.R.S., of Anderson's College has just been issued. The results are contained in parts per 100,000:—Total solid impurity, 2·90; organic carbon, 0·174; organic nitrogen, 0·014; ammonia, 0·000; nitric nitrogen, 0·007; total combined nitrogen, 0·021; chlorine, 0·65; hardness, 1·05. The water was sampled on 14th September, it was very light brown in character and contained little suspended matter.

The Death-rate of Glasgow.—The recent fall in the temperature seems to have perceptibly influenced the death-rate of Glasgow. For the week ending Saturday, the 18th inst., the rate per 1,000 per annum was 21, against 17 in the preceding week, and 17, 19, and 19 in each of the corresponding periods 1879, 1878, and 1877.

Professor Tyndall and the Glasgow Sunday Society.—Sabbatarianism in Glasgow is being very rudely assailed. Tramways run in the streets on Sundays, to a limited degree—yet Scotland has enjoyed an excellent summer, and immunity from cholera. Now a Glasgow Sunday Society is formed. The designation is somewhat equivocal. The objects of this Society are the profane ones of viewing through Nature Nature's God, by the opening of museums and art galleries, gardens, &c., on Sunday. It is understood that arrangements have been made for the inauguration of this Society by an opening lecture from Professor Tyndall, on the 25th of next month. We notice that a distinguished member of our profession, Professor Corfield, F.R.C.P., has been requested by the corresponding society in London to attend on their behalf at the inauguration of the new society.

Drainage of Whithorn.—Dr. John C. Douglas, of Whithorn, has addressed a letter to the Police Commissioners of that Borough, asserting that "the drainage of the borough is in a very defective state, and that in the north end of the town no attempt whatever has been made to carry off the sewage, the result being that last winter five cases of typhoid fever (two of the cases ending fatally) occurred in that district, the whole being clearly traceable to the want of drainage." He threatens that if no drainage scheme is begun within ten days he will apply to the Board of Supervision to send down a commissioner to examine into the state of the borough both as to drainage and water supply. The sanitary inspector, acting on instructions received from the Police Commissioners, visited the portion of the town complained of, and reported that he found everything perfectly clean and free from all kinds of nuisance, so far as he could see. It was stated that the borough was never in a healthier condition and freer from epidemics than at present. We shall be curious to watch the subsequent course to be pursued by Dr. Douglas.

Registrar-General's Report.—According to the returns of births, deaths, and marriages for the eight principal towns in Scotland, the death-rate for the week ending with Saturday, the 18th September, 1880, was 20·3 per 1,000 of estimated population. This rate is 3·4 above that for the corresponding week of last year, and 2·1 above that for the previous week of the present year. The lowest mortality was recorded in Dundee, viz., 14·4 per 1,000; and the highest in Perth, viz., 39·0 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 6·6 per 1,000, or 1·4 above the rate for the last week. In Glasgow and Edinburgh there was a considerable increase in the number of deaths from scarlet fevers. Acute diseases of the chest caused 61 deaths, or 1 more than last week.

The Water Supply of Elie and Earlsferry.—A meeting of the inhabitants of Elie and Earlsferry favourably inclined towards the introduction of a public water supply was held on the 21st inst. at Elie. The scarcity of water and the advantages which a good supply would give to the locality as a summer residence were insisted on by several speakers. It was also stated that the land owners in the neighbourhood were disposed to facilitate the introduction of water if the inhabitants desired it. A requisition, calling on the local authority to consider the expediency of introducing water under the provisions of the Public Health Act, was extensively signed.

Literature.

MANUAL OF DISEASES OF THE THROAT AND NOSE.

The first volume of this work, which has recently been published, includes diseases of the pharynx, larynx, and trachea, the subject matter of various essays which have from time to time appeared from the pen of the author, besides a vast amount of information now given for the first time. It is subdivided into three sections. Each section completes the anatomy, method of examination, and diseases of the part under consideration. All the recent improvements in throat instruments are fully described, and the chapters on these are illustrated with beautifully executed drawings. In the section on the pharynx a most ingenious double tonsiliotome of the author is figured, by means of which both tonsils may be removed at the same time. Two hundred pages are devoted to the consideration of diseases of the pharynx, and here, as throughout the entire work, we find that concise and systematic arrangement, both in the discussion of the etiology and symptoms of diseases as also in the treatment, which has stamped all Dr. Mackenzie's writings. There is no appearance of any effort at "bookmaking," no insertion of records of cases which have not unusual or special interest; but the reader is taken systematically from the definition of the affection to its treatment. The etiology of each disease is fully treated of, a point to which we would draw attention, as there is perhaps no organ so thoroughly dependent on external influences for the production and development of various shades of disease as the throat, these exerting a remarkable modifying effect both on the cause, symptom, and treatment. For example, climate, temperature, harsh winds, special occupations, as public speaking and singing, all have carefully to be considered in the management of a patient. Then the subtle influence of the syphilitic poison, even years after primary

(a) "Manual of Diseases of the Throat and Nose." By Morell Mackenzie, M.D. Pp. 601. 1880. London: J. and A. Churchill.

mischief has been passed over and forgotten, giving to the case those obstinate features so characteristic of chronic syphilitic throat trouble, whether in larynx or pharynx. In the chapter on syphilis of the larynx, Dr. Mackenzie gives a table of the number of patients affected with syphilis of the pharynx and larynx out of 10,000 cases of throat disease treated at the Hospital for Diseases of the Throat. There were treated altogether 1,145 patients, 834 of whom were syphilitic diseases of the pharynx, 308 of the larynx, and 3 of the trachea. Altogether the author says he has met with but 7 cases of *primary syphilis* of the pharynx. The author in his preface, following Prof. Sigmund, refers to the value of anti-syphilitic treatment in constitutional syphilis, and the relation which the manifestation of subsequent pathological changes bears to the diathetic and idiosyncratic tendencies of the patient himself. There can, we fancy, be little doubt of the dependence of type in the various constitutional and local expressions which come to light in the post-exanthematic stages of syphilis, on the nature of the individual soil in which, originally, the syphilitic poison was planted; and, also, that accidental circumstances may develope rapidly these local evidences of the latent mischief, even after years of seeming immunity from such effects. Every day's experience yields abundant evidence of the insidious and lurking character of the specific taint. And this certainly appears to be true of cases in which specific treatment has been at some time employed.

The table of Dr. Mackenzie shows how liable is the naso-pharyngeal tract to invasion by the syphilitic taint. While we do not view with approval the indiscriminate employment of mercury, yet we must confess our prejudice in favour of its deterrent and preventive effects in constitutional syphilis. And few, we fancy, will quarrel with the statement of the author, that "mercury is a valuable, and, in some cases, indispensable remedy in syphilis." Affections of the tonsils and diphtheria occupy a considerable portion of the space allotted to the pharynx. The classical Essay on Diphtheria, recently published, and which, we noticed at the time, with some slight addition, is reproduced. The practical hints are, as we have already shown, invaluable. We recommend the perusal of the chapter on tracheotomy, and the arguments in favour of this operation, to the notice of every surgeon. It is pitiable that ignorance and timidity have, together, done so much to detract from the value of this operation in cases where it is urgently demanded. The author draws attention to the possibility of error in the diagnosis of retro-pharyngeal abscess. The occurrence of convulsions and facial paralysis, and the absence of fever are peculiar to the affection in early life. Granular pharyngitis, that most troublesome and frequently occurring of throat affection, receives its due share of attention. Both, from the unpleasant effects during its persistence, and the secondary results which often follow the pharyngeal state, this dreaded complaint requires to be rigorously dealt with in its early stages, and should not be, as it frequently is, permitted to attack the larynx. In the hypertrophic variety (pharyngeal), Dr. Mackenzie speaks highly of the cautious application of the London porte; and in the exudative (tonsillar), the use of the pharyngeal curette, and the subsequent application of this pointed nitrate of silver stick.

Constitutional treatment must not, in either case, be neglected. The author has seen five cases of putrid "sore throat" terminate fatally. The author cautions the practitioner against the error of compounding herpes of the pharynx with the more serious complaint, which latter is marked by all the signs of a general septicæmic process. The beneficial action of guaiacum in the early stages of tonsillitis is insisted on. By tracheotomy, when life is threatened from the size of the inflamed masses, the patient has been saved. In all his experience in removal of the tonsils the author has only once met with a case in which "the bleeding appeared to actually endanger life." Tanno-gallic acid (th. hos. ph.) is the remedy recommended to arrest troublesome bleeding. After many years of experience of removal of the tonsil with the author's instrument, we cannot recall to recollection a single case in which the hæmorrhage gave us cause for alarm. There are some important remarks on foreign bodies in the pharynx, the relation of hysteria, and the danger of the use of the probang. Fifty pages are devoted to the laryngoscope and laryngoscopy generally. There are forty illustrations of instruments and appliances. All the necessary directions for the most delicate manipulations by the aid of the laryngoscope are given, and hints to enable the beginner to surmount the obstacles which the first use of the instrument brings. Most of the difficulties are in reality due to a want of proper education on the part of the operator, and consequent awkwardness. To familiarise one's self with the manipulation of many of the instruments used in laryngeal surgery, there must be natural dexterity of hand, and a quickness of eye, which not all can boast of. But there should be no cause for that ignorance which arises from an inability to use the laryngoscope itself. Every student should be taught and expected to detect the more commonly occurring morbid changes in the larynx, and those which his every-day practice brings him in contact with. It would be impossible in a brief notice to give any sketch of the portion of the work devoted to laryngeal and tracheal affections. Full of new hints for diagnosis, and suggestions for treatment, we can only recommend it as a book of reference of real value, and we say advisedly, indispensable to all who use the laryngoscope. There is an appendix, with many valuable formulæ, and a well-arranged index. The first volume of 600 pages embraces but half the subjects to be discussed; and in the second, to be shortly issued, we are promised as comprehensive a field of research—viz., the nasal cavities, neck, and œsophagus.

Correspondence.

THE VACCINATION METHOD.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The question of plurality of vaccine pustules, whether necessary or not? will attract much attention just now; we should act in it not according to preconceived ideas, but according to the best evidence we can get. Thirty years ago I was so convinced in my own mind from the evidence of the small-pox hospital statistics (London), that I adopted three spots ***, not from any particular love for that number, but that I thought it looked symmetrical. I have never heard of any one I so vaccinated having had small-pox. From what I have read and heard, I believe that four vesicles give a much greater protection than one, unless that one be very large, and my experience of re-vaccination supports this idea. When I have re-vaccinated cases with one very large mark, or three or four moderate ones, I have never succeeded in obtaining anything like a true vesicle. When I have re-vaccinated cases with one small mark I very often obtain a vesicle so like the true vaccine that I have been almost tempted to use the lymph. Now, as a fact, one very large vaccine vesicle is more apt to give trouble to the child than three or four moderate ones if not placed so close as to coalesce. On the whole I think that the evidence in favour of a plurality of vesicles is too strong to resist, and suggest that the advice of the board on this point should be adopted. At all events I feel sure that no sense of personal trouble will induce medical men to refrain from adopting the plan if convinced that it is desirable. I have too strong a faith in the profession not to believe that they act under a sense of *l'honneur oblige*.

I here beg, *ex motu proprio*, to express my regret at the publication of the first paragraph of my letter in the MED. PRESS, Sept. 15, as it may seem to throw doubts on the high professional attainments of the Medical Commissioner; anything I say cannot affect him much one way or the other, but I take the opportunity here of stating that for him personally and professionally I entertain the highest esteem.

I an Sir, your obedient servant,

JAMES MARTIN.

Portlaw, Sept. 17th, 1880.

ON SYPHILIS AS A CAUSE OF THE GENERAL PARALYSIS OF THE INSANE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—An article entitled Syphilitic Insanity, by Dr. Drysdale, which appears in the MED. PRESS AND CIRCULAR, of Sept. 15th, would at first sight demand attention, but unfortunately upon analysis he brings forward no direct evidence to support his conclusion, viz.—*That syphilitic insanity exists as mania, melancholia, or dementia, but not in the form of general paralysis of the insane.* I am entirely opposed both in practice and theory to the conclusions of Dr. Drysdale, and it is my firm conviction that if there is

one form of insanity more than another which is especially due to syphilis it is most unquestionably "The General Paralysis of the Insane." I should like to ask Dr. Drysdale whether he makes the following statement from his own pathological experience, or whether he takes it from his numerous Continental authorities: "*Cerebral syphilis presents us with partial lesions.*" "*The affection of syphilis in general paralysis never goes beyond the meninges.*"

Now, my pathological experience is quite at variance with these theoretical conclusions of Dr. Drysdale; in the first place every one knows that gummata of the brain are usually more or less isolated, but they are almost invariably attended with diffuse arterio-capillary changes. If Dr. Drysdale's theory held good why should the syphilised patient with a gumma of the crus. cerebri, ptosis, and hemiplegia, suffer from mental derangements, somnolency, and so on, more than the patient who is paralysed from hæmorrhage on the same situation, or from the pressure of a gliomatous growth? But Dr. Drysdale's ideas on the pathology of cerebral syphilis soars even beyond the ridiculous, when he says, "the affection of syphilis in general paralysis never goes beyond the meninges." I have proved, and other men of practical pathological experience have proved, that the general paralysis of the insane is due to a starving process of the grey matter and subjacent white matter of the cerebral cortex, the nerve cells having undergone pigmentary and atrophic changes from prior changes in the minute capillary vessels. In my work on "Syphilis of the Brain" I give my experience of syphilis in general paralysis of the insane (The Brain and its Diseases, vol. i., "Syphilis of the Brain," p. 127) in the following words: "I have had *twelve* cases under my care during the past four years; in *seven* of these there was a distinct syphilitic history, and in *five* absolute syphilitic manifestations. In none was there marked atheroma of vessels or increased arterial tension. These cases were all males between thirty and forty years of age. In *five* the paresis was coincident with mental derangement. In *four* the paresis existed before the memory was observed to fail, and in *three* mental alienation of a melancholic kind was noted previous to muscular inco-ordination. In *five* cases there was a large amount of albumen in the urine, and what is interesting to note each of these improved greatly under treatment, and in direct ratio as the albumen in the urine decreased. In *all*, the paralysis first affected the muscles of *articulation* and *expression*, especially the labial muscles. In *seven* there was decided syphilitic seizure with unconsciousness, and in five the epileptic seizures were not so pronounced but simulated an intense state of sensorial hysteria accompanied with deep emotional depression and vocal manifestations (howling, barking, and growling). In *four* cases the aura foreshadowing these seizures commenced in the tongue, as though innumerable pins were pricking it. In the other cases it always commenced in the foot or hand of the side which was most paretic.

The clinical history and pathology of one of these cases of the general paralysis of the insane is then given in detail, and from this case alone, if I had not other cases to corroborate the assertions which I have made, it will be readily seen why I come to conclusions so opposed to those of Dr. Drysdale. The whole subject, however, is of great interest, and as your columns are in part devoted to the consideration of such questions, I shall feel obliged if you will kindly insert this letter in your Journal, hoping that it may stimulate others to give their pathological experience of this disease.

Your obedient servant,

T. Stretch Dowse.

14 Welbeck Street, W., Sept., 1880.

APPARITIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your issue of the 15th inst. contains an article on "Apparitions," and refers to the so-called *miracles* at Knock. Indeed, I think it is high time the matter should be taken up and dealt with publicly, by the profession, as it must be evident that it is militating materially against the interests of medical men, especially in country districts. Some time since I used to be sent for when persons got ill or injured, but now the custom is to procure "Knock water" at once, and continue washing with it until Nature effects a cure, and the a *miracle* is proclaimed immediately. I take it for grante that other medical men are similarly acted on by this faith in Knock, and consequent neglect of medical treatment.

Where is this business to stop? We find the reputed heads of educational establishments impressively teaching belief in these miracles, and even giving cases stated in the most positive manner, and on the authority (apparently) of medical men.

I do not believe the higher clerical authorities would sanction this course if it were properly brought under their notice, and if it were shown that it is calculated to alienate the Catholic intellect of the country.

I am myself a Catholic, and I deplore this wretched exhibition of weak-minded credulity on the one hand and imposition on the other. I am, &c.,

Macroom, Sept. 18th. A Country Practitioner.

THE VACCINATION METHOD.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I for one am glad to see that the Irish Local Government Board have issued an order on the above subject.

Knowing the interest taken by Dr. Croker King during his inspectorship in matters connected with vaccination, I have, since his appointment to a place on the Board, looked for an indication of his presence such as has now been given.

I feel sorry that men of standing in the Poor-law Medical Service should feel justified in leading or giving countenance to the anti-vaccination craze by objecting to perform vaccinations in the way that has been found the "*most successful.*"

The public vaccinators in England perform the operation somewhat in the manner recommended in the "Instructions to Vaccinators." I therefore, as an ex-public vaccinator under the Irish Local Government Board, and a present public vaccinator under the English Local Government Board, beg to advise the Irish public vaccinators to give the method a fair trial before they cry it down. I feel sure they will agree with me that it was quite time some move was made in the matter, and vaccination in Ireland put on a more satisfactory basis.

I am, &c.,

Whitwick, Leicestershire. William Donovan.

A SIMPLE REMEDY FOR ASTHMA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have received a great number of letters from medical men and others asking me for particulars of the treatment which cured me of asthma, as mentioned by me in a letter which appeared in your issue of Sept. 8th, but it is no easy matter to give a description within a short letter of the means resorted to in "Ling's movement cure" for the treatment of asthma. As the name would imply, the system consists of a variety of movements passed through, but in debilitated cases more frequently applied to the patient under the control and supervision of the intelligent operator. These movements are capable of being adjusted to a very great nicety to suit the requirements and strength of each individual. By Ling's peculiar method of applied movement any particular organ or group of muscles may be acted upon, and encouraged or assisted to perform their functions in a normal manner. Their wonderful curative virtues would seem to rest in the furthering of the circulation of the blood and fluids in the widest acceptation of the term, the imperfection of which is at the root of far more of the chronic diseases than is generally admitted or believed. The treatment is both general and local, for no true follower of Ling would attempt to apply merely local movements and hope thereby to attain satisfactory results. Movements are applied to the extremities for the purpose of drawing the blood from the trunk, frictions of a peculiar kind to the spine, which have a very invigorating and comforting effect. Special attention is also directed to the condition of the organic functions. Simultaneously, or rather in rotation with the exercises applied to bring about the above results the local movements are given. These consist principally, in the case of asthma, in the application of movements calculated to widen the chest, to effect a free circulation of blood through the lungs and encourage the free passage of air through them even to the very remotest air cell, thus rousing and removing the residuum air which lodges about the lower lobes of the lungs, and which doubtless assists in causing irritation to the sensitive nerves of the bronchial

tubes. *All grand things we know are simple*, and it is by such simple gentle measures, of which I have given you a very faint outline, that truly grand results have been achieved. It would seem that these movements in general have a particularly soothing effect on the nerves, and that this is the case in asthma has already been proved.

I trust, sir, your numerous readers who have written to me about my cure will not think me discourteous in replying generally to their queries, as to do so individually would require me to employ a clerk. I can only express my surprise and regret that there are so many sufferers from what I know to be a most painful malady, and I sincerely wish them the immunity from suffering which I now enjoy.

I am, &c.,

42 Gordon Square, London. GEORGE DUNN, M.D.
Sept. 16th, 1880.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Observing in your Journal, of Sept. 8th, a letter written and signed by Dr. George Dunn, of a cure made by a Major Leffler, 11 York Place, Portman Square, the patient and previous sufferer from asthma being the doctor himself, I thought, perhaps, like many liberal members of my profession, it was a case worth investigating; as we cannot deny, that new inventions, as a rule, emanate from outsiders, but often ridiculed by self conceited persons; and if a cure for asthma was discovered how many would seek the discoverer. At all events, by appointment, I met Dr. Dunn at the Major's house; the latter is evidently a German or Pole, and an extremely courteous, polite, and intelligent gentleman. Dr. Dunn is a man of about 70 years of age, thin and wiry, but active, what country folks would call "a sprack man" for his age, with a very bright intellect. I saw this gentleman undergo what I would call "manual gymnastics," exercised by the Major, on his patient sitting in a chair, an assistant holding the lower limbs down, while the patient's hands and arms were performing a variety of motions, as the Major said, to expand the chest, and act on the pectoral and dorsal muscles, increase circulation internally also; afterward Dr. Dunn took a standing position, holding on to two perpendicular bars while the Major "frictionised" the stomach and back, swaying the body obliquely in so doing. Lastly, the doctor sat on a chair, with his face to a recline, and rubbing of the spinal column commenced. This terminated the *modus operandi*, and certainly the old doctor seemed as lively as a kitten, breathing freely, with a "slight coo" at times, which the Major, on my remarking it explained, as only caused by his laughing chat with me, and would soon go off. Well, if Dr. Dunn, as I believe him to be a thorough gentleman, is cured of severe asthma, "dry asthma" as he states, to me, I say bless Major Leffler. Now for the finale. I said, Major, many in the profession of which I have the honour to be a member, like myself, have prescribed and treated thousands of poor people free of any charge or fee. Will you do me a favour? I have a poor but respectable tradesman, a patient, a most severe sufferer from asthma; he has tried all the doctors in London noted for chest diseases, and been in the Brompton Consumption Hospital also, at my request, and now no better; will you do a charitable act by taking him under your treatment, allowing me to see the mode and its results. If you make a cure I will give you the benefit of my report in our public journals, and depend on it your fortune will soon be made! The Major's answer was: "Doctor, 'my discovery is my living,' I have heavy expenses, and I cannot deviate from the fact, business is business, and my first fee is £1 for consultation and so much a week for regular treatment. I alter for no one, rich or poor." I need not say I left with a regret that I could not get the Major to act as I should have done had I discovered a valuable remedy.

I am, very truly,

J. MCGRIGOR CROFT, M.D., M.R.C.P.

Mandarin Villa, St. John's Wood, N.W.,
Sept. 15th, 1880.

PURE DRUGS AND LOW PRICES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the columns of the *Medical Press and Circular* are ever open to any member of the profession who may choose to communicate any subject that may interest its readers, I take the liberty of asking you to publish the following facts which came under my notice some years since:

Pulvis cinchonæ was prepared as follows:—Equal parts of cinchona powder and powdered oak-bark were mixed and supplied as pulv. cinchon. Pulvis ipecacuanhæ was prepared as follows: Pulv. ipecac. pulv. sassafras, and a portion of pulv. ant. tart. were mixed and supplied as pulvis ipecacuanhæ. Pulvis rhei was composed of pulv. rhei and pulv. curcumæ, and supplied as pulv. rhei opt. Ol. jecoris aselli was prepared by mixing equal parts of cod-liver oil and lard-oil. Sulphate of quinine was mixed with salicine and supplied as a genuine article. The residue remaining after filtering, tinct. opii, was dried, and the powder substituted for pulvis opii in making pulvis ipecac. co. Not one single tincture or pill mass was prepared in strict accordance with the Pharmacopœia.

It will be perceived that a more scientific adulteration might have been practised. I could give a few more select formulæ, but consider the above sufficient.

As regards imported drugs, a most respectable merchant of Smyrna told me one day in conversation that he supplied a case of scammony to a Scotch house which was returned to him as not being the same as they were accustomed to receive from some other house. He felt annoyed at the act, and sent for a Jew who, by adulterating it, made two of the one. He reshipped it, and it was accepted. He afterwards wrote and informed them of what he had done. I think he told me it was with powdered gum tragacanth it was adulterated—a large supply of tragacanth is brought to the Smyrna market from Armenia.

The purchase of opium and scammony is, as a rule, carried on through Jewish brokers; in fact, they have a sort of monopoly in that trade.

I remain, yours truly,

E. W. MCCRAITH,
Medical Officer Mitchelstown Dispensary.

THE LITTLE SUCCESS OF SANITATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—There was a leading article in your issue of Sept. 1 with the above heading, with the spirit of which I entirely agree. The terribly high death-rate of Dublin—some 40 per 1,000—has lately been much spoken about, and some who have not sufficiently reflected on its causes have unjustly blamed the excellent medical officers and the Corporation of that city for the result.

In my opinion the main cause of that distressing death-rate is the great indigence of the poorer classes in some parts of Ireland at this moment, which makes them flee from their country homes to some fancied city of refuge against the starvation which has again menaced them on account of the failure of the crops. It is out of the question to think of making the dwellings of the poor healthy when they insist upon crowding into such small space as they are compelled to content themselves with on account of their miserable poverty.

In London the death-rate of the wealthier classes, in Belgrave Square and the wealthy streets, does not exceed 12½ per 1,000 annually; whilst there are slums where, as Mr. Chadwick remarks, the death-rate rises to 50 per 1,000. Hence, as your article points out, we have a step further to take, before hygienic science can be satisfactory. We must investigate, if it be possible to make indigence less prevalent, otherwise there must always be a high death-rate among the poorest part of society. Human beings require meat and wheat as well as pure air and pure water.

Your obedient servant,

CHARLES R. DRYSDALE, M.D., F.R.C.S.

17 Woburn Place, W.C.,
Sept. 9, 1880.

[Undoubtedly, the extreme poverty of a certain class of the lower orders in Dublin is a prime cause of the disgraceful state of their abodes, and, indirectly, of the excessive death-rate. But temporary causes arising out of the prevalent

distress in Ireland cannot be to blame for the Dublin death-rate, considering—*a*, that the excessive mortality has been increasing for many years before there was any unusual poverty in the country; and, *b*, the deaths of all patients coming from outside of Dublin are carefully eliminated from the Registrar-General's Returns.—ED. M. P. & C.]

PILOCARPINE HYPODERMICALLY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In an ever-progressing Art like Medicine new remedies are constantly being brought forward, and it is only by carefully conducted experiments upon the lower animals, upon human patients, and frequently upon ourselves, that we can ascertain their uses and method of administration. Not long since hydrate of chloral (discovered many years ago by Liebeg), was introduced to the profession by Liebrich; and, when it was so introduced, the most educated physicians were unacquainted with its properties, and had to experimentally instruct themselves in its use. Similarly chloroform (discovered long since by Soubeiran), was brought forward as an anæsthetic by the late Sir James Simpson, who, by the way, nearly lost his life in experimenting with this drug upon himself. Both these (then novelties) are now medicines of every day use; and many other instances, of our own time, could be quoted—in fact all our medicines, down even to rhubarb and senna, had similar beginnings.

I say all this in defence of legitimate and necessary experimentation; but at the same time must express my surprise at seeing in to-day's papers our eminent *collaborateur*, Prof. Macnaughton Jones, of Cork, accused of experimentation for having resorted to so familiar a remedy as the subcutaneous injection of pilocarpine. As some medical gentlemen are represented in this report to have expressed themselves as unfamiliar with this remedy, I may mention that pilocarpine is the alkaloid or active principle of jaborandi, a South American leaf, introduced here several years ago by Dr. Contenho. The properties of this leaf have been experimented on by Gould Murrell, Ringer, Langley, and others, and used in the form of an infusion or a tincture of definite strengths, it produces copious perspiration, or sometimes salivation. In some instances it causes contraction of the pupil, and temporary interference with vision; or less often vesical symptoms. As to its action on the heart there has been some difference of opinion. There is no doubt, however, that it accelerates the action of the heart, relaxes the vaso-motor system, and lowers the temperature. My experience is that the safest and best method of administering this drug is by the subcutaneous injection of the pilocarpine alkaloid (the procedure resorted to in the Cork case), a plan which usually brings on copious perspiration in a few minutes, and without congestion or any of the other symptoms above described.

For the last four years I have repeatedly used it hypodermically, and the only inconvenience which I have found is that it sometimes causes acute pain in the end of the penis. I would not hesitate to so employ pilocarpine in a case where I desired to cause diaphoresis; the more so as its action (should it become excessive) can be at once checked by the exhibition of a minute dose of atropia, which is its direct therapeutic antagonist.

Further information on this subject can be found in the journals and in *recent* medical works.

I am, Sir, yours, &c.,

F. J. B. QUINLAN, M.D. Dub.,
Fellow of the King and Queen's College of Physicians; Professor of Materia Medica and Therapeutics, Catholic University; Physician to St. Vincent's Hospital.

September 11, 1880.

THE Committee of the London School of Homœopathy have resolved to institute an annual lecture on the life and work of Hahnemann, and to pay an honorarium of five guineas to the lecturer. The editor of the *Homœopathic World* has accepted the duty for this year.

Novelties.

BARON LIEBIG'S LEGUMINOUS COCOA.

ANALYSED AND REPORTED ON, FOR THE *Medical Press*

By C. R. C. TICHBORNE, LL.D., F.C.S.,
Fellow of the Institute of Chemistry; Lecturer on Chemistry Carmichael College of Medicine; President of the Pharmaceutical Society of Ireland; Analyst to the County of Longford, &c.

I HAVE carefully examined this preparation, and find that it has the following composition in 100 parts:—

Albuminoids	21·80
Carbo-hydrates (sugar, starch, gum, & a little astringent extract) ...	41·20
Fat	16·72
Mineral matter (containing phosphoric acid 1·47, and Potash 2·03 per cent.)	5·08
Cellulose	8·90
Moisture	6·30
	100·00

This preparation was not only analysed chemically but it was submitted to a thorough microscopical examination. The conjoint analyses lead us to the conclusion that this excellent and ingeniously constructed food consists of finely ground luguminous meal with cocoa from which the fat has been mechanically removed. The microscopic examination shows that it consists of these two substances only, probably in about equal proportions.

It will be observed, from the chemical analyses, that we have in this "Leguminous Cocoa" a substance extremely rich in albuminoids, or "flesh formers," combined with a due proportion of carbo-hydrates of an assimilable nature, and that the unassimilable fat and undigestible cellulose are reduced to a minimum.

It is now well known that although the cocoa bean is deservedly popular owing to its beautiful aroma and flavour, it presents many objectionable points from a dietetic point of view, when taken in its pure form. The bean contains 50 per cent. or even more of fat, this fat being of a nature not easy of assimilation, or even palatable.

It has been customary with certain manufacturers in preparing cocoa for the market, to reduce down the superabundance of fat by the addition of starch, arrowroot, or sugar; but in doing this the nutritious value of the cocoa is so reduced as to make it almost worthless as a diet. The active principle, theobromine, exists in the bean in the proportion of 1·2 to 1·5 per cent., the albuminoids from 13·5—17. Now, as the admixture of starch, &c., ranges from 25 to 75 per cent. in some of these preparations of cocoa, it will be seen at once that the dietary value is destroyed. But with the preparation before us a very different result is obtained.

In a previous part of this report we called the "Leguminous Cocoa" an ingeniously constructed food, and we did so advisedly from the following reasons.

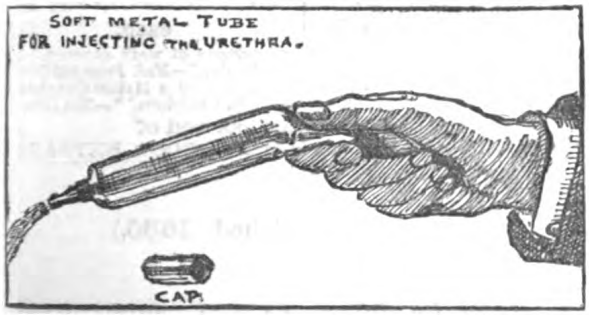
In this food the makers have reduced the objectionable preponderance of fat found in the bean, but at the same time instead of reducing the flesh formers they have considerably increased them by judiciously using a meal rich in those bodies, of which cocoa alone is found to be deficient. The result is that we have a substance which theoretically at least represents a perfect food, namely, nitrogenous bodies or flesh formers, with carbohydrates or the so-called heat generators, in the proportion of 1 to 2, or if we include the fat, 1 to 3. The latter has been reduced to a minimum, whilst the indigestible cellulose is practically *nil*. The valuable mineral constituents are also retained, and we find from the analysis, 67·5 per cent. of that mineral matter consists of phosphates.

This Leguminous Cocoa is made evidently from the best ingredients, and when mixed possesses the fine aroma of a rich cup of chocolate. The albuminoids are very little coagulated by heat, but remain in the soluble condition after boiling. I consider them more valuable, weight for weight, as flesh formers than the gluten of wheat, the casein of milk, or the albumen of the egg.

AN INJECTION TUBE.

By Mr. C. R. B. KEETLEY, F.R.C.S., M.B. Lond.,
Assistant-Surgeon West London Hospital.

To have a fair chance of success, urethral injections should be used with regularity and reasonable frequency; but persons who are away from home all day find it impossible to act up to this principle, because they cannot carry about with them a bottle of injection and a syringe. These soft metal tubes now made at my suggestion are quite portable, and are at the same time both bottle and syringe in one.



Mr. Cooper, the manufacturer, of 26 Oxford Street, London, W., has undertaken to supply them ready filled with any injection the surgeon may prescribe. Each tube contains two ounces, and is graduated in sixths, the price being 6s. 6d. per case of one dozen tubes filled with ordinary lotion.

PINE-WOOL CLOTHING.

With a view to combine novelty with utility, Messrs. Lairitz, of Remda, Germany, the well-known woollen manufacturers, have introduced to our notice through their agents for the United Kingdom, Messrs. Welch, Margetson and Co., manufactured specimens of pine-wool, together with one or two garments made from the material. To these they claim virtues for the alleviation and prevention of rheumatism and coldness of extremities during cold and damp weather. As these materials are but recently introduced, and the weather not such as to test their merits or demerits, we can at present pass no opinion upon them. They certainly come to us with the strong recommendations of Drs. Textor, Berensberg, and Julius Beer, of Berlin, who have tried them on their own persons; and we see no reason why they should not prove of immense value to rheumatic subjects.

NOTICES TO CORRESPONDENTS.

A Candidate.—We will ascertain the facts from official sources and let you know the result in our next.

St. Mark's Hospital, Dublin.—The statement in our "Student's Number" that the salary of Resident Surgeon in this Institution is £10 per annum was a missprint. The amount is £50.

A Deserving Case for Masonic Votes.—Amongst the candidates at the October election of the Royal Masonic Institution for Boys is Sydney W. F. Richardson, æt. 9, son of the late Mr. Benjamin Richardson, Surgeon of Glaisdale, near Whitby, P.M. of Cleveland Lodge, North Yorkshire Province. The candidate is one of six boys left fatherless and motherless, the youngest æt. 12 months and the eldest 13 years. Mr. Handyside, Surgeon, of Stokesley, Yorkshire, will gladly receive proxies, as will also Mr. W. B. Richardson (uncle of the candidate), for many years at the head of the dispensing department of Messrs. Savory and Moore, 143 New Bond Street, London.

Tonga.—We are asked by several readers for information concerning this so-called specific for rheumatism. Unfortunately, we have had no personal experience of this drug. *Tonga* (*Rhaphidiphora vitiensis*) has long been used by the Fijii Islanders as a remedy for neuralgia. As it first appeared in the market some few months since it was in the form of small broken fragments, consisting of a mixture of woody fibre, bark, and leaves. Messrs. Allen and Hanbury have now succeeded in preparing a fluid extract, so that the profession can now test its virtues in a more convenient form. Drs. Murrell and Ringer have reported eight successful cases from its use, and the drug has received more than the usual number of endorsements.

THE REMOVAL OF NÆVUS.

To the Editor of the Medical Press and Circular.

Sir,—In the *Medical Press* of Sept. 15th Dr. Sigler writes about the removal of Nævus. I would advise the following plan which I have adopted for the last thirty years:—

I vaccinate the nævus with liquid vaccine lymph from which inflammation sets in, and in ten days, instead of the purple appearance of the nævus, you have a white cicatrix. I would wish that all medical men would follow my plan in vaccinating infants with nævus by vaccine-lymph.

Truly yours,
Robert C. Madras, M.B.,
Medical Officer Dripsey District.

Errata.—In Dr. Kelly's paper on "The Medicine of the Ancients," which appeared in our issue for Sept. 8, the following corrections should be made:—In first column, page 196, line 25, and following, for *Thermison* read *Themison*; for *Promtius* read *Promptius*; for *moschos*, read *moechos:* for *acciderit*, read *occiderit;* for *medicocritatem* read *mediocritatem;* for *torminia*, read *tormina.*

VACANCIES.

Birmingham General Dispensary.—Resident Surgeon. Salary, £150. Applications to the Secretary before Oct. 13.

Carlow District Lunatic Asylum.—Resident Medical Superintendent.

Penzance Union, Cornwall.—Medical Officer for No. 4 District. Salary, £35, with the usual extra fees. Applications to the Clerk of the Union.

Ramsgate Seaman's Infirmary.—Resident Medical Officer. Salary, £130, Applications to the Secretary before Oct. 15.

Tuam Union, Tuam Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, Oct. 13.

Tuam Union Workhouse.—Medical Officer. Salary, £110, and £20 as Consulting Medical Officer of Health. Election, Oct. 13.

APPOINTMENTS.

Adrien, E. N., L.K.Q.C.P.I., Medical Officer to the Balbriggan District of the Balrothery Union.

Creery, J., M.B., House Surgeon to the Derry County Infirmary.

D'Alton, P. R., L.R.C.S.I., Medical Officer to the Oranmore Dispensary, Galway Union.

England, W., M.D., F.R.C.S.E., Medical Officer to the First District of the New Winchester Union.

Ferguson, H. L., L.R.C.S.I., Assistant Surgeon to the National Eye and Ear Infirmary, Dublin.

Gaffney, T., L.R.C.S.I., Medical Officer to the Kesdue Dispensary, Boyle Union.

Knowles, E., M.R.C.S.E., Medical Officer for the First District of the Cambridge Union.

Line, W. H., M.B., Demonstrator of Anatomy at Carmichael College.

Magner, E., M.D., M.Ch., L.M.K.Q.C.P.I., House Surgeon to the Cork Workhouse.

Pentland, A., M.B., L.R.C.S.I., Medical Officer to the Ryan Dispensary District of the Mohill Union.

Poland, J., L.R.C.P.I., Registrar to the North-East Hospital for Children.

Porritt, N., M.R.C.S.E., House Surgeon to the Huddersfield Infirmary.

Rowntree, W. G., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Barnsbury District of the Islington Union.

Steele, R., L.R.C.P.Ed, M.R.C.S.E., House Surgeon to the North-East Hospital for Children.

Walsh, P. C., L.R.C.P.Ed., M.R.C.S.E., Medical Officer and Public Vaccinator for the Frenchpark District of the Castlerea Union.

Births.

Mayberry.—Sept. 20, at Riversdale, Kenmare, co. Kerry, the wife of Francis J. Mayberry, M.B., of a daughter.

Patterson.—Sept. 18, at Ayr Hill, Ramelton, co. Donegal, the wife of John Patterson, M.B., of a son.

Thurstan.—Sept. 23, at The Hollies, Croydon, the wife of E. Paget Thurstan, B.A., M.B., of a son.

Weatherly.—Sept. 20, at Portishead, Somerset, the wife of Lionel A. Weatherly, M.D., of a daughter.

Wilson.—Sept. 22, at 7 Pleasant Row, Newcastle-upon-Tyne, the wife of Adam Wilson, F.R.C.S.Ed., of a son.

Marriages.

French—Moore.—Sept. 9, at Mountilly, Sion, N. French, L.R.C.S.I., Strabane, to Mary, second daughter of Jas. Moore, Esq., Mountilly, Sion.

Reynolds—M'Cormack.—Sept. 22, at Glenealy, co. Wicklow, James Henry Reynolds, M.B., V.C., A.M.D., to Lizzy, daughter of the late Dr. M'Cormack, Dublin and Westbrook, co. Wicklow.

Deaths.

Breeze.—Sept. 5, at Park Lodge, Finchley, Richard Goodwin Breeze, M.B., M.R.C.S.E., aged 46.

Clement.—Sept. 20, at his residence, Woodville, Watford, Herts, Augustus Ward Clement, M.R.C.P.Lond.

Davies.—Sept. 5, in London, John Davies, M.D., late Surgeon to the Ebbw Vale Iron Works, aged 60.

Howlett.—Sept. 22, Michael Howlett, L.R.C.S.I., Resident Medical Superintendent, Carlow District Lunatic Asylum, aged 54.

Kingsley.—Sept. 21, at 5 Lower Sherrard Street, Dublin, George T. Kingsley, L.R.C.S.Edin., of Borrisokane, co. Tipperary.

Reid.—Sept. 20, at Moira House, Arnold, Notts, Alexander Wm. Reed, M.A., M.B., C.M. Glasg., L.R.C.S.Ed., aged 31.

Robinson.—Sept. 19, at Clogher, co. Tyrone, John T. Robinson, M.D.

Stokes.—Sept. 18, at Clanricarde Gardens, London, John Milbourne Stokes, M.D., of Melbourne, New Zealand, aged 67.

Stolterfoth.—Sept. 19, at Queen's Park, Chester, Sigismund Stolterfoth, M.D., F.R.C.P., late of Dover, in his 85th year.

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WEDNESDAY, OCTOBER 6, 1880.

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REPEATED BILATERAL DISLOCATION OF THE LOWER JAW IN THE SAME INDIVIDUAL.

By B. WILLS RICHARDSON,
Surgeon to the Adelaide Hospital.

The following case is worthy of record from the frequent recurrence of the dislocation, and its comparative rarity in convulsions:—

On the evening of the 18th October, 1876, I was requested by Dr. Albert Walsh to visit with him Mrs. M—, a lady living a short distance from Dublin, who had a few hours previously dislocated the lower jaw.

The history of the case is a sad one. The patient, a married woman, æt. 22, and a mother, had become a hopeless drunkard, the thirst for alcoholic stimulants being so insatiable that it was rarely temporarily diminished until the supervention of convulsions. It was during one of these convulsive seizures the jaw was first dislocated. This luxation occurred on the morning of the 18th October, 1876.

I may here state that when reflecting upon the habits of Mrs. M., the possibility of the presence of renal disease was not overlooked, but evidence thereof was negatived by analysis of the urine.

The luxation was bilateral and well-marked. There was the hollow in front of each ear, and the jaws could not be closed, the lower jaw being about a quarter of an inch in advance of the upper. Saliva flowed freely, and the pronunciation of labial consonants was impossible.

Dr. Walsh, then suffering from chronic gout in the right thumb, requested me to reduce the luxation. This was easily and chiefly accomplished by the method attributed to Hippocrates, that of placing a thumb behind the last molar tooth of each side of the lower jaw, and depressing these portions of the bone, the patient being seated in an arm-chair instead of upon the back, as recommended by him. The reduction seemed to have been facilitated by pressing or forcing the coronoid processes backwards, when the posterior part of the jaw was sufficiently depressed to disengage the apices of the processes from the superior maxillæ or from the malar bones. After the reduction Dr. Walsh was supporting the chin while I prepared a four-tailed bandage. But when about to apply it the lady was seized with violent convulsions, and became so livid that I thought tracheotomy might be necessary. However in a few seconds her colour improved, and in a minute or two consciousness returned. We were vexed to find that the luxation had been reproduced during this paroxysm. There was no difficulty in its reduction, and I applied the bandage.

The next day Dr. Walsh resumed his attendance. Thursday, 12th April, 1877, Dr. Walsh again asked me to see Mrs. M., who, during one of her libations, had a convulsive seizure and dislocated the jaw. The luxation was bilateral, the symptoms being as well-marked as they had been on the 18th October. At Dr. Walsh's instance I reduced the luxation. It was easily accomplished, and the four-tailed bandage was applied.

19th October, 1877, I was called upon at 7.30 p.m., in the absence of Dr. Walsh, to visit Mrs. M., who, during a potation, had a violent convulsive paroxysm, in which the luxation of the jaw was repeated. The symptoms continued characteristic, and the reduction to be equally easy. Having applied the four-tailed bandage I retired, and had not been home more than an hour until the lady's husband called to say that "shortly after I had left his house the convulsions recurred, and the jaw was out."

I returned to the patient about 10 p.m., and met Dr. Quinan, to whom Dr. Walsh had transferred Mrs M. The luxation on this occasion also was bilateral, and there was no variation in the symptoms.

When, at Dr. Quinan's desire, I was about to reduce the luxated bone, Mrs. M. was seized with frightful convulsions, the lividity of face being anew suggestive of the possible necessity of tracheotomy. She rapidly, however, acquired a more natural colour, the convulsions ceased shortly afterwards, and I reduced the luxated bone. The four-tailed bandage was then applied.

24th June, 1878, 9 a.m.—Mrs. M., being "drenched with drink," had one of her convulsive seizures, in which

the lower jaw was again bilaterally dislocated. I found the reduction as easy as it had hitherto been.

18th Nov., 1878.—Mrs. M., being in her "cups," desperate convulsions seized her, and the lower jaw was again bilaterally luxated. There was no trouble in the reduction, and I applied the bandage.

19th.—I was called to Mrs. M. During the preceding night, while under the influence of her last potation, furious convulsions set in, and the bilateral dislocation of the lower jaw was reproduced. I had no difficulty in the reduction, and the bandage was applied.

6th Jan., 1879.—Mrs. M., while very much the worse for liquor, had a severe convulsive seizure, with renewal, during the attack, of the bilateral dislocation of the jaw. Its reduction continued free from difficulty, and I applied the bandage.

20th.—Mrs. M., when stupefied by drink, violent convulsions possessed her, and in these the bilateral dislocation of the jaw was repeated. It was reduced with ease, and I applied the bandage. This was the last occasion on which Mrs. M. dislocated the jaw. Not long afterwards, as might have been expected, she broke down in health, became partially paraplegic, had an attack of profuse hæmatemesis, and, I am informed, died rather suddenly in April, 1880.

That luxation of the lower jaw in the convulsive throe cannot be a frequent occurrence, may be gathered from the fact that many surgical writers of established reputation, in their enumeration of the causes of the luxation, omit convulsions: and some of those who mention them seem to assume that the mouth must be open during the seizure for the luxation to happen. This will be seen in the following quotations from writers whose opinions ought to have much weight in a matter of this kind.

Boyer observes that "every cause capable of separating the jaws beyond the natural limits is also capable of producing luxation of the inferior maxilla. Amongst these are yawnings, vomiting, falls or blows bearing with force upon the chin, &c." (*a*) Concerning the recurrence of the dislocation in the same subject, he goes on to say that "nothing is more common than to see the luxation reproduced in yawning, and we have frequently seen it relapse several times in some instances, when fixing the lower jaw to render it immovable for some time, has been neglected." (*b*)

Nélaton, speaking of the causes of this luxation, mentions that, "the occasional causes of luxations of the jaw are of two orders: one set are mechanical, the other physiological." "The physiological causes are much the most frequent; yawning first, then convulsions, vomitings, violent fits of laughter, in a word, all causes which may determine exaggerated separation of the jaws are the most usual causes of these luxations." (*c*) "But often mechanical action alone may cause luxation of the lower jaw." (*d*)

"It is not rare," he further records, "to meet with patients in whom the luxation is very often reproduced, and even in whom this lesion is produced at will." (*e*) Again, "of all luxations that of the jaw is perhaps that which is produced most often in subjects who have been already affected with it." (*f*)

Mr. Gant remarks that "*muscular action* would seem to be the usual cause in the act of opening the mouth widely; as in laughing, gaping, violent declamation, yawning, convulsion, or an attempt to take too large a bite. The condyles moving forward on the transverse root of the zygoma on either side are dislocated by the action of the external pterygoid muscles and anterior portion of the masseters, the genio-hyoid and other muscles then depressing the jaw. Consequently, the temporal, internal pterygoid, and masseter muscles are placed on the stretch, or even strained. *External violence* is an occasional cause, as in tooth-extraction, or the forcible introduction of something into the mouth." (*a*)

"In a majority of cases," writes Mr. Frank A. Hamilton, "the direct or immediate cause seemed to be muscular action alone." Malgaigne found this cause to prevail in twenty-five out of forty cases; and of the twenty-five cases fifteen were occasioned by gaping, five by convulsions, four by vomiting, and one by rage. Dr. Physic, of Philadelphia, found both condyles dislocated in a woman in consequence of the violent gesticulation of her jaw while scolding her husband. But in a more remarkable case still, this surgeon found the jaw dislocated after recovery from a profuse salivation, and of the cause of which, or the time of its occurrence, the patient, a young girl, could give no account." Mr. Hamilton says that "it is easy to comprehend how the combined action of the two external pterygoid muscles, with a portion of the fibres of the masseter, may alone produce the dislocation when the mouth is wide open, and especially when, in consequence of a slight blow upon the chin, the anterior portion of the capsule becomes lacerated; for it must be noticed that the ascending ramus, with its prolonged condyloid process, constitutes a lever of the first kind, in which the temporal muscle attached to the coronoid process, the masseter, and even the mastoid process, constitutes the fulcrum, the anterior portion of the capsule, the weight and the force acting against the front of the chin, the power." (*b*)

Mr. James R. Lane, in the chapter on Dislocations of the Lower Jaw, in the last edition of Cooper's "Surgical Dictionary," speaking of the causes of the forward dislocation, remarks, "Hence a dislocation mostly happens while the patient is laughing, gaping, &c., a blow on the jaw, a spasm, or any irregular action of the muscles when the mouth is wide open, may easily cause the accident. When the jaw is depressed—if the muscles contract—the anterior fibres of the masseter tend to bring the condyles under the zygoma. The external pterygoid muscle will also contribute to produce the same effect." (*c*)

Dr. Gross observes: "The displacement is usually double, affecting both sides simultaneously, and is commonly produced by some sudden contraction of the muscles in yawning, laughing, vomiting, or convulsions. Occasionally it arises from a blow, fall, or kick upon the chin, the mouth being widely opened at the moment, and the condyle advanced upon the articular eminence." (*d*)

"Dislocation of the jaw," says Chelius, "takes place in some persons very easily, but never in children, on account of the peculiar form and direction of the jaws. Its cause is either external violence, which thrusts the chin downwards and backwards, when, at the same moment, the muscles raising the jaw, especially *m. masseter* and *pterygoideus internus* contract; or violent straining in vomiting or yawning, by which the chin is violently drawn down, and by the simultaneous action of *m. pterygoidei externi* projected forwards. (*e*) This meagre account throws no light on the question before us.

It is unnecessary to multiply quotations any further;

(*a*) "Traité des Maladies Chirurgicales et des Operations qui Leur Conviennent." By M. Le Baron Boyer. Tome quatrième P. 79. A. Paris. 1814.
(*b*) *Ibid.* P. 99.
(*c*) "Eléments de Pathologie Chirurgicale." Par A. Nélaton. Deuxième édition. Tome troisième. P. 45. Paris, 1870.
(*d*) *Ibid.* P. 45.
(*e*) *Ibid.* P. 46.
(*f*) *Ibid.* P. 53.

(*a*) "The Science and Practice of Surgery." By Frederick James Gant, F.R.C.S. Second edition. Vol. i., p. 232. London, 1878.
(*b*) "A Practical Treatise on Fractures and Dislocations." By Frank Hastings Hamilton. Second Edition, Philadelphia, 1863. P. 483.
(*c*) "Cooper's Dictionary of Practical Surgery." By Samuel A. Lane. In two volumes. Vol. 1, 1861. P. 506.
(*d*) "A System of Surgery; Pathological, Diagnostic, Therapeutic, and Operative." By Samuel D. Gross. Fifth Edition. In two volumes. Philadelphia. 1872. P. 41.
(*e*) "A System of Surgery." By J. M. Chelius. Translated from the German by John F. South. Vol. i. London: 1847. P. 771.

those given sufficing to show that all their authors, excepting Malgaigne, seem to consider the jaws should always be widely separated for the production of the dislocation.

In Mr. Hamilton's analysis of Malgaigne's statistics, five of the twenty-five cases were caused by convulsions, and yet the positions of the jaws to one another at the moment of the dislocation is not stated. This writer himself attributes the dislocation to the external pterygoids with a portion of the fibres of the masseter when the jaws are divaricated.

Mr. James R. Lane too, speaks of the luxation being produced by a "spasm, or any irregular action of the muscles when the mouth is wide open." Dr. Gross does not imply that the mouth should always gape on the occurrence of the accident in convulsions, attributing it to some sudden contraction of the muscles in the convulsion.

My chief object being to record the repeated recurrence of luxation of the lower jaw during convulsive attacks in a patient who, during the intervals of the convulsions, had repeated vomitings and yawnings when drinking, but during which the bone was not luxated. Moreover, the jaws were not divaricated when I happened to be present while she was in convulsions, showing that upon these occasions, at all events, the luxation seemed to have been produced by violent overpowering spasm of the dislocating muscles.

It may not be uninteresting, however, to say a few words upon the great influence attributed by many surgeons to the external pterygoid muscles in the production of the luxation. It has been supposed that when the condyle has been advanced upon the articular eminence the external pterygoid muscle is very active in drawing it more forward and placing it upon the front of the process, and that this position constitutes the luxation. Boyer speaks of the production of the luxation as follows, attributing great influence to the external pterygoid muscle:—

"In the first case which takes place in yawning, in vomiting, the contraction of the muscles which are inserted into the os hyoïdes depresses the lower jaw; in proportion as this movement increases the external pterygoid acts, and in carrying the condyle forward, underneath the transverse process of the temporal bone, it determines the double circular revolution in inverse directions, which the chin executes on the one part and the condyle the other. On the other hand, in proportion as the condyle advances under the transverse eminence, and that the chin is carried backward, the posterior surface of each condyle presents itself beneath the convexity of the transverse eminence, and the inclination of the first determines much more easily the displacement of the condyle forward, as the external pterygoid muscle acts with much more energy, and delivers itself more vigorously to the spasmodic contraction which characterises yawning." (*a*)

There are reasons for the supposition that the external pterygoid muscles are not, as Boyer and many writers imagine, so active as other muscles in the production of the luxation.

A very excellent anatomist, Mr. Malcolm W. Hilles, for example, argues that the power of this muscle is much weakened when the mouth is widely opened. "It is in this position of the jaw, that is, when the mouth is widely opened (as in yawning), and the condyles rest on the zygoma, that dislocation forwards into the zygomatic fossa so readily occurs; this is said to be caused by the spasmodic action of the external pterygoid muscle on each side drawing the condyles suddenly forwards. On a careful examination, however, it will be found that then, that is, when the mouth is widely opened this muscle has lost so much of its obliquity, and its origin and insertion are so much approximated that it cannot have much effect this way, and why this muscle, now, we may say, relaxed by its points of attachment being approximated, should suddenly contract, whilst all the muscles which oppose this dislocation look calmly on, we cannot understand; we rather think the dislocation is produced by the continued action of the digastric and other muscles above enumerated, as attached to the anterior part of the jaw, or by the sudden application of force in this situation, acting by means of a most advantageous lever—a lever which will be found to be one of the first order, the fulcrum being at the insertion of the internal pterygoid and masseter muscles, the resistance at the articulation and the force in front, at the extremity of the lever; and on reflection, it is one of the most favourable kind, for when the mouth is widely opened the rami of the jaw approach so much to the direction of these muscles from the condyles passing forwards, that the fulcrum is placed close to the resisttance. When the mouth is *very widely* opened the jaw may be dislocated forwards by the direct action of the masseter and internal pterygoid muscle; this results from the condyles becoming then anterior to the insertions of the muscles; flexion may be accomplished by the weight of the jaw, without any muscular effort, as seen in sleeping, in the dead subject," &c. (*a*)

Cruveilhier, in his description of the action of the external pterygoid muscle, says nothing of its having any dislocating influence other than that of being active in causing displacement of the condyle in fracture of the neck of the bone. Whereas he considers the masseter to be the energetic muscle in producing the ordinary dislocation. "Its momentum, *i.e.*, its period of most powerful action," he observes, "occurs when the jaws are slightly separated, because its angle of incidence with regard to the lever is then nearly perpendicular. The general direction of the fibres of the masseter muscles, obliquely downwards and backwards, is highly advantageous as regards the trituration of the food, for during the contraction of the two muscles the lower jaw is moved upwards and forwards. This same obliquity explains the action of the muscle in producing luxation of the jaw; for as its insertion is further back than it would have been had the fibres been vertical, it follows that however slightly the jaws may be separated, the condyle is placed in front of the axis, to which all the fibres of the masseter may be referred; and when this muscle contracts, it increases the peculiar movement performed by the condyle in becoming dislocated forwards." (*b*)

According to this explanation the mechanism of all the luxations of Mrs. M. may be explained, assuming that the mouth was not more open in the convulsions which I did not see than it had been in those I witnessed. At all events, to the dislocations occurring in the convulsions I saw, Cruveilhier's explanation seems very applicable.

On these occasions I watched Mrs. M. during the seizures, and can positively affirm that the mouth was not perceptibly open. There was no gaping whatever, which has induced me to consider, as I have just stated, that Cruveilhier's views on the mechanism of the luxation have an appearance of accuracy, particularly so when applied to cases of this description.

In a dislocation of the jaw, recorded by Sir Astley Cooper, the open mouth does not appear to have been observed at the *moment* of the convulsive seizure, although it shortly after became so, I assume, on the occurrence of the luxation:—

"Sarah Jobson, residing at Horncastle, æt. 30, of a strong muscular habit, some hours after her delivery, had a fit, during which her mouth became widely distended, for which blood-letting, blisters, and other antiphlogistic remedies were employed; she quickly recovered, but the mouth continued open. The surgeon who attended her conceiving this to arise from a spasmodic action of the

(*a*) *Ibid*, p. 81.

(*a*) "The British Dissector." By Malcolm W. Hilles. Part i. Dublin: 1834. P. 273.

(*b*) "Descriptive Anatomy." By J. Cruveilhier. London. Vol. i. 1841. (Library of Medicine, Vol. vii.), Pp. 310 and 313.

muscles, treated it as such without success." (*a*) According to my reading of this case, the "distension" of the mouth, as Sir Astley calls it, resulted from, and did not precede, the dislocation.

Before concluding, let me mention that Dr. Quinan attended Mrs. M., in 1877-78, for three attacks of delirium tremens, but I am unable to say, for how many, the late Dr. Albert Walsh, treated her. He himself, before his fatal illness, told me she had been under his care for such, but on that occasion the ultimate issue of the case was not in my mind, and the impression was transitory. Let us then be charitable and say but one attack, which, with those she experienced when under Dr. Quinan's care, suffice to impress upon the reflecting mind the desirability of endowing the magistracy with power to curtail the personal liberty of tipplers so inveterate as Mrs. M.

Could this have been done in the early stage of her case she might have been saved from a premature death, and the supervision of a reformed parent preserved for her family.

SOME DEFICIENCIES IN OUR KNOWLEDGE RESPECTING HEALTH RESORTS. (*b*)

By G. J. SYMONS, F.R.S.,
President of the Meteorological Society.

THE remarks which I have to offer upon the present occasion differ materially in their character from those which are assumed to usually form the basis of those submitted to scientific bodies.

As a rule, an author reads a paper in order to bring before his audience, and perhaps still more before that far larger audience which he addresses through the press, something which he believes to be new, something which he hopes will make the world wiser and better than it would be without it.

I am aware that there are persons who read papers with the sole desire to see their names in print, and others who do so in order to puff the commodities in which they deal—but they are beneath notice.

Well, then, the usual object of a paper is to afford information. But mine is to obtain it, and although perhaps I shall give a little in the mere explanation of what I want, still I hope that the balance will eventually be largely in my favour, and that is why the title of this paper does not promise any information at all.

It has lately been said, and I think with truth, that whereas in past years the Autumn holiday was a *luxury*, it has, through the increasing exhaustion due to modern high pressure life, become a *necessity*.

Assuming that to be true, it is obviously of increasing importance that the localities to which we temporarily migrate should be as healthy as they can be made.

And here it may be well to remark that the visitors are better judges of what is healthy than the residents. Those who spend the whole twelvemonth on a bracing mountain slope cannot realise that it matters whether the bed-room windows open at the top or not; and, as sleeping in a close room does not affect them, they set any remonstrance down as a whim of their visitors, forgetting that it is the constant breathing of a pure atmosphere during the day and all through the year which enables them to sleep in a used-up atmosphere with impunity—and equally forgetting that it is largely for the sake of pure air that their visitors come, that where they get most pure air they will derive most benefit, and will, therefore, be most likely to return.

I have quoted only one feature—windows; but need hardly say that identical reasoning applies to cleanliness in every respect—to purity of water, to the quality and cooking of food, and, indeed, to all the ministrations of life.

This digression has taken me far away from the subject I wish to bring before you. I must return abruptly, and try to keep closer to it.

I am far from denying that, in spite of the very unsanitary—and to our notions, offensive—arrangements existing at many places on the Continent, it is often better for persons to go to a continental health resort than to stop in the United Kingdom, because the change of air, scene, habit, and language, is more thorough. Yet, I believe, it would be far better to bestow more attention on our own health resorts than we do.

And I think that few persons have the least idea of the number of the mineral springs and sea-bathing places in the British Isles. Many years ago when investigating the rainfall at some of our Health Resorts, I compiled a list of those that I then knew of; the total number was rather more than three hundred, but having learnt of many since, and made the list far more extensive than any I know of, I have inserted it in this paper in the hope that it may prove an acceptable contribution to our "Transactions."

At the outset, however, it is necessary to consider what constitutes a health resort. The definition is by no means easy. Are all places where mineral springs exist to be called health resorts? If so, scores of places where there is not the slightest accommodation for visitors, and of which 999 persons out of every 1,000 have never heard, must be included. Are all seaside towns and villages to be considered health resorts? some of them are, we fear, far from being either salubrious or adapted for receiving visitors. Are we to exclude all places which have neither mineral springs nor sea-bathing? if so, we must exclude some localities which are extremely well adapted for the restoration of persons suffering the penalty of "life at high pressure."

I think, that in this matter, as in most others, no hard and fast line is possible, and the course which I have adopted is, therefore, an intermediate one.

I purpose dwelling chiefly upon our ignorance of the climates of our health resorts. But before passing to that, I wish to say a few words respecting the literature of the subject. How is it that we have no standard work in which the merits and demerits of all our mineral springs, sea-side bathing places, and health resorts are impartially set forth?

I am far from ignoring the thousands of more or less ambitious books, each demonstrating that Slowcombe-on-Sea is equally well adapted for a winter and for a summer health resort, that it possesses every natural advantage, and that the sanitary arrangements are perfect. Added to this, there is a gradually rising stream of prospectuses from so-called hydropathic establishments which, without exception, chant the praises of the places whence they emanate. But all these are necessarily inevitably one-sided.

And our general treatises, where are they? I may be referred to Sir James Clark's "Sanative Influence of Climate," an excellent book for its date, but the last edition was issued thirty-four years since, and it only devotes seventy pages to British Health Resorts.

Dr. Granville's "Spas of England," 3 vols., published in 1841, is far more voluminous, but if the gossip and verbiage were struck out, it would leave little, if any, more information than is given by Sir James Clark, and all of it, be it remembered, is forty years old.

The more recent works, though I do not wish to say anything against them, leave much to be desired. What have we to compare with Lombard's *Traite de Climatologie Medicale*, in three or more volumes? with Dr. von Graefe's *Jahrbucher für Deutschlands Heilquellen und Seebader?* or with the sumptuous quarto published for several years in Paris with the title of *Album universal des Eaux Minerales, des Bains de Mer, et des Stations d'Hiver?*

(*a*) "A Treatise on Dislocations and Fractures of the Joints." By Sir Astley Cooper, Bart. Edited by Bransby B. Cooper. London: 1842. Pp. 345.

(*b*) Read at the Sanitary Congress, Exeter, Sept. 24, 1880.

Not one of these, however, comes up to my own idea of what is required, and, what is more practical, of what I believe I would pay to publish. In the first place, I do not think that any one person is competent to write the book. Because (and I like to prove each proposition I lay down) it would not be easy to name a person who would command universal respect as (1) a physician, (2) a water analyst, (3) a geologist, (4) a meteorologist, (5) a sanitary engineer, and (6) a statistician. And I hold that a proper, full and true report upon Scarborough, for example, ought to contain data on all these heads, and it ought to give a map (with altitudes) of each town, on the scale of at least two inches to the mile, one or two views, details of the water supply and drainage.

Let me, however, say a few words as to how I think it possible to carry out this scheme to its full extent, and to defray the cost of the perhaps half-a-dozen volumes which it would fill.

In the first place, everything should be done to suppress the personal element in the book. It should be brought out under the auspices of some public body, perhaps a committee comprising representatives of the leading medical, sanitary, and scientific societies would command the widest respect. Then there must be one editor in chief, and sub-editors for each of the branches already named. And every paragraph throughout the volume should be initialled, so that no responsibility be shirked.

As the preliminary basis of the publication, an exhaustive series of questions (together with an explanatory note), should be sent to the official representative of each town—the mayor where there is one, whom failing the chairman of the local board, or, in the absence of both, the leading medical practitioner. But these statements would merely serve as a basis; there must be a personal visit by an inspector appointed by the committee, and information must be collected from all possible sources.

As regards the mineral waters, properly attested specimens must be taken of each, and all must be analysed under the supervision of a single analyst, and the results published on a uniform system.

I have not shown how the cost of this is to be met. Probably it would not be more than the sum spent yearly in advertisements by two or three of the largest hydropathic establishments. See for instance the hundreds of boards respecting Ben Rhydding at the railway stations throughout the country. Fifty pages of advertisements in the last volume would do no harm to the book, and there is scarcely any price per page at which it would not be profitable to the hydropathic establishments and the larger hotels to insert illustrated prospectuses.

Such a work as this would be a necessity for the consulting physician, and would be of great interest to scientific men; well illustrated, and treating as it would do of many of the most beautiful spots in our country, it would find its way into the homes of the wealthy, and as the standard authority upon the subject, it would find a sale on the Continent, in our Colonies, and in the United States.

I am aware that I have sketched a large, and perhaps I shall be told a visionary scheme. Be it so. There is no harm in placing upon record that which is expedient, even if we cannot carry it out at once. We have pointed out the data required, and in the course of time they will be accumulated.

And now for the climatology. Of course, one essential feature of the work is a full report on the climate of each health resort. I am sorry to say that this is what scarcely anyone can give. This, a sweeping statement, which, of course, I must prove to be true. In the first place, to show you that this is no temporary whim on my part, I ask permission to read a paragraph which I wrote in 1866, and published in 1867 in a little book (long since out of print), entitled "Rain, How, When, Where and Why it is Measured":—

"It would be of immense benefit to the medical profession and the public at large, to know with truth and absolute impartiality the relative climates of our various health resorts, but at present very little is known. There are a host of local treatises on 'The Climate of Blankwater,' &c., but they are mostly advocates of the place whence they take their title. We have also some general treatises on the subject, but they are necessarily based on the returns made by persons interested in the popularity of the places in which they reside, and most of them have placed their instruments as well as they know how, but the result is diverse indeed. How, then, can the indications of their instruments be comparable? Moreover, there have been cases strongly indicating a desire to 'make things pleasant,' by slight departures from impartiality in recording the observations, and hence (unjustly) there is a widespread want of confidence in returns from fashionable health resorts. This should not be. Might it not be removed by the local authorities at each appropriating a small portion of open space to the erection of a set of meteorological instruments, properly verified and properly mounted, and having them regularly recorded by one or more persons? Let the book of observations be always open to public inspections, let whoever takes the observations add his initials, and let the instruments be always readily accessible on application. This proposal might cost each town £10 or so, not more, and it would soon confirm the accuracy of most of those, on all of whom the records of *some* have cast suspicion."

The great defects of the meteorological observations of bygone years arise from the fact that the importance of absolutely identical methods of observations and record was not fully realised, or at any rate was not acted upon. It may have been thought that with a staff of voluntary observers it was difficult to ensure absolute uniformity, and that if a paid observer breaks rules the matter is soon rectified, but when the observer buys all his instruments, and offers of his own free will to send you copies of the observations he makes, it is less easy to obtain strict uniformity. At least, I suppose it must have been so, though my own experience of amateur observers is that they will do almost anything that they are asked. However, whatever may have been the cause, there is no denying the fact that absolutely rigorous identity in the mode of observation is of very recent date. But since getting a Royal Charter, proper offices and a paid staff, the Meteorological Society has been doing everything in its power towards ascertaining the precise characteristics of English climate. It has now between 80 and 100 stations, with identical instruments, all mounted uniformly, all read at the same instant of local time, recorded and in every respect discussed upon a uniform system, all the instruments tested and verified, and every station visited by the Society's inspector.

A map of the stations and a set of the instruments are now before you. And from the former you will see what is the deficiency which I wish to see rectified. Take the coast from the Thames to the Land's End. We find the following sea-bathing places without any record being sent to the Society respecting their temperature or humidity:—Herne Bay, Westgate, Margate, Broadstairs, Deal, Dover, Folkestone, Sandgate, Hythe, Hastings, St. Leonards, Seaford, Brighton, Littlehampton, Bognor, Ryde, Sandown, Shanklin, Freshwater, Weymouth, Charmouth, Lyme Regis, Axmouth, Seaton, Exmouth, Dawlish, Looe, and Penzance. Twenty-eight places on the South Coast alone, each doubtless possessing features different from every other, slight, probably, in some cases, as, for example, Littlehampton, and Bognor, but extremely marked in others, as, for instance, Margate and Penzance, or to take two nearer places, Ryde and Shanklin.

I started by stating that I wished to obtain rather than to afford information. Have I not finished by showing a wide field for useful work?

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. STAMER O'GRADY, F.R.C.S.I., M.B., &c.

Continued from page 71.

Tracheotomy (Two Cases.)

In both the operation was required, under circumstances of extreme urgency; the features, attendant on each case, possessing considerable individual peculiarities. It so chanced, too, that the cases occurred nearly simultaneously.

A.—A surgical instrument maker, æt. 45, of frequently intemperate habits, and who had suffered from syphilis, came under treatment complaining of giddiness, tendency to fall and difficulty of breathing; there was marked congestion and œdema of the head, neck, and upper extremities; the ears and nose being specially swollen and livid. The venous trunks in the localities named were much engorged, and enormously enlarged veins coursed along the superior half-dozen intercostal spaces on both sides. Stethoscopic examination threw absolutely no light on the case. Active purgation, repeated dry cupping, with a few leeches alternately to either nasal orifice, effected so much improvement that in a fortnight the man was able to attend as an extern. Thirteen days subsequently he was re-admitted in a state of extreme dyspnœa; the distress of "the fit" partially abating for the time, he communicated that he had gone to bed "as well as ever" the night before; had some difficulty of breathing during the night, but getting relief towards morning he went about his business as usual. In the afternoon he suddenly got worse. The former œdematous swelling of the upper extremities was no longer present, but the veins of the short thick neck and on the sides of the thorax were greatly distended. Whilst being visited as an emergency case the paroxysm re-developed quite suddenly, and in a very few seconds the man's state had become one of grave peril. His face speedily blackened, and he was insensible. Everywhere the huge turgid veins bulged out, the immediately supra-sternal locality, being, apparently, the least encumbered by them. Profuse hæmorrhage followed the entrance of the knife here; the black blood rising in a short column, and rolling over in every direction, as one sees in a burst water-pipe in the street. Through the blood current the air-tube was opened, the left forefinger plugging the incision in it; one side of the trachea having been caught in the bite of a fine artery forceps; the silver tube was run home, and through it a little blood, which had entered the air-pipe, sucked out by the mouth of the operator. Shortly after the introduction of the tube the bleeding ceased. Throughout the patient was pulseless and totally unconscious. After a few minutes of steadily practised artificial respiration, the blood oozing from the cut became less dark, and soon natural respiration become re-established. The usual precautions of improvising a tented bed, and providing a warmed moist atmosphere, were adopted; the patient being, besides, freely purged with calomel and croton oil. An attack of tonsillitis and bronchitis, from which he had been lately suffering, caused a good deal of distress for a couple of days. Scarcely anything could be swallowed. Notwithstanding these drawbacks, recovery was most satisfactory. On the fourth day a caoutchouc-tube was substituted for the silver one; in thirteen days he was allowed to get up; still greatly troubled with cough, but in good general form. Improvement was now so rapid that in four days more he went to the country, being directed to retain the tube; but when in three weeks patient called to report progress the wound was nearly healed. He stated that a few days previously the tube had accidentally come out, and he had not been able to get it in again, though accustomed to frequently change it. Every vestige of the old venous engorgement had disappeared. With time the cicatrix of the operation wound had come to occupy a considerably higher position in the neck than that of the original wound.

B.—A float driver, a strong healthy man, was admitted a few minutes after receiving severe injuries by the wheel of his vehicle, in which was some heavy machinery, passing over his face. Both upper jaws were smashed away from all their osseous attachments, and completely detached from one another; the left one, besides, being severely comminuted, the molar teeth pinched together in pyramidal form. The left side of the soft palate, and for some distance down along the side of the tongue, were extensively torn. The parts here gaping widely, and forming a large chasm, the sides of which were tags of muscular tissue and tendinous fibre. The lower jaw was also broken in different places, one fracture running obliquely down to the left of the incisors; another branching off from it, and breaking away the portion of bone bearing these teeth. There was also comminuted fracture of the mental prominence. The left ear was nearly off, and considerable damage was done to the face generally, more especially to the region of the nose, which was fractured, and the forehead distended with air, which, and the effused blood speedily weighed down the upper eyelids, and totally blinded the patient. The upper lip beneath the nares was entirely cut through. Hæmorrhage from the mouth was free and persistent; the flow coming from behind the displaced teeth. No ligaturable spot could be found. Careful and long sustained digital pressure by Mr. Finlay, one of the resident pupils, failed to check it, the comminuted and loosened state of the jaw affording no stay against which to exercise effective pressure. With considerable difficulty the molar teeth were wired into line, and then a long strip of lint, which had previously been steeped in an aqueous solution of perchloride of iron and dried, was carefully packed up behind them. This stopped the further loss, which in the aggregate, had been great, of blood. The lower jaw was wired into position, suitably bandaged, and the superficial wounds attended to. There were some trifling marks of contusions and abrasions on the extremities, but no evidences of further severe local injury were, at the time, observable. Though no grounds appeared to exist for his fear, yet the man expressed great dread that he would be suffocated. His apprehension on this point continued to grow worse. Five hours after the accident, and as it so happened, at a moment when Mr. O'Grady was in the ward, he suddenly threw his arms up, and after a few paroxysmal efforts, ceased to breathe. Bronchotomy was immediately practised; the tube being opened above the isthmus of the thyroid, and resuscitation soon effected. Shortly thereafter over a pint of clotted blood was vomited. The precautions mentioned in the previous case as regards topographical arrangements were immediately adopted. At midnight respiration was quite free, and the eyelids could be partially opened. Not a drop of anything, not even iced water, could be swallowed. The man's state required two nutritive and stimulant enemata to be given during the night. Next afternoon a little fluid was begun to be let down. The mouth was frequently syringed out with a permanganate of potash lotion; the secretions therefrom were already very fœtid. The tracheotomy tube, after having been experimentally corked for some hours, was removed at the beginning of the third day. Next day there was some difficulty of breathing; there was now considerable redness, swelling, bogginess, and tenderness at the root of the neck. This local inflammatory attack proved to be one of severe type, attended with diffuse cellulitis, and required numerous incisions on the neck and front of the thorax to evacuate the pus and sloughs. Its course was attended with delirium and much prostration. Twelve days after the accident one of the dislocated incisor teeth fell out. The condition of the neck was now improving, and from the cuts the discharge was healthy pus. Still the man was slow to recover strength, it being three weeks before he could sit up. Occasional flying abscesses continued to form, and from one of these, 42 days after the accident, a necrosed piece of the lower jaw was picked out. The wires from the upper jaw were removed at this time; union being good, and the teeth firm. No union had occurred in the lower jaw, which, too, had sedulously been kept wired and maintained in good position. Patient, now fairly well and strong, was allowed to go to his home in the suburbs. He attended regularly as an extern, and 61 days after the accident the wiring was removed from the lower jaw, union being then firm. A good deal of contraction and bad shape of the fauces existed where the parts had been torn. As time advanced this toned down, and in another month, during which two further abscesses required opening, the man, now in perfect health, was dismissed from treatment.

(To be continued.)

A lady doctor, Miss Alice Kerr, M.D., has been elected Resident Assistant Medical Officer at the Children's Hospital, Birmingham, beating by a small majority of votes Mr. J. L. Thomas, surgeon, the other applicant for the office.

Translations.

THE PHILOSOPHY OF SLEEP AND DREAMS.

By M. DELBOEUF.

Translated from the *Revue Philosophique*.

By EDWIN JACKSON, B.A., M.R.C.S.,
Manchester.

PART I.—CRITICAL SKETCH OF SOME RECENT WORKS.

(*Continued from page 292.*)

Let us see how all this stands related to the theory of judgment concerning external things. Amongst our most important internal perceptions must be reckoned those of the mutual relations of representations. When I say *horses run*, I enunciatiate a relation which is not only thought of and expressed, but thought of and expressed as in conformity with external reality. A distinction has been drawn between primary and secondary qualities of matter, and it has been said of the former, such as size, shape, movement, rest, impenetrability and number, that they are objective; of the latter, such as colour, smell, &c., that they are subjective. Berkeley denies the foundation of this distinction. "However," says Stricker, "I can admit without any difficulty that what corresponds outside of me with a sensation of colour is not colour, but I cannot think that it is not movement and resistance which outside of me correspond with the ideas which I have of movement and of resistance; these ideas are implied in that of matter, whilst the ideas of colour, smell, &c., are simply applied to it.

It is the muscular process that leads us to the ideas of movement and of resistance, and to those which are derived from it (volume, mass, speed, time, place, &c.), and in this respect they are subjective; but we do not imagine that there is not, corresponding with this subjective, an analogous reality. Let us call the indications coming from without, other than sensible qualities, relations of matter (*Verhältniss der materie*). We perceive quality and relation from without, and they are inseparably united in every representation of matter. We cannot imagine a mass without colour, or a movement without a sensible motive power. It is in conformity with their relations that experiences arrange themselves in my brain, it is in conformity with this order that I put ideas of the external in relation one with another, and that I judge of the external. I am right then in affirming that my judgments in the relations of things are the real images of these relations.

This being so, under what circumstances can we maintain that a judgment is false, and that the mind which forms it is deranged? Where is the criterion of aberration? Locke knows only judgments from experience. Kant distinguishes *à priori* judgments and judgments *à posteriori*. The one I cannot imagine as being otherwise, and I conceive them as necessary; I enunciate the others only on the strength of reasons drawn from experience. Error can concern only the latter. The same man reasons out the motives of what he affirms, the insane expresses it as a judgment *à priori*; it is so because it is so. "How do you know," a lunatic was asked, "that your host intends to poison you?" "I do not know anything about it, but it is so," was his reply. These errors of judgment then have not their origin in any illusion whatever of the senses, and the motives are altogether internal. We may consequently formulate the following definition: every *à posteriori* judgment concerning the external world which is maintained as true in the same way as an *à priori* judgment ought to be considered an aberration. The words "in the same way as an *a priori* judgment mean without taking into account the outside elements, and even putting ourselves in contradiction to them." With regard to *a posteriori* judgments as to matters of internal experience—I am ill, I am happy, I am clever—the criterion is unknown to us, unless they are accompanied by extravagant judgments concerning the external, for example—I am poisoned, I am rich, I am ruined.

In what way do ideas contrary to reason originate? An essential condition is that these ideas should be dominant or fixed. However, all fixed ideas are not of necessity diseased; such, for example, are those which are inspired by a loss of property, or the contemplation of danger in the future. What makes the difference between the two is the fact of knowing whether they proceed from a real cause or not, and whether comparison with the reality can destroy them or not. When a certain train of ideas is frequently produced without external appreciable cause, we must admit that there exists in the brain a certain portion of nerve-tissue which works under the influence of internal excitement, and which possesses a high excitability; and from the moment when the fixed idea is judged true, there is madness, provided of course that the judgment concerns external relations, or involves judgments of that nature. A man who cannot help foreseeing a misfortune is not necessarily mad.

How do we explain the possibility of an erroneous belief in external relations which do not exist? By the rupture of the relations which connect dominant ideas, and a part of potential knowledge. Some considerations on sleep and dreams tend to support this opinion.

Every organ seeks for rest after activity. A particular kind of rest of the brain is called sleep. When we wish to sleep, we lay aside external excitements; but fatigue ordinarily brings on sleep quite naturally by rendering the excitements powerless. However, what is true of the muscular system is not true of the nervous system, which latter, especially towards forty years of age, is over-excited and not depressed by excessive work, perhaps because the excess of blood continues, perhaps because excitability continues to increase. Those who have their nervous system in a state of activity cannot go to sleep, except under the influence of two or three grammes of chloral, a substance which lessens and paralyses the action of the nerves: it would undoubtedly be better to resort to muscular fatigue which naturally predisposes to sleep. Sleep habitually lasts until the return of excitability of the brain, and during all this time we receive no impression from without; there is no actual knowledge, and potential knowledge itself does not call forth any remembrance. Little by little excitability returns, and with it, at the beginning, the dream. Recollections arise, and external excitements, more or less perceived, intermingle, and it is thus that the dream is produced. We have already seen that if the objects of the dream are perceived as realities, this proceeds from the internal movement propagating itself to the ends of the peripheral sensory nerves. But why am I deceived? Why am I the victim of the illusion of the dream? When I hear the voice of a friend, it awakens in my mind a crowd of associated ideas, integral parts of potential knowledge, which make me picture that friend. But if the friend comes and speaks to me towards morning, when I am plunged in a dream, his voice does not call up these ideas, but others, mostly, for the time, more appropriate to the dream I am engaged in; and thus they do not afford any opportunity either for correction or for contradiction.

Something similar takes place in madness. Madmen cannot connect their fixed ideas with their perceptions; they may be logical in their madness, but they cannot explain their motives. It follows from this that particular functions are brought out prominently, while other functions are arrested. Certain parts of the brain work too often; thus an idea becomes dominant, and so the tendency to consider it true grows. Other parts work too little, and this is the cause of that tendency not being repressed, and the error not being corrected.

Let us, in a word, sum up this long analysis. The dream, like the visions of madness, causes an illusion, because it is affected by the periphery, and it deceives because the connections of the subject with the exterior are momentarily interrupted, connections which have their expression in potential knowledge. We found a like conclusion, but less clearly expressed, in M. Radestock's work.

(*To be continued.*

DYSENTERY is said to be very prevalent among the troops at Candahar, many deaths having resulted during the past few days.

THE *East Anglian Daily Times* says the disease known as Texan fever has made its appearance among some cattle at Tiptree, and several horses have died from it.

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS, FOR THE GUIDANCE OF THE PROFESSION AND THE PUBLIC.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C., President of the Pharmaceutical Society of Ireland, &c.

WITH NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond., Lecturer on Materia Medica and Therapeutics at the London Hospital.

(*Continued from page 266.*)

In concluding our remarks upon Friedrichshall water, we may state that, although strictly a purgative one, it contains just a sufficient quantity of magnesian carbonate to render it permanently alkaline, and it can hardly be classed as an aperient *alkaline* water. It is not alkaline to phenol-phthalein in the cold, but becomes permanently so on heating—its aperient character is the most marked. This water is remarkably free from organic impurities.

Pullna Water.—This water is one of the oldest and best known of the purgative waters. It is almost exclusively consumed, we believe, in the bottled form, and, owing to its freedom from the carbonates of the alkaline earths, keeps well in that state. Pullna water must fluctuate very much as regards its composition, if we are to credit the numerous analyses which have been published from time to time. Owing to it being a very well-known water, there are many extant. The total solids per imperial gallon are, according to different authorities, as follows :—

Barruel (Advertisement of Proprietor) (*a*) ...	4340 grains.
Struve	2483 „
Watt's "Dictionary of Chemistry" ...	2293 „
Ficinus	2229 „

The Pullna Water examined by us did not contain 2,000 grains per gallon when thoroughly dried at a steam heat.

It is stated in the Pullna advertisements that this water contains lithium ; if so, it must be in very minute quantities, as we failed to detect it even with the spectroscope. The composition is—

Sulphate of magnesium	... ...	663·52
Sulphate of sodium	... ...	881·53
Sulphate of potassium	... ...	35·10
Sulphate of calcium	... ...	19·26
Chloride of magnesium	... ...	126·13
Carbonate of magnesium	... ...	54·80
Carbonate of calcium	... ...	6·20
Phosphate of calcium	... ...	0·04
Silica	...	2·03
Organic matter (not determined)	...	0·00
Containing free ammonia ·002 grains		
„ albuminoid „ ·003 „		
Nitrates—trace	...	0·0
Total solids per gallon	...	1788·61 grs.

Carbonic acid gas, not determined.

(*a*) "According to the minute analysis of Barruel, the Pullna Water contains, in 1 litre of water, the enormous quantity of 62 grammes of salts."

It will be observed that the points in which the above analysis differs from Struve's is the absence from his analysis of the nitrates and organic matter, points of considerable importance. His figures are those generally quoted in works upon mineral waters. Struve does not mention lithia as being present, and so far agrees with our examination ; but traces of that substance might occur from the earthen vessels in which this water is imported, or from some other accidental cause.

The presence of the organic matter and nitric acid is, however, of much more importance. We do not admire Pullna Water, in spite of its wide fame, and we may congratulate the drinkers thereof, that owing to its strong purgative properties, its dose is comparatively small. It has all the character of a water impregnated with surface drainage, not perhaps to an extent to render it unhealthy, but certainly substances which in a portable water would be considered out of place are found in this mineral water. Skeleton analysis of the half-pint (10 oz.).—

Total Solids	Purgatives	Salines	Antacids
112 grs. ...	104½ ...	35 ...	3·8

This water is neutral in its reaction to phenol phthalein but becomes perfectly alkaline on heating, owing to decomposition induced in the magnesian salts.

Department of Lunacy.

"MEDICAL PRESS AND CIRCULAR" SPECIAL COMMISSIONERS' REPORT ON PRIVATE LUNATIC ASYLUMS.—III.

There is a law in force in Scotland by which any person desirous of committing himself to the care of an asylum proprietor is enabled to do so voluntarily, on signifying the wish to a sheriff, by whom the necessary order is then made out. There is some good reason to think a similar rule might hold with advantage in this country ; a system, that is, which would permit greater freedom of action to voluntary applicants for asylum seclusion than is allowed under the existing *régime*. We have seen so many patients happy and contented as residents in English private asylums, and who declare the inestimable benefits they derive from the course of life they pursue, that there is every reason to feel the regulations of the present would admit of almost illimitable extension in the way of greater freedom. According to these regulations, any patient who has, within five years, been an inmate of an asylum for the same, can, on a warrant signed by two Visiting Justices of the Peace, of his own accord, enter any licensed house as a boarder. During the stay he makes, he is, to all intents and purposes, a visitor on intimate terms with the family of the proprietor, eating his meals at their table, sharing the rooms they occupy during the day, and participating with them in the enjoyments and recreations of their daily life. He is, all the time, moreover, in the enjoyment of absolute personal liberty ; can at any moment terminate the period of his stay, and is free to go or come as he may feel disposed. To the public mind this fact is simply incomprehensible, because it has been so carefully concealed by all those who writhe in detraction of the retreats in which they form so marked a feature. It may be asked, however, whether these would be found content to sojourn in an institution

which was the perpetual scene of cruelty and iniquity; in which the rights of humanity were outraged; or the officers of which held in view any object save the improvement of such as were consigned to their care? And yet, again and again, we became acquainted with patients who had for a long series of years, in cases amounting to eight, ten, and even twenty years, remained thus voluntary inmates of houses which, in the popular mind, are stigmatised as dens of brutality, because they are madhouses. Many of the histories of such patients are affecting in the extreme, and as told by themselves reflect the deepest gratitude for the peace and quietude, and kindness they have so long enjoyed, we would detail certain of them were it not that we have, from the outset, sought in these articles to eschew any semblance of sensationalism. A single instance will exhibit the peculiar nature of the relationship we have depicted, and will serve as an example of the many that might be recorded. Some years ago a gentleman was received into Church Stretton private asylum as a patient, regularly certificated. After a residence there of between three and four months, he was discharged on November 17th, as cured. On the 23rd of the same month he left his home, and returned, unexpectedly, to the asylum, where he created much natural surprise. On entering the house, he besought the proprietor, Mr. W. Hyslop, to permit him to remain there, expressing his conviction that he could not be happy elsewhere, and asserting his determination to end his days there if allowed. One affecting proof of the reality of his gratitude for the kindness he had received during his previous residence as a lunatic in the establishment, was contained in the numerous and costly presents he had brought with him for various members of the family he so fondly recollected; and for the remaining term of his life he did actually remain a voluntary boarder, fulfilling even his determination never to go from the sight of the house. He eventually died after six years of happy and quiet existence, finding that peace and contentment which even his own home could not afford him. Similar records are to be found at private asylums throughout the country, almost without exception, and constitute an invincible argument in favour of the *bonâ fides* of the institutions to which they relate.

Such patients, save that they live more directly in association with the family of their guardian, are in a precisely similar position to their more confined fellows in the same places. In their lives they are in daily intercourse with the patients to whom the liberty they enjoy cannot be vouchsafed, and it must of necessity occur that any improper treatment to which the unhappy madman may be subjected is immediately within their cognisance. Free then to comment within and without on the subject, what possible escape can there be from a full and widespread knowledge of the event reaching the public ears? Where, however, do any such accounts find their way to the outer world, authenticated by a voluntary boarder at a private asylum? or where has any single private asylum formed the subject of inquiry within recent years on information afforded by those best able to judge the proceedings that take place in these abodes of the insane? It is a striking commentary on the repeated attacks made on private owners, that so many voluntary witnesses to the good influence of the licensed houses, are always producible from themselves; and it is only because we have no wish either to write at undue length, or to repeat sensational details that we are prevented from multiplying instances of the kind that we have personally become acquainted with.

It will be as well to consider now the nature of the treatment to which lunatics under confinement in private asylums are subject; and as this is the most important subject we have to discuss, we shall deal with it at some length.

Lodging.—The manner in which a private asylum is arranged to meet the several requirements of its inmates, varies only with regard to the number and class of the patients under charge. In the larger institutions, where from thirty to two hundred and fifty or more are received, the large numbers necessitate, in the sleeping quarters, a dormitory place, which in some houses is observed only for the lower classes of patients. It should be mentioned, perhaps, that these are usually classified as first class, second class, and county, or pauper. The classification is of course a purely artificial one, and has reference solely to the amount paid by the friends or trustees who are the guardians of the patients, and in accordance with which more or fewer luxuries are enjoyed by him in his confinement. For all alike there is an ample provision, adequate in every way, to which under "Diet" we shall draw attention in the next paper. The "pauper" or "county" patients are those drafted from county asylums in which there is not always room for the number of applicants. These are paid for out of county rates, usually about fifteen shillings per head per week. We have before said that every licensed establishment is rigidly bound to receive into it only a specified number of inmates, consequently it is only the larger establishments into which paupers are received, such, *e.g.*, as Haydock Lodge. For this class of patients there are sitting and dining rooms, plainly but comfortably furnished, and are scrupulously clean, so that even when filled with the numbers who resort to them each day, a visitor is struck by the care with which unsightly masses are removed at once from sight. In the matter of sleeping accommodation, the county patients are on a par with the best class of hospital patients. The beds arranged in dormitories, each containing from eight to thirty, but rarely more than twenty are calculated so that each is surrounded by a minimum space of seven hundred cubic feet; but often by a more considerable area. We cannot speak too highly of the excellent appearance of these rooms at every place we visited, expected as we were at none. In a word, these patients, though classed as the lowest order of inmates, are in the enjoyment of a lodging that leaves nothing to be desired in their behalf.

The second class patients are such as are paid for at a rate which, besides fairly remunerating the expenses of their maintenance, permit their being allowed certain privileges and enjoyment not possible for the bare amount paid by the guardians of "county" patients. The second class, moreover, are not required to perform any manual labour, a duty that is exacted from the third class. They have rooms appointed for reading, smoking, and conversation, and a dining room. In these apartments they are in communion; and the grounds of the asylum are, with certain necessary restrictions, open to them for exercise and airing. The sleeping rooms are either small dormitories, or rooms

with a small number of beds. This question of dormitories is one of much interest; it is, by some, objected that the association of a larger number of patients than two or three in one bed-chamber is unadvisable; but wherever a different system is pursued it has been attended with results of the most satisfactory description. Anyone, moreover, visiting these places, and comparing them with others, will quickly see the greater advantages of the one over the other.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, OCTOBER 6, 1880.

OPENING OF THE MEDICAL SESSION.

ON Friday last inaugural addresses were delivered as usual at many of the medical schools. At St. Bartholomew's, Guy's, Middlesex, and Charing Cross, the custom of delivering an introductory address is discontinued, and at University College it was deferred to Monday.

At *King's College* Dr. Geo. Johnson distributed the scholarships and prizes, and afterwards delivered the address. He exhorted the students to habits of perseverance and industry, and referred to the fable of the hare and the tortoise. He advised them that whatever line of practice they might hereafter be led to adopt, it would be an error and an evil too early to devote themselves to the exclusive study of any department of medicine or surgery. The more general the knowledge of disease and its treatment, the better the qualification to undertake successfully any special department of practice. Dr. Johnson said, and truly enough, that some of the worst and least trustworthy practitioners, although largely patronised by an indiscriminating public, were men with an undeserved reputation in some small speciality. Such is well-known by the profession to be the case, but never will these adventurers be correctly estimated until the public, by improving their knowledge of doctors and doctoring, learn to discern between a capable medical practitioner and a charlatan. Several men who are qualified by law to practice medicine are as essentially quacks as those men to whom belongs the name "advertising quacks." They are known to the profession, and are the subject of public conversation, and yet they carry on their nefarious proceedings without interruption.

At *St. George's Hospital* Dr. John Cavafy compared the professional education of the typical doctor of the present day with that of the old apothecary, showing that medicine and surgery had developed so greatly that only the elements could now be taught. He referred to the overtaxing of the student's mind by too many subjects, adding that the difficulty had been recognised by the Medical Council, and that by a recommendation of the Council the College of Physicians had decided that candidates for their license might be admitted to examinations in chemistry, chemical physics, medical botany, materia medica, pharmacy, and osteology, immediately after registration.

The suggestion of the lecturer that boys might acquire a sufficient knowledge of chemistry and physics at school would necessitate a great change in school education. We should be rather inclined to agree with the opinion of Dr. Ord, who delivered the address at *St. Thomas's Hospital*, that the use of a school education is to fit men the general purposes of life, and to train them to take their place in society. The knowledge in chemistry required for the medical profession is somewhat extensive, and could only be acquired in a course of instruction far too high for the generality of boys.

Dr. Ord directed his attention chiefly to the education of boys. With regard to the teaching of the sciences in the London medical schools, he added, it is probable that though this work is fairly well done, it would be better done if some common College were established, in which these subjects might be taught, as in Edinburgh, to large classes, the hospitals and schools restricting their teaching to pure medicine and surgery, with perhaps anatomy and physiology; and as regards study in the wards and out-patient departments, that should not commence until anatomy and physiology are fully mastered.

Dr. Donkin, at the *Westminster Hospital*, called attention to the wide foundation of varied knowledge on which medicine is based; and, in the diagnosis of disease, enlarged upon the important point of remembering the part played by the mind in the causation and modification of many diseases. To obviate errors from neglect of this consideration, a careful and sympathetic study of human character was necessary. He said that a prominent form of quackery in orthodox ranks was that of exaggerated specialism, based on the plausible and popular teaching that the body could be studied piece-meal. Hence arose a posse of doctors for almost every organ and part of the body; hence, also, a perverted use of some instruments of research, in themselves valuable.

Specialities very often evoked from a lurking place

that evil spirit of designing quackery, which sank the profession into a trade, and even turned inventions to their own base ends, by forcing the regular practitioner to raise a false alarm of a disease. The ignorance of the public as to what the science and art of medicine really were, was an important factor in the production of men who disgraced the profession. A more general teaching of even the elements of biological science would tend largely to the benefit of the community, and by enlightening the public, would help to purge and strengthen the ranks of the medical profession.

Mr. Pye at *St Mary's Hospital* urged that the lower standards of previous education were not high enough nor broad enough, and that a scientific education, which should be really preliminary to the professional education at the hospital, should be made compulsory for all, and that the medical schools themselves should be relieved from the necessity of teaching the elements of sciences which were allied only to medicine. He pointed out that medicine at the present day was advancing, not as it had been for the last 200 years, simply by the accumulation of clinical experience, but by striving to reduce its practice to the conditions of an exact science.

MODERN MEDICINE.

Has the success of medical treatment advanced in proportion as improvements have taken place in the means at the disposal of the profession for the detection and diagnosing of morbid actions? This question, it is to be feared, can scarcely be answered in so complete and satisfactory a manner as might, at first sight, be anticipated, although from the fact that attention has been drawn to it we may hope that distinct advance in this respect also is not far distant. Dr. Fothergill (*a*) writes, "we constantly hear it asserted that the highly educated medical men of the present generation are not more successful in practice than their less accomplished, but more practical, predecessors; even members of the profession are to be found who assert that the man under whose treatment they would place themselves, if seriously ill, is the old-fashioned general practitioner." If such be the case, and there is no ground to believe otherwise than that it is so, to some extent at least, the circumstance, it must be confessed, "is a very serious reproach to all our recent advances in scientific medicine; to our modern instruments of precision in diagnosis, and even in our progress in rational therapeutics, with the remedies added to our armamentarium in late years."

In the *Gazette Médicale de Paris* for September 1880, the view of M. Hanot regarding the efficiency or *inefficiency* of modern treatment is thus expressed. "Si l'expectation raisonnée diétetique a souvent sa raison d'être, souvent aussi la contemplation sterile est indigne du médicin."

Dr. J. B. Bradbury in his lecture before the British Medical Association at Cambridge, enumerated the principal advances that had been made in the study of morbid processes and their results during the last few years. He described in detail those effected by means of the microscope, the hæmatometer, thermometer, the ophthalmoscope, laryngoscope, sphygmograph, aspirator, stethometer, spectroscope, electricity, metallo- and magneto-therapy. Adverting to actual treatment of disease he expressed himself thus: "Furthermore, as we have learned the natural course of most acute diseases, so have we come to trust less in drugs, and to leave more to Nature, or perhaps I should say to careful nursing, rest, cleanliness, and suitable nourishment." That is, in other words, we have made no actual progress in the *treatment* properly so-called of disease. It was, therefore, but natural that the lecturer should caution his hearers after this manner:—

"Thus far, I have mainly endeavoured to show the advantages which have accrued to practical medicine from the use of instruments of precision, for which we are indebted to the science of physics; and perhaps I ought not to conclude without uttering a word of caution, especially to the younger amongst us, not to rely too exclusively upon the information derived from the use of these instruments, to which perhaps there is a great temptation. The knowledge with which they supply us is, on account of its accuracy, of the greatest value, and at present the advance in the recognition and treatment of disease is chiefly due to them; but we must not ignore the aids which stood our predecessors in such good stead —the information with which the physiognomy, especially of patients, furnishes us—the estimation of the nervous element in patients, and the other features of disease recognisable by our senses, which I need not here mention, but which are known to every cultivated physician, and which cannot be measured by any instruments. We must still, therefore, be contented in some measure *stare super antiquas vias*—cultivating that "tact" upon which our ancestors mainly relied."

Yet, whilst deploring the fact that very little progress has been made of late in the treatment of disease, so little indeed that it is a common practice after trying some new remedy to revert to "the medicine of the ancients," we must candidly admit that those who are foremost in the search for knowledge by experiment on man or animals labour under the greatest possible discouragement. However honourable or humane their work they well know that in this country at least an ignorant and clamourous crowd of anti-vivisectionists are dogging their footsteps; that a government of this boasted nineteenth century, had but a few months since the temerity to give notice in the House of Commons of its intention to cancel the most essential clause in the Vaccination Act; and, lastly, that an endeavour was but recently made to drag the reputation of a distinguished member of the profession—Dr. McNaughton Jones, of Cork—through the mire, because an ignoramus was unaware of the value of pilocarpine, and voted it a drug of the most deadly kind. Verily, if medical men are to be called to account and to run the gauntlet of a lay tribunal for every case which does not result in the bringing of the dead to life, the disciples of modern medicine will be prone to exclaim, as a miserable necessity, *ut quimus, quando ut volumus non licet.*

(*a*) "The Practitioner's Handbook of Treatment."

Notes on Current Topics.

Anti-Vivisection.

We observe that a memorial recently presented to Mr. Gladstone, urging him to do all in his power for the absolue abolition of vivisection, was signed by "one hundred representative men," among them Cardinal Manning, Prince Lucien Bonaparte, Alfred Tennyson, Robert Browning, James Anthony Froude, John Ruskin, the head-masters of Rugby, Harrow, and seven other large schools; twenty-one physicians and surgeons, and thirty-seven peers, bishops and members of Parliament. The memorialists take the ground that vivisection, even with anæsthetics, should by law no longer be allowed, and they quote the opinions of Sir William Fergusson, Sir Charles Bell, and Mr. Syme, that "it has been of no use at all and has led to error as often as truth." They add that the utility, if proved, would not, in this case, excuse the immorality of the practice.

Of the persons herein named as being in favour of total abolition of vivisection, Sir William Fergusson and Mr. Syme may be accepted as competent to express an opinion with as much authority as belongs to eminent surgeons of the past age, which believed in nothing new and practised rule of thumb. Of the remaining "one hundred representative men," probably not one knows anything whatever of the practices which he seeks to abolish or of the results of those practices. Most of them are essentially "emotionalists" who would sign any earthly manifesto on a humanitarian subject if only their bowels of compassion were sufficiently harrowed up by the falsehoods of which we know by experience that anti-vivisection agitators are capable. They are all either professed philanthropists and religionists whose signatures to such a document are a matter of course, or else they are well-intentioned people who are simply bored into signing without inquiry or serious thought.

As for the "twenty-one physicians and surgeons," we covet further information. We should like to analyse the list to ascertain how many of them are simply traders on gushing philanthropy as a means of advertisement or of fee-getting; or how many of them are of the fossil *laudator temporis acti* class, who are still sceptical as to germ theories, septicæmia, and evolution, and who believe in bleeding for a cold in the head.

We wish the anti-vivisectors would offer us the name of even one single modern physician or surgeon of repute for learning and research who will go for total abolition of vivisection. One such signature would be worth the whole hundred of peers, members of Parliament, poets and schoolmasters, or of any number of the class of doctrinarians who are in the habit of making up their minds without thinking and uttering manifestoes without learning.

Insane Abstinence.

Dr. Farquharson, M.P., predicted a short time ago, in a letter to the *Times*, that Dr. Tanner would not long want imitators in this country amongst those unhappy beings who have a morbid craving for notoriety, or whose ill-balanced minds are powerfully influenced by new and startling ideas. This prognostication has been already fulfilled, and with a painful result. On the 14th ult. an inquest was held before Dr. Diplock, at the White Horse, Uxbridge Road, Shepherd's Bush, on the body of George Aldersbury, aged 56, a bookseller. Catherine Vine, of St. Agnes Villas, Shepherd's Bush, said the deceased came to her house on Monday week and wished to be accommodated for a few days. He was in a very weak condition, and refused to take any food. All he had was spring water, giving as a reason that he was afraid of vomiting. On Friday morning her son heard the deceased knocking. He went up to him, and then he expressed a wish to see a doctor. He died at about twenty-five minutes to twelve. She was afterwards told that he had been adopting Dr. Tanner's system of fasting. Dr. Mallam said he had made a post-mortem examination of the body, which was in a state of emaciation. In his opinion death was due to starvation. Samuel Vine, a bookseller, of Edwards Street, City Road, said he had noticed that the deceased refrained from eating. When he spoke to him about it he told him to mind his own business. The deceased was rather strange in his habits, and said his spirits would support him. The deceased's nephew told the coroner that his uncle told him several years ago that he had been six days without food. The jury returned a verdict of "Death from misadventure." This guiless disciple of the great American Apostle of total abstinence, who seems indeed to have anticipated the theory and practice of his master, fasted "not wisely but too well." In the modest retirement of humble lodgings he trusted to his spirits to support, and so of course sank rapidly, for he omitted a number of the essential accessories af a sensation fast. We need not enumerate all of these, but among them obviously are a large public hall, an interested audience, heavy bets, incessant telegraphy, and watchers of an electro-biological turn of mind. Poor Mr. Aldersbury rested on his own faith instead of on public gullibility, and hence his discomfiture. We shall hear of more cases of a similar kind, and in our lunatic asylums there will be an unprecedented demand for the use of the œsophageal tube and compulsory alimentation during the next twelvemonths. The evil wrought by such shameful exhibitions as that of Dr. Tanner can only be slowly undone. No opportunity should be lost of denouncing it, and of insisting on sound physiological principles with reference to diet.

Guy's Hospital.

We referred recently to the fact that the guardians of St. Saviour's parish had been led to consider the untoward condition of affairs at Guy's Hospital, feeling that a continuance of them in their present unsatisfactory state is likely to be followed by incalculable public loss. And further, the guardians drew up a memorial which was forwarded to the governing body of Guy's, and which emphatically expressed the desire of the parish authorities that an early improvement should take place in regard to the relations between the medical and nursing staffs. On Wednesday last the governors met together, and considered the memorial of the guardians, and eventually a reply to it was drawn up and published. This is a very curious document, and it seems to reflect a stubborn

determination to yield to no attempt made to bring about the essential reforms in the nursing arrangements by which alone the diminished prestige of Guy's Hospital can be possibly preserved. The governors commence by refusing to recognise their responsibility to the guardians of St. Saviour's, Southwark, or to enter into correspondence with any similar body. They deign, however, to subjoin to this declaration a lengthy statement that is but a weary iteration of the points already so familiar to all who have grieved over the twelve months' controversy. In some respects, however, it is interesting, especially as showing the painful ignorance of the governing body of Guy's Hospital concerning the very general opinion entertained of their passive acquiescence in the irregularities which have ruined the fame of the charity over which they preside. This is shown by the statement that "the governors are not aware of the source from which the guardians can have received information, that the physicians and surgeons have been subordinated to the nurses." Then follows an account of the changes introduced by the new matron; and the paper concludes with a feeble expression of resentment against the dignified refusal of the medical staff to appear before the weekly committee and make their complaint. The utter lack of appreciation of the position of a medical officer of a great hospital, and the respect due to him shown by the governors in their reply to the guardians' letter, affords perhaps, a stronger reason than any yet advanced, why the final decision of the question in dispute shall be taken from persons who show themselves so little fitted to exercise the judicial functions they are called upon to exhibit. Parliamentary interference will be demanded in spite of the governors' protest, if they will be guided by nothing less coercive, and they should be wise enough now to see that rhodomontades about "other interests and feelings," and "efforts to avert consequences which have been for some time obviously impending," will not avail to prevent their being visited with severe and deserved censure, while their dilatoriness is imperilling the interests of an important public institution.

The Indian Medical Service.

We have from time to time expressed our sympathy with the officers of the above service in the strenuous endeavours they are making for the restoration of position and *prestige* of their department, and we have strongly supported the representations made by them as to what they look upon as breach of faith towards them by the responsible authorities. The Report of the Executive Committee of the Defence Fund of that service is now before us. That document shows, by means of tabular statements, that the changes lately introduced into the Indian Medical Service have already told prejudicially upon its character and *prestige*; that the high position formerly taken in examination by candidates for that service relatively to that of those for the army medical department has, in the examination of August last, been forfeited; and, moreover, that there are so many names in the Indian list unmistakably Oriental in character as to prove the truth of the committee's assertion that under the new *régimé* the service would have to depend largely upon other than British sources for its recruits.. The committee is aware that an inquiry is being carried on in India as to the working of the new scheme; that in due course a report on the subject will reach the Secretary of State for India; and that upon it action will in all likelihood be based. But it is evident that misgivings are entertained as to the inquiry and report being altogether straightforward and unprejudiced in character. In fact, they say—"It is scarcely to be expected that the report will be an unprejudiced one, for the potential advisers of the Indian Government in matters medical are already committed, by authorship and otherwise, to the new order of things;" and therefore the committee is preparing for Parliamentary action when the session begins. We wish them every success; and not alone on their own account as members of an important service, but also upon that of our countrymen, their wives, and children, occupying places in India far removed from the larger stations, and so left dependent, absolutely in cases of life or death, upon the one medical officer whose help is at all available. If there be one circumstance more than another in which medical qualifications of a very high order are called for, it is under such as these; we trust, therefore, that the results of the work undertaken by this committee may be to ensure for the Indian medical service a continuance of the high standard of qualifications now enjoyed by its members.

The Hospital Sunday Fund and Nursing Sisterhoods.

The Distribution Committee of the Metropolitan Hospital Sunday Fund were called together to receive a deputation from the All Saints Convalescent Hospital, Eastbourne, Dr. Glover having, at a previous Council meeting, brought a charge of proselytism against the institution, which could, he said, be shown not to be a solitary instance. It was also stated that the hospital had no committee of management, and therefore did not come within the rules which govern the Distribution Committee of the Hospital Sunday Fund. The Eastbourne Convalescent Hospital was founded mainly by the efforts of a pious lady, and at her death it fell under the control of two or three trustees, who virtually made over its management to a lady superior and a sisterhood of All Saints. It was not sought to deny the proselytism, but it was said that it had occurred some time ago, and was not likely to be repeated. A member of the deputation questioned the right of the Council of the Hospital Sunday Fund to inquire into the religious tenets of any participating institution. This protest, however, came with a rather bad grace from one who has exhibited a strong bias in favour of the sisterhood domination of hospitals. Those who are behind the scenes know full well that these ladies affect the character of a religious order, and it is beginning to be seen and felt that they busy themselves far more about the spiritual welfare of the patient than the more mundane object which brought them within their influence. At the same time, it cannot be denied that many so-called nurses occupy a social position which induces a belief upon their part that they condescend to discharge these duties to the institution—a feeling which rather tends to diminish their recognition of control. The deputation, however, with the view of bringing the Convalescent Hospital within the rules of the Hospital Sunday Fund, undertook to appoint a committee of management, and upon this understanding the award of July was ordered to be paid.

The London Hospital.

THE new session was inaugurated on Friday last at the London Hospital by an evening soirée, held in the new school buildings. These are but just completed, and will serve to materially increase the facilities possessed for the teaching of the preliminary subject of medical education. The dissecting-room has been doubled in size, and is now inferior in its proportions to few in London. The arrangements in it are good, with the exception of the heating apparatus. This will possibly be found defective, and the ventilation consequently also imperfect. The new physiological laboratory is a very great improvement, and the library and reading room will enable a larger number of students to be at work at the same time. Large and airy class rooms, too, have been added, and altogether the London Hospital medical school will compare favourably even with the the extensive buildings such as are to be found at St. Bartholomew's. One great oversight, however, has been committed, the failure, that is, to build suitable rooms for the use of students during those times when they are not actually engaged in work. This want is one that deserves recognition, and it may be hoped the authorities of the London Hospital will be led to see and provide for it. At the opening ceremony, Dr. Andrew Clark delivered a short and appropriate address ; and a vocal and instrumental concert enlivened the proceedings, to which, moreover, interest was given by experimental lectures in the new theatre and a large and elegant exhibition of scientific and art objects.

Pollution of the Thames.

THE corporation of Windsor last week were fined five pounds and five guineas costs for passing into the Thames quantity of sewage. The corporation have, it appears, undertaken the purification of the sewage of the town by a German process, but it is alleged by the Conservators of the river that the effluent waters sent in from the works was totally unfit for mingling with the stream. Most of it, indeed, is seriously contaminated, and the corporation deserve to be severely dealt with for their disregard of the public health. Nevertheless, in this instance we must be thankful for small mercies, and hope it is a sign of increased activity on the part of the Thames Conservators. It is, at all events, but one amongst the notable instances we referred to last week of the large amount of pollution carelessly and culpably permitted to go on day by day, and from one end of the Thames to the other. Although in this instance a corporate body, with little regard for the public health, has for once got entangled in the meshes of the law, there are hundreds of other instances of pollution which do not meet the public eye, and the offenders therefore get off scot free. The River Lea, we are assured, is even in a worse plight. Millions of gallons of effluent water are allowed to flow into it from all the sewage farms within its area, and the owners of these works defy the power of the law to put a stop them.

AN admirable portrait of the late Dr. Thomas Fairbank, of Windsor, Surgeon to Her Majesty, has just been executed by Mr. Charles Hollis for the Committee of the Albert Inststute, Windsor.

The Naval Medical Warrant.

A CORRESPONDENT of the *United Service Gazette* writes :

"Is it too late to 'growl' on a very unfair clause about to appear in the Navy Medical Warrent? unless cancelled by their lordships, viz. : 'That fleet surgeons who have reached, or shall reach, the age of fifty-five, must retire." Why? The Committee think this rettring age desirable for the future and present benefit of the service. The opinion of many others, both executives and medical officers of high rank, is otherwise, and very able men, too, to give an opinion.

Physicians and surgeons all over the world are well able to perform their work until long after sixty years of age. Why not naval doctors? provided they are in good health and able and willing to serve anywhere. They entered the service believing they might work until they were sixty or more.

"The fact that fleet surgeons at the age of fifty-five or older are better able to perform their duties than ever they were, also their judgment, their practical knowledge, and their experience of the service in all climates, should surely find some weight with their lordships in persuading the Committee to alter this clause, and to make the retirement optional, or pending a medical eurvey. The younger medical officsrs (and very naturally, too), are not sorry to see their seniors retire at that age, as it ensures them better appointments, and perhaps earlier promotion ; but at the same time I think it very doubtful indeed whether this compulsory retirement, common to all fleet-surgeons at fifty-five, will be a benefit to the service. Time will tell."

We cannot but think that the plan at present so much in favour of placing officers of all branches of the public service on retired pay while fit and willing for work at the same time that other officers have to be paid for performing their duties, is open to several grave objections. One very important aspect of this question has reference to the taxpayer, and we doubt not that before long he will have some questions to ask about it.

Pseudo-Surgical Dentists.

IN July last we published a letter from Dr. F. T. Porter, of Dublin, by which our attention was called to the fact that fifteen persons appear in the Dental Register as practising dentistry "in conjunction with surgery" while, in fact, they have no surgical qualification whatever. We then expressed the opinion that, inasmuch as it was held that those persons who registered as dentists with pharmacy without possessing any pharmaceutic license should be struck off the Register, so the pseudo-surgical dentists ought to be also removed from the list on the same principle.

The *British Journal of Dental Science* for September expresses doubt as to our view, and points out that while it is absolutely illegal to practise pharmacy without a license, it is not illegal to practise surgery without qualification. This is so, but the distinction does not seem to us to touch the point of dental registration. The question is not whether these persons are legally forbidden to practise surgery, but whether they have testified truthfully when they said they were in surgical practice. We submit that the only evidence of surgical practice, of which the law or the General Medical Council can take notice, is the possession of a diploma, or the entry in the Medical Register, and that, if the applicant for registration cannot produce either of these, he must be taken as not in the practice of surgery within the eye of the law

although perhaps he may give physic or set bones in an illicit way. If this were not so, the Dental Register would be absolutely valueless for anyone, and everyone might register as a surgical practitioner, and thus give himself a diploma not only in dentistry but in surgery. The question is one, however, which seriously concerns the surgical profession, and it is worthy of the notice of the protective associations on which we depend for vigilance over our interests.

The Functions of the Eustachian Tube.

Dr. T. F. Rumbold, of St. Louis, has been investigating this subject, and in the *St. Louis Medical Journal* comes to the conclusions that the Eustachian tube is not an open passage into the tympanum during the act of deglutition, but that its walls are constantly in slight contact. The air continually permeates the tube into the tympanum. The air in the normal tympanum is not of equal density with that of the surrounding atmosphere, but is rarefied. One of the functions of the Eustachian tube, the principal one perhaps, is the maintenance of this inequality in the density of the air. This rarefied condition of the air causes the concavity of the membrane. A certain degree of uniform pressure on the fluid in the internal ear by means of the membrane and the ossicles is essential to normal hearing.

The "Unqualified Assistant" System.

We find in the advertising columns of the *British Medical Journal* an announcement forcibly illustrative of the extent to which this most reprehensible system is carried in England. A young gentlemen of 21 years of age, who evidently feels how unfitted he is for medical responsibilities, for he adds ("looks older"), seeks a situation with a London surgeon. He "has been out before," and considers himself competent to "dispense, see patients, and attend midwifery." We can well imagine the nature of the midwifery attendance which this uneducated boy would regard as sufficient, and it seems to us that comment is unnecessary upon a system which hands over the lives of poor women and their babes to the tender mercies of overgrown children, even though the hobbe-de-hoys think themselves able for any emergency because they "have been out before."

Royal College of Surgeons in Ireland.

The Council of the College at its last meeting, adopted the following resolution :—

"That, with the view of keeping the Fellows of the College informed as to the proceedings of Council, a Précis of the Minutes be forwarded to each Fellow at the expiration of each three months, each Précis being previously submitted to Council."

The proposal of the Council is, in every way, deserving of approval, and, when carried into effect will, we believe, be greatly to the advantage of the College. It is eminently desirable that the Fellows of the College should be interested in the doings of their alma mater, and it is clear that they cannot take a very lively interest in the matter when their sole channel of information is a yearly report. Undoubtedly the Council will deserve and receive the increased confidence of the Fellows when it is seen that it seeks full publicity for its proceedings.

Death Under Chloroform.

Another death under chloroform is recorded. The deceased was a patient in the West London Hospital, and was subjected to anæsthesia on September 21 for operation, the case being one of epulis of the upper jaw. The action of the heart became suddenly arrested, and all attempts to restore life were ineffectual; artificial respiration, galvanism, and hypodermic injection of atropine were all tried in vain. There is nothing to show carelessness or inattention, every precaution having been observed in connection with the administration of the anæsthetic.

Science at Birmingham.

On Friday last a building containing over a hundred rooms, erected at a cost of more than three hundred thousand pounds, and entirely devoted to the teaching of pure science, was handed over to the Birmingham Corporation by Sir Josiah Mason, at whose expense it has been built. Professor Huxley delivered the inaugural address, the text he selected being "Science, and nothing else." The doctorate of science of the London University is to be the aim of those who become students of the new college.

Ovulation and Menstruation.

M. Tillaux brought before the Academy of Medicine of Paris, on August 31, a woman on whom he had performed hysterectomy a year previously for a cystic tumour. He had removed the greater part of the uterus and the tubes, leaving only the intra-vaginal portion of the cervix and a very small stump of the supra-vaginal portion. Both ovaries were preserved, but there was complete interruption of the connection between them and the trunk of the uterus which was left. Since the operation the woman had menstruated regularly every month; the periods lasted three or four days, but have been less abundant than before the operation. M. Tillaux has ascertained by examination with the speculum during menstruation, that the blood comes from the stump of the uterus and not from the vagina. With regard to the genital functions, the woman declared to M. Tillaux that they were performed better than ever from all points of view. As a kind of contrast M. Tillaux, last November, removed from a girl, æt. 22, both ovaries, which were diseased; since the operation the girl, who is wonderfully well, has menstruated every month exactly. From these cases we must conclude that the physiology of menstruation, in its relation to ovulation, which was considered as a question long settled, requires new researches to account for these contradictory facts.

Vegetable Parasites in the Ear.

Dr. Lœwenberg, of Paris, read a paper on this subject at the recent meeting of the French Association for the Advancement of Science (*La France Médicale*). He established the fact that otomycosis is the result of the development of a fungus of the genus aspergillus in the auditory meatus, on the membrana tympani, and in case of perforation, in the tympanum. It causes deafness, tinnitus, discharge, shooting pain, &c. The disease is sometimes very obstinate. It is often produced by greasy substances, as well as by injections of certain solutions which furnish, on becoming rancid or decomposed, an

aliment for the fungus. As treatment, Dr. Lœwenberg advises parasiticides, and also the boiling of all liquids used for injections. He showed the analogy which exists between this affection and its causes, and certain affections of other apparatus than that of hearing, mycosis of the cornea, for example.

Calomel and Iodide of Potassium in Eye Diseases.

In the *Archiv für Ophthalmologie*, xxv., Dr. Schlaefke, in a paper on the simultaneous use of calomel and iodide of potassium in diseases of the eye, draws the following conclusions:—1. When a patient is taking iodide of potassium, calomel applied to the eye causes severe inflammation. This fact was known previously, but forgotten. 2. Iodide of potassium taken internally rapidly spreads through the body; appears quickly in the various secretions, and may be detected in a few minutes. 3. When iodide of potassium is given in doses of 40 centigrammes twice a day, it is found in noticeable quantity in the tears. 4. Whereas calomel is very slightly soluble in water, it is ten times as soluble in a solution containing 75 per cent. of chloride of sodium. 5. When placed on the conjunctiva calomel is quickly dissolved, and exercises a chemical action. 6. When this effect is produced in a patient taking iodide of potassium, we find in the tears iodide and biniodide of mercury, and these caustic substances cause inflammation. So that we ought not to use calomel as a topical application during the administration of iodide of potassium.

Drug Frauds in England.

A grocer in Sheffield has been recently prosecuted under the Sale of Food and Drugs Act for selling paregoric without opium. He was acquitted on the ground that he had professedly sold a substitute for paregoric, and not paregoric itself, but the Bench refused to allow costs, saying that the defendant should have told the inspector that he did not keep the article. It was stated that henbane had been added instead of opium, and that the preparation had been supplied by a druggist at Burnley.

A chemist at Deptford has been fined for selling tincture of quinine in which cinchonine seems to have been substituted for a portion of the quinine. A doctor, named Brownrigg, was brought forward to prove that when quinine was ordered chemists always supplied cinchonine unless the quinine was specially prescribed as "*vera*."

Transfusion.

Dr. Howe relates in the New York *Medical Journal*, for August, the case of a woman, æt. 22, the subject of hæmorrhage after delivery of a three-months-old fœtus. The bleeding had gone on for three or four days, and to all appearances death was imminent. So urgent did her case seem that Dr. Howe did not wait to defibrinate the blood, but at once injected between seven and eight ounces as it flowed from the donor's arm, the operation, performed by means of Colin's instrument, not occupying more than five minutes. Within half an hour the patient expressed herself stronger and better, her voice being now clear and distinct, and her pulse having returned. The recovery was complete and abiding.

Castor-oil.

The Boston *Med. and Surg. Journ.* says that castor-oil may be so palatable that a patient will not recognise it, if it is made into an emulsion containing castor-oil, ℥j., tinct. cardamom. comp., ʒiv., ol. gaultheriæ gtt. iv., pulv. acaciæ et pulv. sacchari alb., ää ʒij., aq. cinnamoni, q. s. ℥iv.; misce secundum artem. German children are even said to quarrel over the confection of castor-oil made into a paste with either about three parts of coarsely granular sugar or two parts of comp. liquorice powder, and flavoured with a little powdered cinnamon or grated lemon peel.

Japanese Obstetric Practice.

According to the *Presse Medicale Belge*, the Japanese physician, after having obtained a pretended reduction of irregular presentations by abdominal massage, makes the patient arise; he places his shoulder against the chest of the woman, and makes her pass her arms around his neck. He then clasps her knees between his own, so that she is well supported, and practices a lateral massage with the hands, starting from the seventh cervical vertebra, from above downwards, snapping his fingers to distract the woman's attention. Finally, he rubs with the palm of his hand from behind forward, the buttocks and thighs, sixty to seventy times, and this every morning from the fifth month. We may add that Japanese practitioners are generally aged.

Tasteless Bromide of Potassium.

How many patients refuse to continue the use of bromide of potassium from its intensely bitter-salt taste! This taste is said by the *Canada Medical Journal* to be easily overcome by giving ʒ iii of simple syrup with each drachm of the bromide. This completely alters the taste, giving it an agreeable nutty flavour, not unlike to cocoa-nut milk, if largely diluted. Children take it with avidity. The sugar in no way alters the medicinal virtues of the drug.

The Late Surgeon H. G. Daniel.

A handsome mural tablet has been erected in the Church of St. Siberius, Wexford through the kindness of the officers and crew of Her Majesty's ship *Pioneer*, in memory of their late surgeon Henry G. Daniel, who died on board Her Majesty's ship *Pioneer* when stationed off the river Scarcius, West Coast of Africa, on the 14th day of June, 1879.

In the principal foreign cities the rates of mortality according to the most recent weekly official returns were—in Calcutta 22, Bombay 30, Madras 33; Paris 25; Geneva 14; Brussels 30; Amsterdam 25, Rotterdam 23, The Hague 19; Copenhagen 34; Stockholm 35; Christiania 20; St. Petersburgh 38; Berlin 34, Hamburg 28, Dresden 32, Breslau 31, Munich 30; Vienna 26, Buda-Pesth 37; Rome 35; Venice, 28; Lisbon 32; Alexandria 49; New York 28, Brooklyn 26, Philadelphia 17, and Baltimore 20 per 1,000 of the population. Small-pox caused 29, and typhoid fever 38 deaths in Paris.

This year another of the London medical schools opened its winter session without an Introductory Address.

One by one the example is being followed, and for some reasons it is perhaps desirable, although there are many things to be said in favour of an opening address. At Charing Cross the authorities could not well do otherwise, inasmuch as at the last two or three deliveries no one could possibly hear a word for the tumult of the students "enjoying themselves."

THE annual rates of mortality per 1,000 last week in 21 large towns of the United Kingdom were—Glasgow 18, Edinburgh 21, London 21, Plymouth 22, Oldham 22, Birmingham 22, Brighton 22, Portsmouth 23, Bristol 24, Wolverhampton 25, Sheffield 26, Manchester 26, Leeds 27, Nottingham 27, Newcastle-upon-Tyne 28, Salford 31, Leicester 32, Liverpool 33, Sunderland 35, Hull 36, and the highest rate 38 in Dublin and Norwich.

THE death-rate in the large towns last week from the seven principal zymotic diseases ranged from 3·5 and 3·7 in Plymouth and London, to 12·6 and 17·0 in Salford and Norwich. Scarlet fever showed the largest proportional fatality in Norwich, Sunderland, Bristol, and Dublin. The deaths referred to fever (principally enteric) showed a further increase upon recent weekly numbers, and showed the highest death-rate in Salford, Leeds, Portsmouth, and Norwich. The annual death-rate from diarrhœa was equal to 2·0 per 1,000 in London, while it averaged 6·4 in the other large towns, among which it ranged from 3·5 in Portsmouth and Plymouth to 9·0 in Salford, and 9·8 in Hull. Small-pox caused 5 more deaths in London, 2 in Dublin, but not one in any of the other towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

ANOTHER CASE OF OFFICIAL SUPINENESS IN GLASGOW.—Some time ago attention was called by the *Glasgow Herald* to a case in the east end of the city, in which the sanitary authorities refused to bury the dead body of a child several days after death had occurred. Another case of a similar character has since been reported to the police of the eastern district. A child, aged three years, or so, died after a lingering illness, at a late hour on Tuesday, the 21st ult. The parent of the child is said to be in America, and the mother said she is unable to bear the expenses of the funeral on the score of poverty. The Barony parochial board declined to interfere, as the duty of burying rested with the sanitary authorities. The latter again, it was alleged, declined to bury unless they are paid half-a-crown, which the relatives assert they had not to give. The dead body of this unfortunate infant seems to have been in the predicament of Ginx's Baby! On the Friday following, the stench in the house was said to be so offensive that the other children were unable to retain food on their stomachs, and the elder members of the family felt that they must soon leave the place. The police, though appealed to, pled *non possumus*, but on the following day, as the body was still unburied, they deemed it proper to officially call the attention of the sanitary authorities to the matter. The neighbourhood where the death has taken place is one of the worst in the city, being known as "the Rookery," the inhabitants being of the poorest and lowest description, and the need for the enforcement of the strictest sanitary principles is therefore all the greater.

A PATIENT POISONED IN THE GREENOCK INFIRMARY.—On Saturday, the 25th ult., a distressing accident occurred in the Greenock Infirmary, by which a patient lost his life. One of the nurses, a young woman named Cowie, was attending an American seaman who was suffering from bronchitis, and she gave him what was supposed to be a black draught from a bottle in the ward. It was afterwards found that the unfortunate man had swallowed a quantity of carbolic acid, and he expired in an hour's time after taking it. On the case being reported to the authorities the nurse was apprehended.

LECTURES ON NURSING AT THE ROYAL INFIRMARY.—With a view to the more efficient training of nurses at the Royal Infirmary, Glasgow, a course of lectures on medical and surgical nursing has been delivered each winter for the past few years. Attendance on these has now become a recognised part of the training of probationers, and, as stated in the last Infirmary Report, no nurse is allowed to take charge of a ward until she has passed an examination on the subjects treated of. Ladies are invited to attend these lectures—a very efficient means of oblique advertising—and a class of about twenty was formed last year, and many of the ladies took part in the written examination that was held at the conclusion of the course. These lectures will be resumed this year on the 1st October, at 3 o'clock, and continued weekly. As the course is designed primarily for nurses as a part of their professional training, all the practical details of medical and surgical nursing are considered, as well as the management of such emergency cases as occur daily, and much information that will be found useful in family life. The selection of Drs. W. J. Fleming and Wallace Anderson to lecture to women has been a singularly appropriate and happy one.

NEW COTTAGE HOSPITAL BAZAAR AT STOW.—A bazaar in aid of a Cottage Hospital for this district was opened in the Town Hall, Stow, on the 29th ult., by Lord Reay. His Lordship, in the course of his remarks, referred to the object of such hospitals, which, he said, was the treatment of cases of an acute character, of epidemic diseases and surgical cases, where operations required to be performed on the spot, and the patients could not bear removal to Edinburgh. In carrying out the object in view, they must endeavour, by a proper scale of charges, to make it self-supporting. The bazaar was patronised by a large number of residents and visitors.

EXTENSION OF THE MEDICAL CLASS-ROOM AT THE EDINBURGH ROYAL INFIRMARY.—There are two new class-rooms attached to the wards of the Royal Infirmary for the teaching of Clinical Medicine, one of these being appropriated to the use of the University professors. When the infirmary was in course of erection, the plans of a class-room suitable for the accommodation of 120 students were submitted to the medical professors and approved, and the class-room accordingly erected. Last year, however, the first it was in use, the accommodation thus provided was found totally inadequate, over 200 students having taken out class tickets. To remedy this, the Infirmary managers at a recent meeting sanctioned plans for the re-erection of the class-room in question, which is situated near the north end of the south-east pavilion, on a larger scale, and the necessary building operations are now in progress, and will, it is expected, be finished before the college opens in November. The new class-room will be made large enough to accommodate 300.

EPIDEMIC OF SCARLET FEVER AT CAMBUSNESHAN.—This district is now getting free from the serious outbreak of scarlet-fever, which began so early as March last. The epidemic was almost confined to Cambusneshan, New Mains, and Morningside, and chiefly affected children, no adult case proving fatal. Upwards of 250 children have been attacked, and in over 40 cases the result was fatal.

CRYPTOGAMIC SOCIETY OF SCOTLAND.—The Annual Conference of the Cryptogamic Society of Scotland was opened in the Accountants' Hall, Glasgow, on the 27th ult., when Dr. Stirton, the President, delivered the inaugural address. He explained first a special phase of the evolution of the germinal cell. Next, he examined Dr. Mink's theory of the formation of gonidia in lichens, and argued that what the German botanist considered to be microgonidia granules in the hyphæ was a mere optical delusion. In conclusion, he described certain experiments tending to support the opinion that the gonidia of lichens are produced directly from the hyphæ. Mr. A. Stephen Wilson next read a paper on Club-root, or "Finger and Toe." On the day following, the members of the Cryptogamic Society explored Cadzow Forrest, collecting cryptogamic plants. A dinner is to take place, a special feature of which is to consist in the preparation of edible fungi.

ANDERSON'S COLLEGE, GLASGOW.—At a *pro re natâ* meeting of the Rusties of this College, held on the 28th ult., in the College Buildings, Dr. John Barlow was unanimously elected "Professor" of the Institutes of Medicine, vice MacVail resigned.

A FEVER-STRICKEN GLASGOW-SHIP.—The steamship City of Washington, which arrived in New York from Havana on the 18th ult., towed into port the bargue Erinagh, of Glasgow, with crew sick. The City of Washington fell in with the barque on the 13th showing signals of distress. She was bound from Port de Prix for New York with logwood. All hands, except the Captain and one seaman, were sick with yellow fever. Two of the crew died, and were buried at sea. The sufferings on board were great.

FORFAR INFIRMARY.—The annual meeting of the directors and the subscribers to the Forfar Infirmary was held on the 27th ult., Provost Lowson in the chair. It was reported that the funds showed a balance of £133 in favour of the institution over the balance of last year, but it was explained that the Vice-President had during the year given £100. It was reported that there had been this year only one small contribution from the public works, and as many of the workers had received benefit from the Infirmary, a committee was appointed to confer with the managers of the public works with a view to getting an annual subscription from them.

Literature.

GANTS' SURGERY. (*a*)

[SECOND NOTICE.]

IN the introduction to this work Mr. Gant treats of modern surgery as a science and art, the progress of pathology entitling it to claim the rank of a science.

The first chapter is devoted to general pathology and surgery, and contains excellent observations on the physiology of nutrition, growth, and development, and the textural changes in inflammation. All that is reliable, and at present known upon the latter subject, is here laid before the reader.

The author gives a very accurate and instructive *résumé* of Mr. Simon's description of inflammatory fever after compound fracture without much hæmorrhage; and then passes on to a sufficiently elaborate description of the temperature in disease, including the use of the clinical thermometer. In connection with the "pulse," Dr. Mahomed contributes a concise description of the sphygmograph, with charts of the pulse in health and in certain diseases.

We have presented to us a very readable and instructive description of acute, sub-acute, and cold abscesses. This is well worthy of the attention of the student, and might be read with advantage by those practitioners without time to spare for more voluminous writings on the subject.

Mr. Gant does not see "any unequivocal advantage from the antiseptic method of treatment," and is disposed still to rely, as he "has done for years with quite equal success, upon the security afforded by those general hygienic arrangements in regard to clean air and clean dressings, which prevent the necessity of having recourse to any antiseptic measures." He advocates what he terms "*pre*-septicism instead of *anti*-septicism in the practice of surgery." Although we have never followed rigidly the Listerian method, and have had up to now an exceedingly low mortality, we nevertheless consider that, as the question is still *sub judice*, a wholesale condemnation, like that of the author, is probably not conducive to the interests of surgery, particularly as some recent reports on the relative value of the two methods founded on clinical results of vast numbers of cases greatly preponderate in favour of the *antiseptic* method.

As we proceed, however, we find the author showing some slight predilection for anti-septicism in the suggestion that, after giving vent to a tympanitic or emphysematous abscess, the cavity should be "syringed out with an antiseptic solution."

The chapter on Tumours or Morbid Growths commences with some observations on the general characters of morbid growths, followed by their etiology. So far back as the year 1857 Mr. Gant endeavoured to establish a general law of "structural retrogression," which explains the relation of morbid and healthy histology, and the generation of morbid growths from healthy tissues." Subsequently, he "ventured to formulate this law in the following terms: "That organised morbid products are merely *persistent rudimentary* conditions of the structural elements of their analogous *healthy* tissues, by *arrested* development of those elements;" "that such products including 'new growths,' representing only so many developmental conditions of analogous healthy tissues, are severally formed by so many arrests of their development;" and that "degenerative retrogressions of the original tissues are formed by so many *relapses* to as many more simple, although not developmental, conditions of their structural elements." (p. 128).

As far as we can understand these views of the author, they are allied to those of Virchow, given by him in a preceding paragraph. Considering that "new growths or tumours are produced from the germs with which connective tissue and derivative tissues are said to abound, this common stock of germs being the source of new formations, instead of the plastic lymph, blastema, or exudation matter, which has so long been accredited."

Mr. Gant deserves some praise for his criticism of the indefinite term sarcoma given to tumours that are so widely different. What can be more irrational than applying the name sarcoma, "implying only the physical character of fleshiness" to round-celled, spindle-celled, giant-celled, net-celled, alveolar, and pigmentary tumours, some innocent, and others infecting, and of extreme malignancy?

The spreading of cancer to contiguous textures to which the author alludes, has been observed by many pathologists. Probably it is the result of transplantation of the germs to a part in contact with the primary growth in a person prone to the development of cancer. Not very long ago we saw this exemplified in a person with an elevated cancer engaging the back of the tongue, which rubbed against part of the soft palate, to which the germs were probably transplanted and where cancer was rapidly developed.

In the chapter on Ulceration and Ulcers, Gangrene, and Mortification, the views of Key, Wallace, Earle, Gaskell, Paget, Virchow, the Goodsirs, and other writers are fairly analysed; Mr. Gant himself thinking it a fair inference that "ulceration may begin and continue without absorption." He shows, subsequently, the great probability that ulceration is a "process of *disintegration*, *solution*, and *discharge* of disorganised textures."

In the following chapter on Ulceration and Mortification, the question of amputation in both idiopathic and traumatic gangrene is excellently discussed, and the opinions of those surgeons in particular, whose names have been associated with the question of spreading traumatic gangrene are reproduced.

In his observations on the Indurated Venereal Sore, the author gives the wholesome caution not to confound the induration resulting from irritating applications to sores, with the specific induration caused by the poison. On this point he writes thus: "On the other hand, the fact should not be overlooked that precisely the same condition of induration may be produced artificially by irritating applications, such as kali purum (Hennen), corrosive sublimate (Acton); and, better still, says Ricord, by chromate of potash, nitrate of silver, or the nitric and sulphuric acids; so as to deceive even the most careful and experienced practitioners." Respecting "the unity or duality of the syphilitic virus," Mr. Gant inclines to unicism; and he adds, "The possible *co-existence* of chancre and chancroid, the indurated and the soft suppurating ulcer, or of either species with gonorrhœa, must not be overlooked. And the *co-existence of the two species may occur in the same sore—a suppurating ulcer with an indurated base, an auto-inoculable discharge, and which is capable of communicating syphilis to an uninfected person.* Such is the mixed chancre of Rollet and the French school. The consequent bubo may both be indurated and suppurating."

We are inclined to agree with Mr. Gant that the distinction between septicæmic and pyæmic modes of infection is often impracticable. He gives us much interesting matter

(*a*) "The Science and Practice of Surgery." Including Special Chapters by different Authors, with 969 Illustrations on Wood, mostly new and original. By Frederick James Gant, F.R.C.S., Senior Surgeon to the Royal Free Hospital. Second Edition, in two volumes; re-written and enlarged. London: Baillière, Tindall, & Cox.

upon suppurative phlebitis. Cruveilhier and Virchow's views are laid in sufficient detail before the reader, the author showing that those of Virchow are nearer the truth than those of Cruveilhier. Speaking of amputation for the removal of the source of infection in pyæmia, the author informs us that he has "tried this resource, and failed even immediately after the incipient rigors."

The author, speaking of amputation, gives a caution which cannot be too strongly pressed upon the attention of the inexperienced surgeon. "But," he observes, "in selecting a sound part of the limb, and not merely that which may recover itself as a stump, it must ever be remembered that while the damage done by contusion or laceration is more extensive than may appear on the surface, the destruction wrought by spreading gangrene, especially in the cellular texture, has even a wider range up the limb than is declared by any discolouration of the skin. The safest parts for amputation are, probably, at the shoulder-joint, when the arm is involved; and in the upper third of the thigh, when the leg is affected as far as the knee."

The author gives an excellent *résumé* of the method of treating aneurism originally proposed by Valsalva, which as he states, although pathologically correct in itself, "was wrong only in the extreme degree to which he carried it in practice."

Mr. Gant does full justice to the labours of Mr. Tufnell in this direction, in the statement that "recently the same method has been rectified and ably advocated by Mr. Jolliffe Tufnell." It is satisfactory also, to be reminded that Mr. Tufnell's method is "specially commended by Mr. Holmes," who, it is well-known, has for some years specially devoted himself to the study of aneurism.

Although Bellingham and other writers quoted by Mr. Gant, merely lessened by compression the "*force* of the stream, and *temporarily*, in order to give a fair start to the deposition of fibrine," which method, Mr. Gant also states, has judiciously superseded the "old method of compression employed by Dubois and Pelletan;" if the reader will look over some of the medical journals of the last few years he will find cases recorded in which rapid cures followed in a few hours upon the complete occlusion of the artery leading to the sac. The results of the ligature and compression are compared by the author, the balance being "decidedly in favour of the latter mode of treatment."

Some surgeons would probably disagree with the author's adverse criticism of those who recommend that fracture should not be "put up" until the subsidence of the swelling immediately resulting from the injury. A great deal, of course, will depend upon the amount of swelling, but if considerable, we generally place the limb in a good and easy position for a few days previous to the use of a retentive apparatus. "When all chance of swelling has passed, spasm has ceased, and soft union is established, *then* only is the 'starched' bandage safe and advantageous."

On the insertion of ivory pegs in the treatment of false joint, Mr. Gant remarks:—"Various authors bear testimony to 'several' and 'numerous' instances of perfectly successful results in their practice, but I am unable to find the particulars of such cases. For my own part I have not hitherto experienced nor witnessed much of a satisfactory character in the results of this operation. In one case of false joint of the humerus, at about the insertion of the deltoid muscle, I introduced four ivory pegs. That operation failed, I repeated it, and it caused such swelling and tension of the arm as to compel me to withdraw the pegs; but the false joint remained nearly as movable as before this twice-repeated operation. In another case of false joint of the femur, about the junction of the lower and middle thirds, I saw the same operation performed; but it was not repeated, and the result was not more effectual. As to complete false joint, if we bear in mind that the limb may be still useful with this joint, it is better probably to follow the author's advice "to let well alone," and to confine the treatment to some "supporting contrivance."

Mr. Gant gives the preference to the pistol splint in the treatment of Colles's fracture, applied to the palmar surface of the forearm, and extending only to the fingers, a short straight splint being applied to the dorsal surface from the elbow to wrist. We, however, rarely use it except when there is abduction of the hand, having found the subsequent stiffness of the fingers much prolonged by their antecedent fixed position. But this objection may not hold against the short pistol splint of the author.

Mr. Gant's observations on the use of Malgaigne's hooks in fractured patella are of considerable importance. He states truly that "violent synovitis is not unfrequently induced by them;" and also that having been asked by a surgeon to see a fractured patella which was subjected to its grasp, he found a "huge globular knee pierced by the claws of the instrument and surrounded by a gutter of pus." Malgaigne, himself, he adds, on the authority of Mr. Wm. Adams, used the hooks in only fourteen cases out of a large number of fractured patella. Mr. Gant, himself, we should observe, still uses the hooks, but in a safer way, for fixing semilunar caps of gutta-percha instead of being thrust into the bone. We have not been so fortunate as to see in Pott's fracture the rotation of the foot on its antero-posterior axis so decided as Mr. Gant found it: "the sole being turned upwards as well as outwards, so that the outer edge is directed upwards and the inner side downwards, on which the patient rests." In the cases we have seen the outer edge of the foot was directed upwards and outwards, the sole downwards and outwards and not upwards.

Although the splint illustrated by Mr. Gant, as Dupuytren's, for the treatment of certain cases of this fracture, is, we consider, a very excellent one, it does not exactly represent Dupuytren's splint, which had neither holes in the top nor notches below. Dupuytren, moreover, used two rollers, one above and the other at the foot and ankle, leaving the intervening portions of the limb and splint uncovered.

Mr. Gant describes what he calls a new variety of the dislocation of the radius and ulna outwards, in which the dislocation is outwards and upwards and backwards.

The author gives sound advice when he inculcates that:—"The golden rule should be observed in elbow-joint dislocations, as in all other such injuries, not to interfere when the motions of the joint are tolerably efficient."

There is much that is sound in the following remarks of Mr. Gant on the question of amputation in injuries:—"The rules laid down in surgical works with reference to the extent of injury are not the expression of a sufficiently accumulated pathological experience in different doubtful cases; and they overlook the necessarily unknown capabilities of reparation in different individuals. Cases occurring from time to time, which have proved exceptional to any such rules, suggest the all-important consideration,—in how many more cases might limbs be saved which are thus sacrificed surgically."

"No extent of injury as to the vessels, nerves, muscles, and integuments—short of the whole substance of a limb being involved—in connection with compound dislocation can be said to absolutely prohibit the attempt to preserve the limb in the first instance."

There is much difference in opinion as to the frequency of dislocation on the dorsum ilii, properly so called in scrofulous morbus coxæ; the author speaks of it being "very apt to supervene;" but if we are not much mistaken there are but few specimens of the kind in the London Museums. Our observation has convinced us that the real shortening in the majority of cases is caused by the disintegrating processes the author so accurately describes rather than by true dislocation of the head of the bone on the dorsum ilii.

Mr. Gant shows that "excisional surgery" had its origin in that fertile period of the world's history when arts and literature flourished, and traces it so far back as the periods of Hippocrates, Celsus, and Paulus Ægineta.

The author's *principles* or *rules* for the guidance of the surgeon in his selection of this operation are calculated to be of much assistance to him.

Speaking of the ages at which excision has been performed, he mentions that he himself excised the knee-joint at "fifty-three years of age; the most advanced period of life," he believes, "at which this joint has ever been excised; and complete osseous anchylosis resulted."

The author concludes his observations on sub-periosteal excision in elbow-joint excision, by showing that the advantages claimed for it are very problematical. He proceeds:—"As regards the mortality, therefore, no advantage can be claimed for this method on behalf of the elbow-joint, compared with the ordinary mode of excision. Looking at the ultimate state of the joint, evidence is wanting to show any superiority; that the articular ends of the bone are reproduced, or greater range of motion obtained. Nor, as I have said, would the reproduction of bone in length add propor-

tionately to the usefulness of the upper extremity, while ossific anchylosis would be positively disadvantageous."

It is different, however, with the shoulder and the shafts of bones, in which sub-periosteal operations have yielded very excellent results.

In comparing excision with amputation, Mr. Gant puts the question fairly :—"Excision and amputation for joint disease are, therefore, *not* alternative operations for the surgeon's choice of one or the other. The comparatively early period for excision is too early for amputation, and the comparatively late period for amputation is too late for excision. When either operation becomes justifiable for joint disease, the other should not be entertained."

A very important piece of advice is given regarding a step in knee-joint excision, which is worthy of the surgeon's attention, namely, that in young subjects with fibrous anchylosis, care must be taken in the operation to sever any such union with the knife, "lest by forcible flexion, either epiphysis become detached; an accident in regard to the tibial epiphysis, which happened in 'one' of his own cases, and which his friend, Mr. Bloxam, of St. Bartholomew's Hospital, has seen occur in two more."

Mr. Gant has compiled statistics from various sources to show the comparative mortality of excision and amputation in the thigh having for their result the almost certain demonstration that the mortality of thigh amputation, and of excision of the knee-joint, both for disease of the joint, are about equal. But, as he remarks, "the patients who survive either operation have a very different advantage; the one being without a limb, the other with the limb preserved!"

The author agrees with Mr. Hancock as to the period when excision of the hip is demanded: and of its wisdom there can, in our opinion, be no question. Instead of delaying, vainly hoping for a natural cure of this most intractable and painful malady, resort at once to excision, whenever "the general health is manifestly failing, whatever may be the stage of the hip-joint disease."

The author does not speak favourably of sub-periosteal excision in hip-joint excision; but gives Professor Sayre's description of the operation as performed by him, many of whose suggestions, he adds, "are simply impracticable, however much they may seem to be accomplished by the directions given."

The value of subcutaneous section of the neck of femur has been clearly established by the experience of those surgeons who have practised it. Thus in twenty-one cases collected by Mr. Adams, the originator of the method, "eighteen were successful, which, with Mr. Adams's first case, makes a total of nineteen out of the whole number, twenty-two; leaving a proportion of three deaths." In two of the successful cases both hips were submitted to the operation.

Mr. Gant gives a very interesting account of the subcutaneous section of the femur below the trochanters, first performed, he tells us, by himself on "10th Dec., 1872"; an operation very suitable in cases where there is no femoral neck to divide, and, therefore, ineligible for Adams's operation.

The statistics collected by the author regarding excision of the elbow-joint for *injury*, disclose a very remarkable circumstance, namely, that the "*right* elbow-joint, like the right shoulder, would appear to be more favourable for excision in regard to recovery. On the right side, only 2 in 20 operations proved fatal; whereas, on the left side, 4 in 19 were fatal; a more than double mortality. Comparing the total results of the shoulder and elbow-joint excisions, the mortality on the left arm to that on the right is as 3 to 1."

B. W. R.

To be continued.

Literary Notes and Gossip.

Announcements of new works and new editions are exceedingly few this Autumn. The twenty columns of books in our *Students' Number* will well repay perusal to those anxious to complete their libraries, but some degree of disappointment will be felt at the apparent paucity of forthcoming works of value.

***

Messrs. Longmans and Co. announce the forthcoming publication of a new series of "Popular Lectures on Scientific Subjects," by Professor Helmholtz, translated by Dr. E. Atkinson.

***

At a meeting of the literary lights of Germany last week, the purpose for which they had met seemed to have become obscured in the round of convivialities. True, they passed one vote which need not frighten the ratepayers, viz., "that it would be desirable to form a national library, which shall contain everything printed good and bad." For the reputation of Germany we trust none of her *savants* wrote anything during the congress.

***

The work of Dr. W. W. Ireland on "Idiocy and Imbecility," published almost three years ago, has recently been translated into the Russian language, by Dr. Tomascheuski, with a preface by Professor Mierzejewski; at the same time the Medico-Psychological Society of St. Petersburg (Société des Psychiatres), has conferred on Dr. Ireland the diploma of Corresponding Member of their body.

***

Since the publication of our last column of "Literary Notes" a new monthly journal called *The Specialist*, has been issued by Messrs. J. & A. Churchill. Years ago the prospectus of a publication bearing the same title was issued by the late Dr. Yearsley, but failing the support anticipated, the idea was never carried out. As a commercial speculation it is manifestly impossible for special journals in the profession to succeed, and the Editor of *The Specialist* in his first leader would hardly lead readers to suppose he expected a great future for his bantling. *Tempus omnia revelat.*

***

Another special journal comes to us from across the Atlantic, *The Archives of Laryngology*, a quarterly, of which two numbers have appeared. It takes rank with *The Archives of Ophthalmology and Otology* so well known. We should like to see a decided International and Anglo-American character given to these journals. Like almost all American literary productions the get-up and finish of the work is unexceptionable, and its external beauty is only equalled by the value of its contents.

***

We hear of a project on foot for bringing out a monthly journal in this country devoted to laryngology, otology, &c. If the scheme now on the *tapis* be carried out, the journal will be of a somewhat international character, its basis being translations from the German monthly, which is edited by the distinguished Berlin aurist, Professor Weber-Liel, together with articles by English specialists upon kindred subjects. The idea is to make the journal a complete chronicle of all that transpires in these special branches, together with the latest views and inventions therein; but without editorial matter or gossip of any kind.

***

Laryngology, otology, and rhinoscopy have yet another journal to represent them. There has just appeared at Bordeaux the first number of the *Revue Mensuelle de Laryngologie, d'Otologie, et de Rhinologie*, edited by Dr. E. J. Moure, a well known laryngoscopist. Specialists in these branches, in all parts of the world, would appear to have made common cause for a united demonstration of their literary powers: England, France, Germany, and America are all bidding at once for favour; and we are almost tempted to wonder whether "the children of this world will be found wiser in their generation than the children of *light*."

***

The Government of India invite competitive essays for a prize of £100, for the best essay showing the ordinary causes affecting health, the special dangers to health to which British soldiers are exposed in India, and more particularly during their first years in that country, and the best means by which these dangers may be averted. The essays must be in simple English, and must not occupy more than fifty pages of small pica type when printed in an octavo page. The work will be paid for by Government, and will be distributed among the rank and file of the army.

***

In the annual *Students' Number* of the *Medical Press* of September 22nd, the leading medical publishers are strong enough in announcements of past editions and future prospects, to satisfy the most exacting *bibliophile*. Page after page closely printed, of books in medicine, surgery, and allied science meet the eye, until one is almost tempted to ask how

much original literary work or research is contained within the thousand and one covers. Much there undoubtedly is, and *per contra* much there is not. But assuming that all are successful publications, a glance at our pages (Sept. 22nd) should send a thrill of hopeful expectancy through the soul of aspiring authors, that "yet there is room."

* * *

At a recent meeting of the trustees of the British Museum, the question of reading-room accommodation was brought forward, and it was clearly proved that in no instance this year have there been as many readers as would fill the seats. From nine to twelve o'clock scarcely a hundred are present, from twelve to two an average of 300 will generally arrive, and from two to four about 400; these may slightly increase up to closing time (six o'clock), but except on Saturday, when the exceptional number of 470 has been reached, the reading-room has never been full. It is a matter under the consideration of the trustees whether the galleries now empty in consequence of the removal of the minerals to South Kensington, may not be adapted as a library for young students.

* * *

That exceedingly useful body, the Religious Tract Society, with a liberal spirit which does the management infinite credit, has gone out of its beaten track to give the youth of the present day a taste for healthful literature, without any proselytism or sectarian teaching. Last year it started "The Boy's Own Paper," the success of which was so enormous that a sale of over 300,000 copies per number resulted in a very short time. It next started "The Girl's Own Paper," the first annual volume of which is now before us. We have watched these publications from their birth, and are more than delighted that pure literature such as these undoubtedly are should attain to so unequivocal a success. Nothing will tend more surely than this, to elbow out the trash to which youth, especially among the lower classes has been accustomed, and we wish the Society continued success in its efforts on behalf of the young.

* * *

The author of the "Guide to European Universities," Dr. Hardwicke, of Sheffield, has been induced by the success of his pamphlet, to reproduce the information therein conveyed in book form, together with the results of his inquiries into other systems of education, and other countries than Europe. Here the reader will find information respecting the educational bodies, examinations, and medical laws of every civilised state, and he will also come to the humiliating confession that though there exist a good many time honoured institutions in the United States, and an anxiety to put matters on a scientific footing in others, yet farther South "the condition of medicine is as bad as can possibly be imagined. Bankrupt bakers, grocers, and others who have failed to make a living, afterwards start as 'doctor,' and soon get into *full practice*, by parading their names before the public, through the medium of the daily papers and street placards, with 'Dr.' and 'M.D.' attached to them, without a word being said by the authorities." All this is very humiliating, but we could show our author identical counterparts in London, Birmingham, Glasgow, and other large cities, "without a word being said by the authorities." But the authorities, not Dr. Hardwicke, are responsible for this, and we cordially thank him for his decidedly useful addition to our knowledge of medical education in other countries.

* * *

New Books and New Editions. — The following have been received for review, since the publication of our last list:—"On Atrophy of the Stomach," by Samuel Fenwick, M.D. "Lectures on Digestion," by Dr. Ewald, translated by R. Saundby, M.D. "Notes on Diseases of Women," by J. J. Reynolds, M.R.C.S. "Malaria: its Causes and Effects," by E. G. Russell, M.D. "The Ocean as a Health Resort," by W. S. Wilson, L.R.C.P. "On Removal of the Tongue," by Ed. Lund, F.R.C.S. "Atlas of Human Anatomy," Part xii, by R. J. Godlee, F.R.C.S. "Osteotomy," by W. Macewen, M.D. "Handbook on the Diagnosis of Skin Diseases," by R. Liveing, M.D. "Archives of Neurology. Anatomical Outlines," by Arthur Hensman, L.R.C.P. Parts iii, iv. "Lectures on Diseases of the Ear." 2nd Edition. By W. B. Dalby, F.R.C.S. "St. Thomas's Hospital Reports," vol. x. "The Physiological Chemistry of the Animal Body," by Arthur Gamgee, M.D., F.R.S. "Cottage Hospitals," by Hy. C. Burdett. 2nd edition.

* * *

Pamphlets.—The following have been received since the publication of our last list:—"Tuberculosis from a Sanitary and Pathological Point of View," by Geo. Fleming, F.R.C.V.S. "The Royal London Ophthalmic Hospital Reports," vol. x, part i. "The Dangers Incident to Uterine Manipulations," by G. J. Engelmann, M.D. "La Trinchinosi," by Spencer Cobbold, M.D. "Hints on Spectacles," by W. Acland, M.R.C.S. "Helminthological Observations on Endemic Diseases," by Dr. E. Perroncito. "Internal Urethrotomy," by A. L. Ranney, M.D. "Gulletino della Commissione Speciale d'Igiene di Roma."

Correspondence.

MEDICAL OFFICER OF HEALTH FOR THE BOROUGH OF MARYLEBONE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—You are mistaken in your impression of this date that the office of the late Dr. Whitmore, valued at £100 a year, has been filled up. Dr. Gibson was the candidate elected, by myself with other members of the Visiting Medical Committee of the Board of Guardians, for the vacant medical office, "St. John's District." Marylebone, and in no way connected with the sanitary medical officer's position (worth £600 a year) in the borough of St. Marylebone.

Yours truly,
J. McGrigor Croft, M.D., M.R.C.P.,
Guardian of St. Marylebone.

Mandarin Villa, St. John's Wood,
September 29, 1880.

* * We are happy to insert this correction from Dr. McGrigor Croft, our information being derived in the first instance from a local paper.—Ed.

A NEW SPHYGMOGRAPH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—All physicians who have been accustomed to see the sphygmographs of Marey, and a more recent importation from the United States used, will welcome, I am sure, the cheap, elegant, and accurate little instrument devised by Dr. Dudgeon, which by the favour of the inventor I have had the advantage of testing.

This admirable little instrument seems to fulfil all the requirements of a sphygmograph for daily use, being small ($2\frac{3}{8} \times 2\frac{1}{4}$ inches), quite portable, only four ounces in weight, simple in construction, not liable to get out of order, and, if broken, easily repaired by any watchmaker. It is applied to the wrist with the very greatest facility, requiring no rest for the wrist, and it can be used with equal facility whether the patient be standing, sitting, or lying. With it the pulse may be taken almost as quickly as it can be felt by the finger. It is sensitive, and the markings it makes on smoked paper are as distinct as could well be.

The spot where the radial artery beats at the wrist, close behind the os trapezium eminence, is felt for, and the bulging part of the spring of the sphygmograph is applied exactly over the artery. An elastic band encircles the wrist at this part, and maintains a slight pressure of the instrument on the wrist; the smoked paper is then passed through, and the clockwork set going. The needle is accurately adjusted to multiply the vertical rise of the pulse fifty times.

There is a contrivance for regulating the pressure of the spring from one to four ounces. A pressure of two ounces is most suitable for ordinary pulses; but for some pulses a greater or less pressure is required, and it is useful to observe the tracings of the same pulse under various pressures.

The smoked papers are six" long in breadths of one inch. A strip is smoked by being laid in a tin holder, which covers half an inch of each end, and a piece of camphor about the size of a bean is ignited and used to smoke the paper. Crystal varnish of photographers is poured over the smoked paper after the pulse has been taken, and the tracing can thus be permanently preserved. The maker is Mr. John Ganter, 19 Crawford Street, Montague Square

London, W., and the instrument costs only 2½ guineas. This seems to me such an immense improvement over all other instruments, that I write these lines.

Your obedient servant,
C. R. DRYSDALE, M.D.

17 Woburn Place, London, Oct. 1st, 1880.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

A NEW POST. — The Honorary Secretary of the London Tricycle Club has much pleasure in being able to inform us that "Dr. B. W. Richardson, M.A., F.R.S., has consented to become President" of that Club. The Hon. Sec. does not inform us when the inaugural meeting is to be held; but if he will let us know when the portly President takes his seat on a tricycle we will promise attendance. Meanwhile, it affords us much pleasure to congratulate Dr. Richardson on his elevation.

DR. BRUSHFIELD will please receive our best thanks.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The next Evening Meeting will be held this evening at 8 o'clock. The Sessional prizes and certificates will be distributed at this meeting. An address to the students will be delivered by Dr. Langdon Down.

THE FOTHERGILLIAN GOLD MEDAL, VALUE TWENTY GUINEAS.—The subjects selected for competition in March, 1881, is "On the Relative Value of the various Antiseptics in their Application to Medicine and Surgery;" in March, 1882, "On Whooping-cough, its Pathology and Treatment." Essays, which must be in the English or Latin language, and not in the handwriting of the author, must be delivered to the Registrar of the Medical Society of London on or before the 1st of November next preceding. With the Dissertation must be delivered a sealed packet, having a motto or device on the outside, and within the author's name and designation; the same motto or device shall be inscribed on the Dissertation. If the author becomes known to the Committee, or to any member thereof acting thereon, his Dissertation will be excluded from competition. The successful Essay becomes the property of the Society.

OBSTETRICAL SOCIETY OF LONDON.—This (Wednesday) evening, at 8, Specimen: Dr. Poole (Sidcup) will show a Girl with Double Congenital Dislocation of the Hips.—Paper: Prof. Stephenson, M.D. (Aberdeen), "On the Rotatory Action of the Forceps."—And other communications.

CLINICAL SOCIETY OF LONDON.—On Friday evening next, at 8.30, Surgeon-Major Curran, "On a Case of Mutilation of the Face by a Bear."—Dr. Gowers: "A Family affected with Locomotor Ataxy."—Mr. Spencer Watson, "On a Case of Eyeball Tension treated by Sclerotomy."—Dr. Stephen Mackenzie, "On a Case of Elephantiasis of the Leg treated by Elastic Bandaging."—Dr. Lees and Mr. Bellamy, "On a Case of Traumatic Epilepsy treated by Trephining."

RECREATIONS OF HOSPITAL PATIENTS.

AN exceedingly interesting picture is drawn of Hospital Life by "An In-patient" in the September Number of the *Quiver*. She says: "With the thoroughly good nursing I received I was able to get up a little in a fortnight, and at the end of three weeks to walk about and visit the convalescent ward—a large long room at the top of the building, furnished with lounge-cushioned arm-chairs, bagatelle-board, dominoes, solitaire, rocking-horses for juveniles, a quantity of books, and several volumes of illustrated papers. This part of the institution is presided over by a nice old lady, booky inclined, and who had evidently seen better days. With her I became a great favourite. We used to read and criticise bits of Shakespeare, and 'Newton on the Prophecies,' with an erudition that would have amazed Charles Knight and old Richard Porson had they been able to hear us. But be this as it may, it amused us, which was sufficient. My narrative, I feel, would be wanting it I failed making any observations upon the ordinary daily working of the ward. Between meals, and when the surgeons were not in attendance, general visitors were admitted; these were ladies, gentlemen, home missionaries, Scripture readers, &c. One would give books, another fruit or flowers, and with each gift a kindly word, so that, with one little passing event and another, we were never dull or melancholy."

SURGICAL SOCIETY OF IRELAND.—The election of Council of this Society for the coming Session will take place in the Royal College of Surgeons, Ireland, on Monday, the 1st of November. Members of the Society, being Fellows of the College of Physicians, or of the College of Surgeons, are alone eligible or entitled to vote.

VACANCIES.

Ballinrobe Union, Hollymount Dispensary.—Medical Officer. Salary, £100, with fees, and £25 as Medical Officer of Health. Election, Oct. 16.

Birmingham General Dispensary.—Resident Surgeon. Salary, £150. Applications to the Secretary before Oct. 13.

Borrisokane Union, Borrisokane Dispensary.—Medical Officer. Salary, £100, with fees, and £10 as Medical Officer of Health. Election, Oct. 18.

Bown Union, Lincolnshire.—Medical Officer for the Castle Bytham District. Salary, £35, with the usual extra fees. Applications to the Clerk of the Union before Oct. 14.

Carlow District Lunatic Asylum.—Resident Medical Superintendent. Election, Oct. 18.

Cheltenham General Hospital.—Resident Surgeon to the Dispensary Branch. Salary, £125. Applications to the "President" by Oct. 15.

Devonport Royal Albert Hospital.—Assistant Resident Medical Officer. Board and residence. No salary. Applications to the Chairman.

Drogheda Union, Monasterboice Dispensary.—Medical Officer. Salary, £110, with fees, and £20 as Medical Officer of Health. Election, Oct. 11.

Penzance Union, Cornwall.—Medical Officer for No. 4 District. Salary, £35, with the usual extra fees. Applications to the Clerk of the Union.

Ramsgate Seaman's Infirmary.—Resident Medical Officer. Salary, £130. Applications to the Secretary before Oct. 15.

Royal Free Hospital, London.—Senior Resident Medical Officer. Salary, £104, with board. Applications to the Secretary on or before Nov. 11. (See Advt.)

Western General Infirmary, Marylebone.—Physician. Honorary. Applications to the Secretary, on or before Oct. 11.

APPOINTMENTS.

CALLCOTT, J. T., M.B., Deputy Medical Superintendent of the Durham County Asylum.

CLAPP, R., L.R.C.P.L., M.R.C.S.E., Assistant Officer to the Barnwood House Hospital for the Insane.

EDWARDS, D., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Llanbrynmair District of the Machynlleth Union.

ERSON, E. G. L., L.R.C.P.Ed., Medical Officer for the Lindley-cum-Quarmby District of the Huddersfield Union.

HANDS, A., L.R.C.P.L., M.R.C.S.E., Medical Officer to the Wednesfield District of the Wolverhampton Union.

HARDY, J. G., L.R.C.P., Junior Assistant Medical Officer to the Durham County Asylum.

KIRSOPP, T., M.B., M.R.C.S.E., Resident Medical Officer to the York Dispensary.

LAYCOCK, G. L., M.B., additional Assistant Physician to the West-end Hospital for Diseases of the Nervous System.

MCDOWELL, F. V., L.R.C.S.I., &c., Medical Officer to the Baltinglass Union Workhouse.

MCNAMARA, R., jun., L.R.C.S.I., &c., Supernumerary Colonial Government Surgeon to the Island of Trinidad, West Indies.

PRIDEAUX, T. E. P., L.R.C.P.L., M.R.C.S.E., Medical Officer to the First and Second Districts and the Workhouse of the Wellington Union.

PRINGLE, J., M.R.C.S.E., Medical Officer for the Holme District of the Howden Union.

RUTHERFORD, R. L., L.K.Q.C.P.I., Senior Assistant Medical Officer to the Durham County Asylum.

WATSON, C., M.R.C.S.E., Medical Officer to the Kildare Dispensary, Naas Union.

Births.

GLYNN.—Sept. 28, at 36 Rodney Street, Liverpool, the wife of T. R. Glynn, M.D., of a daughter.

MAYBERRY.—Sept. 29, at Riversdale, Kenmare, co. Kerry, the wife of Francis J. Mayberry, M.B., of a daughter.

PHIBBS.—Sept. 29, at 30 Sutherland Gardens, Kensington, the wife of R. Phibbs, M.R.C.P., of a son.

Marriages.

STRUGNELL—BRETTINGHAM.—Oct. 2, at St. James's Church, Paddington, F. W. Strugnell, L.R.C.P., of Highgate, to Elizabeth, daughter of the late R. F. Brettingham, of Maida Vale.

Deaths.

BUTLER.—Sept. 29, at 168 Holland Road, Kensington, Ellen Marian Rachel, eldest and dearly-loved child of W. J. Butler, Surgeon, Madras Medical Service, retired list, aged 4.

HUTCHINSON.—Sept. 10, at Scarborough, Richard Scholes Hutchinson, M.D., late of Nottingham, aged 77.

PRICE.—Oct. 1, at Hooper's Hill, Margate, Matilda, widow of the late Dr. Price, J.P., aged 79.

TAYLOR.—Sept. 18, at Naini Tal, India (killed by a landslip), Leonard Taylor, C.S., Assistant Commissioner, fourth son of David Taylor, M.R.C.S.E., of Kennington Park Road, S.E., aged 27.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 13, 1880.

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NOTES ON CERTAIN LOCAL OUTBREAKS OF ENDEMIC OR CLIMATORIAL FEVER AMONG BRITISH TROOPS.

By Surgeon-General C. A. GORDON, M.D., C.B., Q.H.P.,
Late in Medical Charge of Her Majesty's Forces in the Madras Presidency.

The general subject of *fever* as affecting British troops in India having of late years attracted a good deal of attention, it seems to me that some side light may be thrown upon it by means of observations by capable observers made in other countries and places where particular outbreaks of a somewhat or altogether similar nature have taken place. With this view I have availed myself of reports on fever as it occurred in Walcheren in 1809, Cyprus in 1878, Ascension in 1878-9, Natal and Zululand in 1879; these I propose to refer to in their order, and from them draw such conclusions as they may justify, namely :—

1. Walcheren, 1809.—The following particulars are principally obtained from the work by Dr. Davis on cases of Walcheren fever which came under his care at Ipswich. Alluding to the connection between impure water and the production of malarial fever he wrote thus :—"The Walcheren water was one of the concurring causes which disposed the body to the late dreadful sickness. It is, however, it may be remarked, in the production of *diarrhœa*, and not of *fever* that the effects of bad water are generally so remarkably conspicuous. The disorder had at first been confined to the privates, but about the 25th August, the *influence* of the *climate* began to be felt by both officers and men, and the complaint was then considered as an endemic intermittent which though seldom fatal was always tedious. A very considerable number of cases, notwithstanding, assumed a more serious form, and degenerated into that species of *low* fever which often prevails in jails, and other ill ventilated places in England. The impression made on the medical people there was that the nature of the disorder had most unexpectedly taken a very serious turn, and had proved very fatal; that it was contagious, and that it produced those severe symptoms which shortly terminated in the death of the patient. This idea of contagion was, however, hastily and erroneously formed."

Alluding to the recurrence in the course of the fever of determination to the head, lungs, or intestines, it is observed that "these consequences of an irregular circulation in different viscera require their peculiar remedies, for though they are the sequel of protracted fever, they will not give way to the remedies resorted to for stopping a return of the paroxysms." In November, as in October, "the intermittent offered varieties in its appearance, depending upon its own character, and not upon any modification from the weather. So then, too, it frequently terminated in dropsy, diarrhœa, and dysentery. As is not unusual, the fever which attacked the British troops in Walcheren did not, if my information be correct, uniformly declare itself with the *same type*, nor, indeed, with the same appearances, being one while continued, then remittent or intermittent, and changing its type again from those to the continued character." At times, "there was continued pyrexia with disorder of the stomach, distension and uneasiness of the epigastric region. The bowels become painful, acted with frequency, and discharged a great deal of mucus or blood intermixed with the fæces." There is one species, I mean the *Assodes* of the ancients; "this variety of the Walcheren fever directing its force to the abdomen in particular."

"At the height of the hot stage there was sometimes palpitations of the heart, a violent cough, sickness and vomiting, a particular tension of the abdomen, and repeated hæmorrhages from the nose. Where the paroxysms and intervals become so confused as to make the distinction difficult, when the paroxysm was long and protracted, and pyrexia was constantly present, if the pulse were small and rapid, the perturbation of the body great, the tongue hard, dry, and black, the odour of the body fœtid, the mouth and teeth covered with sordes, and a discharge of black matter from the rectum frequent,

the situation of the patient was extremely dangerous. If the epigastric region and abdomen were so tense and tender as to experience great pain on being pressed with the hand, if acute *pain* were felt in the *abdominal viscera*, together with a burning sensation, if a vomiting of dark green bile came on, if the urine were clear, bloody, or fœtid, if emanations were black, numerous, and offensive, and a cadaverous smell and look were perceived, they were to be considered as certain signs of approaching death."

"A frequent alternation of heat and chillness of the skin was met with in suppuration of the spleen, ulceration of the bowels, or mesenteric glands."

"I have known blood come away in coagulated lumps without the least pain from the rupture of one or two vessels in the large or small intestines. It has sometimes been considerable in quantity, and occasionally accompanied by *deliquium animi*. A purging of substances resembling *lotura carnium* coming on after a violent paroxysm or particular pain in the liver reminded me of the hepatic flux of the ancients. It was always dangerous, and attended with extreme prostration of strength."

"Remitting and intermitting fevers appear to direct much of their action against the liver. The tone of the fibre in soldiers is, in general, great, and hence the violence of the disease with which they are attacked, and its serious complications and varieties; the two latter depending in this class of men upon the influence of air, aliment, and exercise, as well as upon the manner in which medicines have operated, and have been given to fulfil some particular indication. By the operation of these several powers the type of a disease will be totally changed, as Sydenham has justly observed; yet, under certain circumstances, the general character is nevertheless preserved."

"Diarrhœa and dysentery resembled morbid graftings upon the original disease. A little girl had a peripneumony which, being left to its course, suppurated on the tenth day. At that period slight efflorescences appeared on the face exactly resembling scarlatina. Four days afterwards the fever became very severe, and was attended with *dysentery* and a copious *eruption* of scarlet fever in the midst of which were little elevations like millet-seeds. I have known pneumonia to be repeatedly combined with simple and double tertian paroxysms, and in Chapman's Medical Commentaries there is a corroboration of pulmonary complaints assuming an intermittent type. Though it is a fact that autumnal intermittents are apt to run into dysentery and several intermittents to attack the lungs, yet one of the most frequent combinations of the protracted fever of Walcheren was inflammation of the lungs. I likewise met with a few cases of the *tympanites*, a distemper, which I suspected to be chiefly owing to a premature use of the *bark* before proper evacuations. In different seasons, therefore, the paroxysms will even personate *other complaints*, as well as modify their type, nay, be even in reality combined with particular affections, bilious, inflammatory, or malignant, arising from natural causes, as it were, operating upon, and influencing, the constitution of man."

"A very common consequence succeeding the hot stages was *diarrhœa*, which appeared to be favoured by some new determination to the mesenteric vessels occasioning a sudden increase of the intestinal secretions, which, before this event occurred were diminished, from the general torpor of the body, or perhaps vitiated in consequence of the chronic inflammation that had attacked the inner surface of the bowels."

"Remitting and intermitting fevers, as well as *scurvy*, proceed every year from the canals of Holland, where large quantities of fish putrefy. The bad *air* of Rome comes in summer from the ancient aqueducts from which water proceeds and inundates the plains. Dysenteries and malignant *fevers* are very prevalent, where vegetable substances undergo putrefaction."

"There are parts of the body or *organs* upon which these variations seem to have a more particular influence than others. The most important by far are the skin, the lungs, and the alimentary canal, which Hufeland has with some propriety called *atria morborum*. Even in the chronic state of the fever in the troops at Ipswich, a disordered state of the stomach, attended with nausea, loss of appetite, cardialgia, heaviness of the eyes, fulness of the tongue, and smallness of the pulse, called for a *few grains of ipecacuanha*, and those medicines designated by the appellation of absorbents. It was in vain that we looked for a successful termination of the Walcheren intermittent from the administration of *bark* or mercury alone; nay, I might add, by purgatives, for it was necessary at times to resort to all of them to procure even an abatement of the symptoms. In allusion to agues affecting persons of *lax habit* of body, and poor, thin blood, and when a wet atmosphere prevails, Huxham says, "under such circumstances the cortex of Peru, however good and carefully chosen, frequently proves *ineffectual* unless assisted by alexipharmics, as "serpentary, contrajervae myrrh, camphor, &c. Sometimes the bark could not b, retained; at others the *heat of the body* seemed to forbid its use, when camphor with ammonia were administered, or occasionally the camphorated mixture with the aqua acet. ammon. There was mostly a particular *tension of the abdomen*, in every protracted case that was much relieved by a warm bath or fomentations, but never that I could observe by blisters."

"The last stage of *intermittent* bore a strong analogy in its appearance with *typhus*, but dissection proved that there was no other analogy between them than what superficial phenomena led me to suppose. Besides, I have been able to trace in distinct paroxysms of the subnitrant kind in the progress of the fever, which has been often mistaken for typhus, though not unfrequently the disease of the abdominal viscera in this stage of the disorder has been too obvious for it to be confounded with idiopathic typhus."

"There were no consequences of the Walcheren fever more present than *bowel disorders*, and none more destructive. *Diarrhœa*, but more commonly *dysentery*, was the *sequel* of fever, which oftenest conducted the patient by slow and insidious advances to his tomb. *Causes* which have produced *dysentery* have by renewed activity and a concentrated power, been remarked to give rise to *intermitting fever*, and dysentery has been converted into the febrile *endemic* prevailing in the situation in which it occurred. In the chronic dysentery succeeding intermittent, the symptoms rather destroy by their perseverance and duration than their severity. Indeed, I think dysentery at one time gave obstinacy to intermittent, though it was rather unusual, while this in turn augmented the bowel complaint."

As a complication of Walcheren fever, "sometimes the *lungs* were inflamed and distended with blood, as they usually are in *pneumonia*, and when washed many times become almost of their natural colour and porous texture. Usually, however, they were so dense, and of such solid consistence as to have lost all their natural appearance, and to remain red, though repeatedly washed and soaked in water."

On the subject of *post mortem appearances* in the bodies of those who died by Walcheren fever, the following remarks occur, namely, "In the inner surface of the *small intestines* there were ringlets of small lumps resembling tubercles. In old standing cases of intermittent the *glands* of the *mesentery* were hard and sometimes *ulcerated*. The *mesenteric* glands were not primarily affected in this fever, but they became enlarged when the intestines were ulcerated, and where the other abdominal viscera had sustained great disease. The mesenteric vessels were generally turgid with blood to their minutest ramifications in the early stages of intermittent."

In these extracts I have italicised certain words in order thus to mark their significance with regard to corresponding expressions in the discussion now in progress. Suffice it in this place and for the present to notice the circumstance that in the descriptions just given, notices

occur which demonstrate the fact that in cases of fever due to causes of an endemic and otherwise non-specific nature, phenomena and appearances were observed precisely similar in nature to those now held to characterise fever specific in nature, the result of specific causes connected with filth. The circumstance has, according to my view, a very important significance, that whereas in 1809 not only was the inefficiency of "bark" in the treatment of *malarial* fever recognised, but the danger acknowledged of administering it indiscriminately. Now in 1880 we find the statement authoritatively made that in cases of fever *quinine* is the *best* remedy; that in those of malarial origin that remedy is invariably successful; that cases wherein it fails are not of malarial origin, but *enteric* and pythogenic.

2. CYPRUS, 1878.—The forms of fever which affected the troops in Cyprus in 1878 were said to have been more severe among them than they were among the residents of the island, for the reason the latter were better housed than they; yet, as in India, where, natives if less severely affected than our troops, were numerically more liable to attack. According to the medical practitioners and natives of Cyprus, the fever appears every year in the month of May, and persists till October; being, in some years, more severe in type than in others. It attacks every new comer after a longer or shorter time of residence; in some years it begins with bilious watery diarrhœa, in others this symptom is absent; for the most part the attack is neither preceded by rigor nor chilliness; in some occasions there is frontal headache more or less severe; the eyes are blood-shot; the face dusky and suffused; there is intense lumbar pain, and pains in the limbs. A remission with partial perspiration takes place in 20, 30, or 40 hours; then an accession ending in complete relief in 4, 5, or 6 days; this is succeeded by a certain relapse in 7, 14, or 21 days, unless cut short by quinine, in which the local practitioners place implicit faith. In spite of this so-called *sovereign* remedy, however, attacks occur over and over again; when *malarial* cachexy is established, and death occurs from pure exhaustion, with splenic and hepatic enlargement. In some years a relapse occurs every fourth day; yet a relapse in some definite distinct time is a cardinal feature of the fever. The complications are, delirium from the first, epistaxis, sometimes jaundice, ecchymosis of the conjunctivæ, hæmorrhages from the kidneys and bowels, albumen in urine. In the cachexia, the natives suffer as we have it, in some instances, from bleeding gums, scanty urine, heavily furred tongue. Among our troops cases were described as hardly to be distinguished from yellow fever, and when the question was put to men who had also served in the Ashantee Campaign, what was the difference between the fever they suffered from in Cyprus as compared to that in the Gold Coast? the reply was that the difference was *in degree* rather than *in nature*. The 42nd Regiment suffered terribly in Cyprus; the men looked worse than they did on the Gold Coast, pale and sallow, or *black*, the pure malarial melanosis. They never recover while on the island; with big spleens and congested livers they go out of hospital for a few days, and come back soon with *ague, into which the remittent has run* since the great heat of the weather has gone. On the subject of this fever, Sir A. D. Home thus expressed himself. "I am greatly puzzled respecting the form of paludal fever, in which all the symptoms of *enteric* are present. In South Africa, in Natal, a fever with enteric appearances, has been common and fatal amongst the troops in the malarious districts. The medical officer of one of the ironclads present some months at Cyprus, wrote to me that men who had never been in Cyprus had attacks of fever on joining her similar to those seen in Cyprus among the men landed (showing, according to my view, the effect of climatical causes, not of such as are peculiar to *soil* and *water* of the island). In some instances, coincidently with the access of fever, a copious eruption appeared on the body and limbs, but it was not of an identical character in every instance in which it appeared; in some it was papular, in colour, dusky or dull red, being very like the prickly heat of hot countries; in others it resembled roseola; the skin between the papules was red, and there was much itching and irritation; the eruption lasted about two days, and was succeeded by desquamation of the cuticle.

(To be continued.)

RACHITIC DEFORMITIES. (*a*)

By OSMAN VINCENT, F.R.C.S. EDIN.,
Surgeon to the National Orthopædic Hospital.

RICKETS, rachitis, from ραχις, a ridge, spine, or prominence, is essentially a children's disease, one of the most common, although one of the most preventible. Much has been written on the subject, and well written, better than I can hope to do, by such men as Jenner, Tanner, Wilson, Shaw, Eustace Smith, and others; some differ as to the question of diathesis, whether there is a rachitic diathesis, pure and simple, or if it is not always associated with some other form, as strumous, syphilitic, &c. As I before said, I wish these lectures to be eminently practical we will not trouble ourselves on this question, but take the different cases as we meet with them in our practice, always bearing in mind that rickets is the result of mal-nutrition in some form or other, and our object must be to set the food and its assimilation right, and then treat any deformity that may exist.

The early symptoms of rickets do not directly form part of our subject to-day, but it will be as well just to glance at them, both for the purpose of refreshing our memory and to form a foundation of the knowledge of facts, upon which to build those few remarks which I now propose to lay before you. Few cases of rickets occur before the sixth month, the disease generally showing itself from twelve months to two years of age—it is more common in boys than girls, why, I know not, and manifests decided constitutional symptoms before the deformities with which we are so familiar develope themselves. These constitutional symptoms are very likely to be overlooked, as they are not regarded by the mother or nurse as anything more than "teething" (which term covers a multitude of infantile sins), and are rarely referred to by them unless questioned closely on their existence. They are—profuse sweating of the head and neck, especially while asleep, the abdomen and the lower extremities at the same time being dry and hot. This is a very constant symptom and the next is very characteristic, it is the constant kicking off the bed-clothes even in the coldest weather. These two symptoms precede osseous change; but there is another symptom mentioned by Dr. Eustace Smith, which is general tenderness, he says:—

"The child at first shows signs of uneasiness when danced up and down in the arms of its mother. As the tenderness increases he becomes peevish at being touched, and prefers being left alone. This conduct, so different from that of a healthy child who delights in all movements, is highly characteristic; whereas, the ricketty child's greatest pleasure consists in inaction."

After these constitutional symptoms come the long train of visible osseous deformities, which as Sir William Jenner so well puts it, "all conspire to form a picture which has not its like in the gallery of sick children."

When these symptoms assume a definite form there can be little doubt in the mind of the observer as to the nature of the ailment, for the indications of defective ossification are soon apparent. At first, the articular ends of the bones enlarge and thicken at the point of junction with the epiphysis. The ribs at their sternal ends are generally the first, then the wrist, and so on through all the osseous frame. The muscular power of the child is much below par, being reduced sometimes to complete helplessness without any apparent diminution in the

(*a*) Lecture delivered at the National Orthopædic Hospital.

calibre of the muscles. One is apt to consider ricketty children are precocious, Sir Wm. Jenner opposes this view, declaring that they are always below the average in mental capacity, but rarely present the signs of idiocy (*Med. Times and Gaz.*, 1860), and he explains the source of the error by the fact that ricketty children, unable to take part in the games and amusements of their more healthy companions, are thrown more into the society of adults, and therefore catch "their tricks of expression, their phrases, and even some perhaps of their ideas." But at the same time there is no doubt their mental, like their muscular, development, is not merely slowly evolved, but it retrogrades as the rachitic diathesis progresses.

Having so far considered the general symptoms, we will now more fully go into the subject proper of this lecture, viz., Rachitic deformities. These we may divide into those curable by mechanical means; and, those not. Of the latter class are, rachitic disease of the skull, the pelvis, and the teeth. Of the former class are, rachitic disease of the spine, and long bones. Who has not seen the high square projecting forehead of the ricketty child with the prominent parietal eminences and the depressed sutures? Then again, what medical man in large practice has not had reason to tremble for the life of the unborn fœtus whose existence depends on its ability to pass a ricketty contracted "outlet"? These deformities admit of no mechanical treatment. The teeth we will leave in the hands of the physicians and dentists, simply remarking that the interference with the natural course of dentition is one of the most striking signs of rickets.

Rachitic deformity of the spine may be either angular, posterior, or lateral, and you must be careful not to confound the "rachitic angular," which generally improves under constitutional treatment and rest, with the angular curvature due to caries of the vertebra from strumous disease (Potts). This may easily be done by attention to the constitutional symptoms, which will at once reveal the true state of the case, and the appearance of the curve, gradual in rickets and acute in struma, in fact, in the former you cannot fix the seat of the disease at any particular part of the spinal column, whereas in the latter you can put your finger on the spinous process of the vertebra, whose body is one mass of carious disintegration. The posterior is the most common form of rachitic curvature of the spine, and is the one which if neglected will produce angular: it arises from the proud and anxious mother keeping the child upright instead of recumbent, when the weight of the head and upper extremities cause the spinal column to bulge outwards. We treat this kind of deformity here by a back-board fastened by two straps over the shoulders and two between the thighs, and strict directions to the mother to keep the child recumbent. This, with the constitutional treatment after to be mentioned, will in a few months produce the desired effect.

Rachitic lateral curvature is far more rare than that form just described, yet like it, is due to malposition, as we find a difference in the convexity of the curve, should the child be nursed on the right or left arm constantly. It is best treated by recumbency, with or without a back-board. The felt jacket introduced by Mr. Cocking, and perfected by our excellent instrument maker, Mr. Ernst (and which is virtually an improvement on Sayres' plaster-of-paris bandage), may be most advantageously employed when the child is of an age to walk, provided always there is no tendency to curvatures of the lower extremities which may be induced or aggravated by the imposed weight of the trunk.

The pigeon-breast of ricketty children is well known, and the mechanism of its production well described by Dr. Eustace Smith, p. 124 of his book on the "Wasting Diseases of Children." As regards treatment, Dr. Little recommends an abdominal support, which by increasing the thoracic breathing and restraining the abdominal, is no doubt a useful adjnnct to the necessary medicines. The humerus, radius, and ulna are generally curved with thickening and enlargement of their ends and joints; these curves are always an exaggeration of the natural curves of the bone, and are produced by the habit ricketty children indulge in, owing to their deficiency of muscular power, of supporting the body while sitting, upon the open hands placed upon the bed or floor, thus helping to relieve the spine, and we see in consequence the deformities of the clavicle, humerus, and ulna.

It is for the deformities of the lower extremities however, that we are most often consulted, and never a day passes without its contingent of curved tibiæ among the out-patients here. This is by far the most common form of rickets, and one which most frequently attracts attention. On questioning the mothers of these children one invariably finds that the poor little object has been the victim (no doubt an unconscious one) of some violation of Nature's laws, in one of the three following ways:—

1st. By prolonged nursing by the mother.

2nd. By being hand fed; or

3rd. By mixing the mother's milk with improper food.

I constantly come across mothers who are suckling these poor ricketty children for 17, 18 months, or even longer; and sometimes you may, by questioning, further find that menstruation is going on at the same time. With respect to this it has been conclusively proved by the late Dr. Tilbury Fox — That children nursed by women who menstruate during lactation are especially prone to rickets. And there is no doubt that anything which interferes with the due performance of that most motherly of all acts, suckling, must impair the nutrition of the child, and conduce largely to the production of rickets." —the same remarks apply to those children brought up entirely by hand, or fed and suckled alternately, and bring us back to our original starting point mal-nutrition from imperfect assimilation.

(To be continued.)

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. STAMER O'GRADY, F.R.C.S.I., M.B., &c.

(Continued from page 284.)

Abscess of Brain—Incision—Relief.—This case has already been reported (*a*) as one of recovery after extensive elevation of fractured skull; originally admitted to the hospital amongst the group of accidents occurring at the burning of the Theatre Royal on the 9th February; he was when discharged, 45 days subsequently, in fair health, and it was tested that he continued to remain so, as he occasionally came to show himself. On the 10th July he was reported to be lying at home in a queer and sleepy state. This was after a drunken booze of some days' duration, and for two days his condition was regarded as merely symptomatic of his excesses, but not wearing off professional aid was sought. A small projecting spicula of bone was picked out by the forceps, and on re-admission to hospital the man was purged freely, and his head shaved. His pulse was 80, pupils and temperature normal, and beyond a certain degree of stupidity and listlessness, nothing could be observed. For the time he improved, growing lighter in himself, and more observant of, and interested in, his surroundings. On the third night after re-admission he was silly in his talk, and passed both fæces and urine in bed; the contents of the bladder being evacuated every hour or two, and the viscus kept empty. The pulse remained at 80, the temperature 99·8, pupils natural; there was no vomiting. The patient's bed was screened, his head re-shaved, surroundings kept very quiet, and mercury given internally—two days later the gums were touched, patient being much worse. He was incoherent, muttering constantly, and lay like a log, unless for occasional fitful efforts to sit up. Repeated observations showed the pulse and temperature rates

(*a*) *Vide* page 47, present volume.

scarcely to vary, and the pupils continued to act normally. On the night of the 15th partial paralysis of both right extremities came on, and now patient could scarcely be got to speak at all. Next morning a portion of the cicatrix to the left side had become very prominent, the brain impulse here being less than it was. Through the most protruding spot the blade of a "French bistoury" was passed direct into the brain substance, thick pus began to exude along the blade when its point had penetrated 1¼ inch, between three and four drachms of pus were thus evacuated, only a drop or two of blood flowing. Immediate and marked amelioration followed, the patient replied when spoken to, and swallowed much more readily; next day he was quite conscious, and the paralysis of the limbs was less, but he still passed all in the bed, though soiling himself at more distant intervals. On the 17th the apparent improvement still continued, but on the subsequent morning there was a decided change for the worse. The knife passed along its former tract was merely streaked with pus; a director passed in, *without any pressure*, 4½ inches, the groove wholly filled with pus but no outflow followed the withdrawal of the instrument. During this day both pulse and temperature began to rise, being at 11 p.m. 120, and 105·6 respectively, and the left pupil showed advancing tendency to dilate. Death, preceded by a severe convulsion, occurred 2½ hours later. At the autopsy some two ounces of ordinary pus were found in the left lateral ventricle, and in communication with another much smaller abscess cyst in the substance of the anterior lobe, the walls of this latter resorvoir being very vascular. The surrounding brain structure was healthy, as also were the meninges, these being only adherent to the immediate locality of the cicatrix.

Prolapsus Ani Cured by Ligature of a Pile.—A gas fitter, æt. 36, a temperate man, suffered for two years with aggravated prolapse. Examination showed high up a pile, the size of a good cherry, which never bled. It was transfixed and tied. In eleven days patient left the hospital quite relieved of his prolapsus ani.

Severe Gastralgia disappearing after Ligature of Piles.—A dealer, æt. 45; this trouble was associated with rectal pain and repeated heavy bleedings. Two large bunches of hæmorrhoids were tied; after they separated relief to the stomach symptoms began, and was soon followed by cure. Five years previously two piles had been removed from the man by the écraseur, from which relief had been obtained for over four years.

Strangulated Hernia with Rapid Gangrene and Perforation of the Gut, &c., &c.—A strong, healthy labourer became ruptured during exertion a year previously; the protrusion then reduced had not since re-appeared till its present descent, which occurred whilst violently exerting himself haymaking in the country, a large tumour being at once formed. Taxis failing to reduce this, operation was proposed, and declined by the patient, who determined to come to town. During the railway journey he suffered severely: 38 hours after his mishap his condition was one of great agony, he writhed about the bed in pain, and suffered severely from hiccough. There was not, and had not been, any sickness of stomach or nausea. The bowels had been repeatedly and freely opened. The whole scrotal region of the right side was of a deep plum colour, intensely tender to the touch and enormously distended, measuring 27 inches in circumference at base, and 18 from side to side over its anterior convexity. Tympany was well marked, but there was no emphysema. The penis was swollen, œdematous, and partially discoloured. The man's general state seemed to be wonderfully good, a full quantity of urine passed. The tissues were cut through above till the sac was opened, when from the unfavourable look of the gut all the scrotal structures were laid freely open to the most dependant part. At the lowest part of the coil of intestine was seen, issuing from a small circular perforation, a thin stream of very dark and most horribly smelling fluid, (*a*) the odour of which reminded one forcibly of post-mortem room examinations. Turning over the gut the peritoneal investment was seen in various spots to be raised in gaseous blebs, here and there patches of gut and omentum having a greenish hue. The upper pillar and inter-columnar bands pressed into and deeply indented the neck of the sac—these were freely divided and all constriction relieved. Prior to so doing and after the contents of the gut had evacuated, its surface and that of the sac were carefully cleansed, and the perforation closed by a point of suture; the portion was placed at the lower part of the scrotal wound, which was here left open, the upper portion being supported by interrupted sutures and pads placed so as to secure, as far as possible, the position of the gut from displacement. Oft renewed charcoal poultices were kept applied. Undoubted relief was obtained subsequent to the section. Pain entirely ceased and hiccough lessened. During the day patient slept well, and asked for a drink every couple of hours. There was no sickness of stomach nor abdominal tenderness; the pulse continued to be of good character. Fifteen hours after the operation a convulsive fit suddenly occurred, and death supervened in ten minutes. At the autopsy it was seen that a considerable portion of the scrotum had passed into a state of slough, the line of demarcation being distinctly marked—the rest of it had to a considerable degree regained its normal appearance. The affected intestine, which measured three and a half feet in length, lay in undisturbed position; empty and flaccid—after the operation it had become moderately distended. At the neck of the sac where the constriction had existed the bowel was in one place nearly opened, and in different positions were distinct gangrenous patches. No peritoneal extravasation or mischief had occurred.

Strangulated Hernia—Stercoraceous Vomiting—Reduction under Chloroform—Recovery.—A coachman, æt. 36, who recently became the subject of right inguinal hernia, was admitted with the gut, on this occasion, fifteen hours down. Taxis had been tried in the country, and subsequently this patient also had taken a considerable railway journey; the symptoms were very acute and attended with collapse and vomiting when placed under chloroform, everything being in readiness to proceed with the operation, the hernia reduced with remarkable facility. Immediate relief followed, and four days later the patient left the hospital in perfect health.

Radical Cure of Hernia.—Boy, æt. 5, subject to chronic cough, with large congenital hernia on right side; no truss could keep it up. Wood's operation performed, extra thick silver wire which remained in a fortnight being used; 16 days later the boy was discharged well, for precaution sake wearing a light truss: slight suppuration had occurred.

Very Tight Chronic Stricture cured by Dilatation.—A butcher, 53 years old, of long-standipg intemperate habits, had sufferod from stricture for *over twenty-five years*, during the last sixteen of which every attempt to pass an instrument had failed. After a fortnight's patient trial a No. ½ cat-gut was gotten in: a couple of days later on a long runner of this size a small catheter was introduced. The process of dilatation having at intervals to be suspended, in consequence of constitutional symptoms, progressed slowly, it being three weeks till No. 7 could be "passed." Five days later No. 12 could be readily inserted.

Osteotomy of both Tibiæ for Rickets.—Lad, æt. 6, deformity on both sides great, also on the right side well-marked talipes equinus. For this the tendo-achilles was divided with thoroughly satisfactory result. Ten days later the tibia on the same side was nearly divided by the chisel, through an incision limited to the size of its blade, the fracture of this bone and of the fibula being completed by a screw clamp. The bleeding was rather copious. A pad steeped in "Friars balsam" having been secured to the wound, the limb was put up in Cline's gutter splints; absolutely no symptoms occurred; (*a*) the pad remained adherent till the 12th day, when it was removed, and the wound found healed save a speck not bigger than a pin's head. There was already fair consolidation, and the progress of the cure ran on as one would expect in a simple fracture, and any anterior bony prominence became steadily absorbed. Private exigencies caused a year to elapse before the left leg was operated on; during this period the circumstances of the child's family had not been good. Conditions attendant on the operation of the second limb, its dressing, and subsequent treatment, were a repetition of what had been done for the right one; on the third day there was a good deal of fever; this rapidly abated; in a week the dressing pad being loose, was removed, showing an open wound which, however, looked well and was suppurating moderately. The child's health continued pretty good, and in six weeks the wound had healed, but the bone repair was very feeble, it gave way 44 days after the operation without any adequate

(*a*) Repeatedly, during the subsequent day, more than one of those present was unwillingly reminded by the frequent recurrence of the abominable smell in their nostrils of this particular feature of this very repulsive operation.

(*a*) Four days after the operation cases of erysipelas were unavoidably admitted into the same ward.

cause whilst the dressings were being changed. Subsequently the process of consolidation was rapid and satisfactory; patient being discharged 72 days after the operation, when the result was all that could be desired; the limb being of equal length, strength, and symmetrical appearance.

Gnu Valgum—Osteotomy—Result Curiously Modified by Intercurrent Disease.—Both knees of a healthy-looking boy were affected, the left being much the worst. A separation of eleven inches existed between the ankles when the knees were approximated. The internal condyle was nearly cut through by the chisel, and prized off in the ordinary manner. The wound, limited in extent to the size of the chisel, was dressed with Friars' balsam, and the limb was put up in a Liston splint, together with a second splint on the inside. Prior to the operation the child, who had been for some time under careful observation, was believed to be in good health. The evening of it he was extremely ill, vomiting, and intensely feverish, with pulse of 160. The constitutional attack developed into a varioloid attack. The fifth day after the operation the pad being loosened was raised, a small quantity of sanious discharge came from the wound, to which stimulating dressing and poultices were now applied. The next day further anxiety was caused by total suppression of urine and threatened congestion of the right lung; the pulse ranged between 120 and the number first quoted. The temperature (tested by the same instrument) varied from 99·8 to 102·2, save on the first evening of the attack, when it was 105·6. Turpentine given internally in ten-minim doses at first every hour, afterwards at longer intervals, acted well. Eighteen hours after the commencement of its use the urine was again passed, and the facial aspect of the little patient became greatly improved. Before, and subsequently to the use of this drug, quinine was given in large doses, and was well borne. Ten days after the operation the discharge from the wound was healthy pus, though rather free in quantity. The general condition was much ameliorated. Improvement continued progressive; in another ten days there was but little discharge, and the limb lay in excellent position. A month after the operation, though the health had been steadily mending, there was an increase in the amount of suppuration resulting on the formation of a large abscess extending down the outside of the leg. After evacuating this local repair progressed better. Splints were discontinued 74 days after the bone section; there was then perfect union. During his illness the child had grown considerably; this process, however, had not been so active in the limb operated on as in the other, both being immediately after the section of the same length, that operated on, if anything, the longer of the two, but now it was an inch shorter. In consequence of the circumstances attendant on his parents' condition the child was not discharged from the hospital till 103 days after the operation. Fibrous anchylosis of the articulation impeded his getting about satisfactorily, but with exercise and passive motion this and the thickening about the articulation had been steadily decreasing. Moreover, with his restoration to health and more active life the discrepancy in the length of the limbs also diminished, and he soon became as active as other children of his age.

Excision of Elbow.—A strumous, unhealthy lad, æt. 18, a tailor. A large patch of ulceration existed on the front of the joint together with sinuses behind. The disease was of six years' standing, and began subsequent to an attack of scarlatina. The single long incision was practised, the amount of bone disease necessitated the removal of repeated sections, representing large portions of the three bones; the operation being done mainly sub-periosteally; Esmarch's bandage being used. The wound surface was dabbed with a solution of chloride of zinc, (*a*) and put up straight on an anterior gutter splint, the tendency to a weeping hæmorrhage being controlled by pads and bandaging, suitable provision being made for drainage. By the third day the splint had, with repeated small flexions, been bent to a right angle. Locally and constitutionally the case did well, notably so in view of the markedly unfavourable aspect at first. Twenty-seven days after the excision the splint was left off, passive motion having been practised on it for several days previously. A week later, in consequence of the patient again beginning to look pale, and the two now existing sinuses to have fungous orifices, admission was obtained to a suburban convalescent home, whence in a fortnight he was returned in greatly improved health, the sinuses still open, but discharging little, no bone discoverable by the probe, and free power of motion. He was kept mainly in the country for another month, due attention being paid to constitutional treatment and the regular practice of passive motion. At the end of this time he was allowed home, a most satisfactory result having been obtained, all motions good except that of supination, which still was somewhat limited. The sinus scarcely soiled dressing and there was no appearance of bone trouble. Four months after the excision he was reported to be perfectly well, and to have begun to resume light work at his trade.

(*a*) 40 grains ad. 1 oz.

Translations.

THE PHILOSOPHY OF SLEEP AND DREAMS.

By M. DELBOEUF.

Translated from the *Revue Philosophique*.

By EDWIN JACKSON, B.A., M.R.C.S.,
Manchester.

PART I.—CRITICAL SKETCH OF SOME RECENT WORKS.

(*Continued from page* 285.)

V.

I CANNOT here discuss all the points of doctrine which have been touched upon by M. Stricker. I shall take up only two of them, which strictly belong to my subject.

According to him, one necessary condition of the illusion taking place is that the peripheral organs should be set in motion under the action of the central system. In the first place this is a pure hypothesis; and further, taken literally, I consider it contrary to facts. I know an old lady, now eighty-four years of age, who, when about thirty years old, lost her hearing. For the last ten years she has been absolutely deaf; the loudest noises are not perceived by her, and we can communicate with her by writing only. Now, in her dreams she always hears the people with whom she is in conversation without any difficulty, and never does she dream that they ought to write in order to make her understand. Another example: M. Plateau, the celebrated physicist, has, as is well known, been blind for about thirty-five years. I asked him to be so good as to let me know the nature of his visual sensations when awake and during sleep. This is his reply:—

"1. As a general rule I dream that I see; but sometimes I dream that I do not see; at other times, again, I dream that my eyes are being cured, and I am regaining my sight. When I dream that I do not see I am generally walking in a street that I know; but after some time I can no longer find my way, and then usually someone comes and takes me by the hand—it may or may not be someone I know—and leads me.

"2. When I dream that I see, it is often mountain-scenery; it is only excessively rarely that I dream of experiments or of instruments; the objects which I see have their natural colour.

"3. In the waking state I almost always in imagination see the place where I am and the people present.

"4. When I see people in my dream, whether it be people whom I do not know, or my own children, I see their faces only very indistinctly."

In this respect M. Plateau does the same as everybody else. If we are in correspondence with strangers whom we know only by their letters or their works, we attribute to them, generally incorrectly, a certain appearance, and if we dream, they must necessarily have a body and a face. The want of peripheral organs which should be affected then does not prevent the exercise of the imagination.

These two facts—which are certainly not isolated, seeing that I have not selected them, but simply met with them—prove that the meaning of the word periphery should be distinctly stated. We must not stop at the literal meaning, but must understand the periphery as deeper and less superficial. The second point is this: The judgments of madmen, in so far as they are mad, have the form of *à priori* judgments, says Stricker. This is a smart definition, and one which certainly has some truth in it; but is there nothing to take exception to? Our sympathies and our antipathies, for example, are no less irrational. Celimene,

"Whose coquettish humour and slandering wit
Seem to have so high a place in the habits of to-day,"

won the heart of Alcestis, whose eyes, however, love did not shut to the faults of the young widow; he is

"The first to see them, as also to condemn,"

but still finds her adorable.

In the "Femmes Savantes," the reasoning Henrietta says to Trissotin, with well-marked irony:

"A heart, you know, cannot be shared by two,
And I feel that of mine Clitander is master;
I know he is less deserving than you.
. . . . . .
I quite see I am wrong, but cannot help it,
And all that reasoning can do for me
Is to make me curse such blindness."

We may, then, without any derangement of the mind, enunciate wrongly as an axiom that such a person is bad or good, false or sincere, harsh or tender. Is it, then, necessarily a mark of mental alienation to believe that he is animated by bad intentions with regard to you, that he seeks, for example, to poison you?

Let us go further. What are the intuitions of genius but anticipations *à priori*? And pushing the matter further still, is all faith and every internal and absolute conviction based solely on reason? Belief and doubt are judgments which may act more or less as motives; but we are certain of our belief and of our doubt. This general and higher certainly is certainty *à priori*; is it the offspring of madness? A new idea is set forth before me: before examining it, I adopt it or I reject it: do I herein act the part of a madman? If a man without any cause—as is often the case—distrusts me, is he mad? I knew a poor melancholic fellow who rambled on one point only: the sight of copper threw him into inexpressible terror. He reasoned out his aversion: the copper is covered with verdigris; this verdigris becomes attached to my hands, and I may thus unintentionally poison myself, or, what is worse, poison others. This is a rational act of judgment: is it any the less a sign of mental derangement? But, on the other hand, here are some young ladies who faint at the sight of a mouse, of a caterpillar, of a harmless lizard; they could not justify their repugnance: who would venture to suggest that they ought to be confined in an asylum? If we were to gather together all who without cause believe "that their host wants to poison them," I do not know how many sane men would be left to take care of them.

Let us conclude. Subjective certainty, faith, as I have before expressed it, necessarily accompanies our judgments, our affirmations, our denials, our doubts. This certainty is inherent in the human mind. When, in a dream, or in a fit of madness, I judge that 2 and 2 make 5, this proposition is then in my eyes as undoubted as is that other, 2 and 2 make 4, to those who are in their right senses. Here is the proof of it.

One night I dreamt about a German café where I had had a glass of beer. It was a question of paying 37½ centimes. This sum looks strange, but is not so in reality; it is the value in French money of 30 pfennigs, or three-tenths of a mark (1f. 25c.); at least, so I explain it. I approached the counter and put down first a twenty-centime piece, then a ten. The attendant before whom I placed this money saw it was not the proper amount, and remarked upon it to me. I was astonished. "Madam," said I, "do not 20 and the half of 20 make 37½?" The woman appeared not to understand. I strove in vain to explain it; my reasonings did not enter into her mind. Some waiters came and assured her that I was right. The woman persisted in her mistake. Some people joined in and told her she was wrong. At length, stunned and petrified, she ceased to insist upon it, and at length I went away, strong in my consciousness of right, and my conscience quite at ease, but wondering more and more at this singular aberration of mind in a shopkeeper who could not see that 20 and half of 20 made exactly 37½.

Scientific certainty is a different thing: it is never absolute; it is compatible with speculative doubt. Thus, I can very well express a doubt, quite legitimate from a scientific point of view, whether at the present moment I am not dreaming, or even mad.

The psychological problem of the nature of dreams has to do then with the theory of certainty, as well as the theory of memory. Looked at under the first aspect, it admits of several distinct questions:—

1. "On what foundation does belief in general rest, and especially belief in an external reality?"

2. "Why, when we are awake, do we not believe in the reality of our reveries, and why, when we dream, do we believe in the reality of our dreams?"

3. "Why, on awakening, do we attribute a character of falsity to our dreams? What are the reasons for this? Is there in this respect an absolute criterion of certainty?"

4. "Why does the madman believe in his delusions? By what sign can we recognise the imaginations of a disordered brain, and what is their logical value? Is there a higher criterion?"

(*Conclusion of Part I.*)

(*To be continued.*

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

THE First Meeting of the present session took place on Friday evening last, the President, Dr. E. HEADLAM GREENHOW, F.R.S., in the chair.

LOCOMOTOR ATAXY.

Dr. GOWERS brought forward a series of five cases of locomotor ataxy in members of the same family, three of whom were exhibited to the members. The father was healthy, but his brother and two half-cousins were insane. The mother had suffered in early life from chorea. The family consisted of nine children; 1. A son, æt. 39, with well-marked ataxy, which commenced at 19. He is just able to walk with crutches; there is inco-ordination in the arms, and affection of articulation. Sensation to touch is normal; that to pain is increased. The knee-jerk is lost. 2. A girl, who died of fever, æt. 10. 3. A son, æt. 35, perfectly well. 4. A son, æt. 33, also unaffected. 5. A girl, æt. 29, in whom the affection commenced at 18. She can now scarcely stand. There is weakness as well as ataxy in the legs, and inco-ordination in the arms. Speech is affected. Sensation is normal. Knee-jerk lost. 7. A son, æt. 23, considerably affected. The disease commenced at 19. He is now scarcely able to walk. There is ataxy of both arms and legs, diminuted sensation, absence of the knee-jerk, and affection of articulation. 8. A son, æt. 22, who was said to be healthy, but was found, on examination, to be distinctly affected. Articulation is confluent; there is inability to stand with eyes shut, absence of knee-jerk, and distinct impairment of sensation to touch. The arms are at present unaffected. 9. A son, æt, 19, affected in rather greater degree than the last with slight unsteadiness of gait, inability to stand with the eyes shut, distinct impairment of sensation to touch, absent knee-jerk, unsteadiness in writing, and confluent articulation. The state of sexual power is doubtful, the patients being all single. Thus of eight members of the family who have reached adult life, five are affected, the daughter, and four of the seven sons. The symptoms, allowing for variation in degree, are nearly alike in all, the chief difference being the marked impairment of tactile sensation in the two youngest, while in the others, although the stage of the disease is more advanced, sensation is normal, except that in one there is hyperalgesia. The only cause discoverable is the neuropathic heredity. This form of ataxy was first described, as a distinct variety, by Friedreich, who recorded two groups of cases. A few other instances have been recorded by Carré and others. Two sisters, evidently suffering from the same affection, were shown by Dr. A. Carpenter to the Medical Society of London in 1872, under the title of "Cases of Muscular Anæsthesia," and in that family a brother has since become affected. The cases now described resemble Friedreich's in the early date at which they commenced, the affection of the arms, and the interference with speech. They differ from Friedreich's in the number of males affected, in the absence of nystagmus, and in the affection of sensation in both cases. In none have there been pains in the limbs, nor is there any affection of the iris or of the optic nerve. The pathological changes found in two of Fried-

reich's cases show that the disease is similar in its seat and nature to ordinary ataxy.

Dr. ALTHAUS said such cases of ataxy were less rare than was usually imagined. He had seen instances where more than one member of a family was affected, and Carré had mentioned histories of the disease transmitted from generation to generation. Absence of pain was a prominent feature of the disease, but occasionally sharp shooting pains are a distressing symptom. He thought those members of the family described by Dr. Gowers who were unaffected at present, may possibly be so at a distant time. Treatment had up to the present been of little service towards curing such cases.

The PRESIDENT suggested that the freedom from pain, the early occurrence of symptoms, &c., might serve to distinguish different kinds of ataxy.

Dr. GOWERS replied that ataxy from inherited taint is a very rare disease, and he was convinced that 75 per cent. of the cases were of syphilitic origin. The proportion, moreover, was as high, or even higher, in the well-to-do classes of society. He did not think the other members of the family he brought under notice would be affected with the disease, it being a feature of it that it but rarely developed after the twenty-fifth year.

Mr. SPENCER WATSON on a

CASE OF EYE-BALL TENSION.

Elizabeth M. B., a widow and dressmaker, æt. 46, was operated on by sclerotomy for eye-ball tension in 1876. After the lapse of 4½ years the eye remains free from excess of tension, and its fellow eye, though occasionally visited by chromopsia, remains useful. The eye operated on has a staphyloma as the result of the sclerotomy, but this causes no inconvenience and seems beneficial as affording a means of filtration from the anterior to the surface of the eye. The sight continues good up to the present date.

Mr. HEATH inquired what advantage the operation described possessed over iridectomy. He had a patient under his care who, two years ago, had iridectomy performed by Mr. Critchett, and his present condition was in every way satisfactory.

Mr. WATSON explained that sclerotomy possessed advantages in being a simpler operation, more easily borne by the patient. The incision in each case was similar, but in sclerotomy a thin narrow knife replaced that employed in iridectomy. Moreover, no portion of the iris was removed in the former operation. In severe glaucoma he thought iridectomy advisable. The intra-ocular hæmorrhage frequent in iridectomy rarely follows sclerotomy, the tension being gradually relieved by the slow draining away of the aqueous fluid.

Dr. STEPHEN MACKENZIE on a

CASE OF ELEPHANTIASIS OF THE LEG TREATED BY ELASTIC BANDAGING.

The patient, a male, æt. 33, a native of Rosscar, co. Fermanagh, Ireland, had never been out of Ireland till he came to England for treatment. Worked always as a farm-labourer, and was healthy until present disease. Never had syphilis. Had never eaten largely of fish. His home was about nine miles from the coast. Ten years ago had an injury to leg, which was much bruised and swollen. About three years after accident the leg was noticed to be larger than its fellow, and from that time to his coming under observation the limb continued to enlarge. About four times a year, with a certain degree of regularity, the leg has become acutely worse. Preceded for a few days by nausea, headache, and shivering, the leg has become sore and painful, feeling extremely hot, looking red, and steaming. After lasting in this state for about a week the surface of the leg has began to discharge a fluid, clear, but of offensive smell. When the fluid escapes he gets ease, the heat leaves the leg, the nausea, and constitutional disturbance subside, and he returns to his usual condition; the limb, however, remaining of greater size than before the attack. The limb, when the patient was admitted into the London Hospital in September, 1879, was enormously swollen, presenting several large lobulated masses of œdematous tissue, whilst the surface of the limb was covered by abrasions of the cuticle and papillary elevations. The right leg and scrotum normal in all respects. There were no enlarged glands. No changes in the blood or urine. He was confined to bed simply for the first month, with slight transient subsidence of the swelling. At the end of that time Martin's bandages were firmly applied to the leg from the toes right up the thigh. He was kept in bed, with the exception of being allowed to go into the garden for one hour a day. The diminution in the size of the limb from the time the rubber bandages were applied was almost uninterrupted and very remarkable. All the lobulations subsided, the papillary elevations disappeared. A good deal of fluid exuded from the cuticular abrasions, and the decrease in the limb appeared to be proportionate to the fluid discharged. As the swelling subsided what appeared to be dilated lymphatic vessels could be felt. The patient had no inconvenience from the treatment. During it he had one paroxysmal attack, lasting a few days, in which his temperature rose to 103°, and the limb became hotter than its fellow. Whilst the case probably differed in its origin from the tropical ones, and in the absence of filariæ in the blood, the disease reached almost as high a grade as the elephant leg of Barbadoes or India. The case was brought forward to show the good effects of elastic bandaging. There is no novelty in bandaging a limb in this condition, for this treatment is generally adopted alone or combined with other treatment in this disease; but there were not, to the author's knowledge, any published cases in which Martin's bandages have been used for this purpose. The bandages allow of considerable equable pressure, which is kept up as the limb recedes; they are readily applied, and can be washed every day. The results in this case could scarcely have been exceeded by any other treatment, whilst that employed was wholly destitute of the dangers attendant on ligature of the femoral artery. It was found that the swelling recurred when the bandages were removed, so that it is probable that the bandages will have to be worn permanently.

Dr. CROCKER said bandaging had afforded much relief in a very similar case under his care early in the present year.

Mr. NORTON drew the attention of the Society to a case of elephantiasis he had exhibited at its first meeting, and which, treated by iodide of potassium and bandaging, was cured in ten months. Two years after there had been no relapse, but the patient continued to wear the bandage.

Mr. GOLDING BIRD described a case of ulceration of the leg resulting in elephantiasis, which he had cured by the aid of bandaging. Pot. iod. also had been administered. Relapse occurring, re-employment of the bandage was found to complete the cure.

Mr. ERNEST HART thought such cases were rarely or never cured. A Philadelphian surgeon, however, had obtained good results by nerve-stretching as a means of improvement.

Dr. DOWSE related the history of a patient, a surgeon, who in the course of his professional work acquired syphilis, and eventually his leg presented the appearance of elephantiasis. Pot. iod. and bandaging failing to produce any improvement, he resorted to galvanism, and under this agent the limb had become almost well at the present time.

Dr. MACKENZIE replying, said there was no history of the disease being hereditary in the case he had described, injury having been its originating cause. In this country and in Ireland, whence the patient came, the disease is a rare one.

Dr. DAVID B. LEES and Mr. E. BELLAMY on a

CASE OF TRAUMATIC EPILEPSY TREATED BY TREPHINING.

Stephen C., when 7 years old, received a blow on the head from a poker. There was no breach of surface, but the mother found a swelling over the right parietal region. When this subsided no scar or depression of bone remained. The next day he complained of headache, and this symptom persisted more or less until after the operation of trephining. About 12 months after the accident he began to have fits. These occurred at first about once a day, but afterwards more frequently. He attended for several years as an out-patient at the Hospital for Sick Children, Great Ormond Street, but without obtaining relief. On the contrary, the fits became more frequent. It was noticed that they occurred in groups, a period of very frequent fits being followed by an interval, in which he had only about one a day. The periods of exacerbation lasted about three weeks; the intervals of comparative quiet about as many months. Four (if not five), of these alternations occurred during the fifteen months preceding the operation. When the fits were frequent, impairment of grasp in the left hand was always noticed, and he sometimes complained of pain all down the left arm, At such times also the tongue became thickly furred, and his speech (never very

clear, apparently from labial paresis), became decidedly more indistinct. In April, 1879 (nearly seven years after the injury), came a period of four weeks, in which the fits were more numerous than ever before, averaging from 20 to 30 daily. In the interval between them he was apparently unconscious. When this period passed away Dr. Ferrier was requested to see the boy in consultation with special reference to the advisability of trephining. He found tenderness on pressure over the right parietal, with loss of grasp in the left hand, and the labial symptoms already mentioned. He advised that trephining should be practised, and that the part of the skull selected should correspond to a spot rather low down in the fissure of Rolando, as the centres involved seemed to be those of the arm and lip, and not of the leg. The boy was admitted into Charing Cross Hospital under the care of Mr. Bellamy. On the day of his admission he slipped on the waxed floor of his ward and fell, striking his left knee against the ground. He said nothing of this to any one but his mother, but she afterwards related that he had told her he had had a bad fall. On the 14th June, 1879, two days after his admission, Mr. Bellamy trephined, with antiseptic precautions. The "ligne Rolandique" had been previously marked out on the shaven scalp, according to the directions of M. Fort. The spot chosen for operation was about the centre of this line, and was a little lower down than the point indicated by the mother as the site of the original injury. The piece of bone removed was apparently quite normal. It was thought that the dura mater bulged up into the opening made by the trephine. For eight days after the operation the boy progressed very satisfactorily. The temperature gradually came down to normal, the headache vanished, and the wound healed uninterruptedly, and mainly by first intention. Twenty-four hours after the operation the fits ceased, and did not recur for eight weeks. Before the operation he had not for upwards of three years passed a fortnight free from fits. On the ninth day after the operation, however, the temperature began to rise gradually, and in four days reached 104°. There were no rigors. The boy complained of pain and tenderness in the left hip, thigh, and knee. These symptoms combined, with a temperature of 99°-100° during the month of July, and it becoming evident towards the close of the month that the head of the femur was dislocated, Mr. Bellamy excised the head of that bone on the 2nd of August. The pain, tenderness, and rise of temperature, still continued, abscesses formed low down in the thigh and invaded the knee-joint. On the 9th of October it was found necessary to amputate at the hip-joint, which was done with antiseptic precautions. The boy rapidly recovered from this operation, and gained flesh. Eight weeks after the trephining the fits recurred. In 17 days he had 26 fits. If this period represented the expected crisis about three months after the last severe crisis in April, it was unquestionably much reduced in severity. Six weeks of freedom from fits followed. They then recurred, but with much less severity. During the 16 months that have elapsed since the operation, he has passed to the authors' knowledge 37, and they believe upwards of 40, weeks entirely free from fits. Four convulsive periods have occurred, but the frequency of fits in these has never averaged more than two or three daily, and he has never been confined to bed on account of them. The authors suggested the following points as worthy of discussion:—1. The advisability of the use of trephine in traumatic epilepsy. They referred to a paper by Dr. Echererria, of New York, published in the *Archives de Medicine* for November and December, 1878, in which no less than 145 cases are cited of traumatic epilepsy treated by trephining. The results in these 145 cases were: cure, 64 per cent.; improvement, 12½ per cent.; no change, 3½ per cent.; made worse, 1 per cent.; death, 19 per cent. Dr. Echererria maintains that the operation is by no means dangerous in itself, provided that no inflammatory symptoms are present at the time. He refers to cases of many years ago when it was performed more than 20 times on the same patient. 2. The question of the cause of the relief obtained in this case by the removal of a piece of apparently healthy bone. The successful case brought before the Medico-Chirurgical Society last winter by Mr. West, of Birmingham, was adduced to show that the cause must be the relief of pressure generally, and not any special effect on the motor centres, for in Mr. West's case the lesion and the seat of operation were in the frontal region 3. The authors wished to inquire whether the periodicity which formed such a marked feature in the convulsions in this boy, is usually found in cases of epilepsy due to irritation of the brain cortex. Reference was made to two cases observed at the Hospital for Sick Children, both probably due to lesion of the cortex, in which similar phenomena were observed. 4. They submitted to the surgical judgment of the Society the question of the causation of the osteomyelitis of the femur which followed the trephining. They argued from the antiseptic operation, from the rapid healing, from the boy's satisfactory progress for eight days, from the gradual rise of temperature, from the absence of rigors, and from the exclusive affection of the left hip-joint and femur, that the cause could not have been pyæmic in nature.

Dr. GOWERS likened the effect of the operation to that produced by the introduction of the ordinary seton.

Dr. BROADBENT thought the result of the operation favourable on the whole. Mr. Heath, of Manchester, had shown him a somewhat similar case.

Special.

FRANCE.

[FROM OUR OWN CORRESPONDENT.]

M. DE BOYER read a work upon the treatment of phthisis by creasote before the *Société de Medecin Pratique*, and on terminating he was interrogated by M. Le Bon, his colleague, as to whether this treatment was directed against acquired or hereditary consumption, and if he believed that the ameliorations and cures obtained were more assured by this method than by the other remedies usually given in such cases, and did he succeed in patients treated without success by mineral waters, winter resorts, phosphate of lime, &c. M. le Boyer replied that he directed his treatment mainly against the abundant expectoration, the profuse sweating, the diarrhœa, &c., which reduce the strength of the patients. Out of fifty patients who presented these symptoms, eight might be said to have been radically cured. The creasote appears to exercise a direct influence on the pulmonary phenomena, the primary cause of the above manifestations and consequently the patients increase in weight in a manner regular and continuous. M. Grenet said he employed creasote where vomicæ existed, but did not obtain good results from it. Arsenic and cod-liver oil have on the contrary procured ameliorations which manifested themselves in certain patients by an increase of weight. He would ask M. Boyer why he objected to cod-liver oil, which proved its efficiency over and over again, and in what form of phthisis and in what dose he administered the creasote? M. Boyer, in replying, said he preferred creasote to arsenic and cod-liver oil, because the results appeared to him more constant and rapid. He had also recourse to glycerine combined with iodide of potassium, because this medicine is easily borne and accepted by the patients. In painting the thoracic walls with tincture of iodine, he considered that enough iodine was absorbed without having recourse to cod-liver oil. He administered the creasote as follows: Creasote, ℥ij.; rum, ℥iv.; glycerine, ℥iv.; one or two tablespoonsful to be taken daily after meals in a little soda water. It was in the torpid and scrofulous forms of phthisis arrived at the second stage that M. Boyer used the above mixture.

At the *Académie de Médicine* a member read a memoir which had for effect to demonstrate that (1) phenic acid administered in sufficient doses was a reliable antipyretic, suddenly lowering the temperature; (2) that the temporary fall can be maintained and increased by renewing the dose, and that thanks, to this agent, the doctor can moderate at his will the temperature of the patient; (3) that the doses of phenic acid previously considered toxic can be exceeded without danger. He cites examples in which patients have taken two and three drachms daily for several consecutive days; (4) that it should not be administered by the rectum. The conclusions of the above memoir were based upon five observations of typhoid fever, one of small-pox, one of puerperal peritonitis, several of phthisis, and experiments made on animals.

Dr. Schultz, of Bonn, states that the oil of eucalyptus is devoid of toxic properties, and that it appears to offer to him the various advantages of phenic acid without the inconveniences attending on the latter. It is a powerful disinfectant, and mixes easily with alcohol and oil, and the odour is agreeable.

CHOLERA OUTBREAK AT ALLAHABAD PRISON FROM DRINKING CONTAMINATED WATER.

A CORRESPONDENT furnishes the following particulars of a recent outbreak of cholera. A sudden outbreak of the disease occurred on the 27th of August among the female prisoners of the Allahabad Central Prison, in the neighbourhood of which it had previously abounded. The women, numbering some 150, were confined in a separate barrack adjoining the workshops of the male prison. The water supply is obtained from a well in the workshops' enclosure. It is drawn by a gang of male prisoners, and passes down a long pipe, through the division wall, into a small tank in the female barracks. Two doubtful cases had occurred before the 27th, but on that morning, between 5 and 8 o'clock, no fewer than eleven women were seized with cholera. The immediate evacuation of the barrack was ordered, and the women were camped out. The well which supplied the drinking water was immediately closed, and water for drinking and other purposes obtained from another source. One other case occurred on the 29th, but none since that date. Now comes an important point in the case: the drinking water was immediately examined, and not appearing to be good, samples were sent the same day to Allahabad to be analysed, and also to the chemical analyst to Government. Mr. S. A. Hill, B.Sc. Lond., examined the water (1) taken from the well in the male worshops' enclosure; (2) from the tanks in the women's barracks, and the report of his analysis is as follows:—

1. Well. General appearance clear and transparent.
Total solids—635 parts per million.
Chlorine—13·5.
Free ammonia, traces.
Albuminoid trace—0·60.
Hardness—27° (Clark).

2. Women's tank. General appearance white and turbid, stinking, and full of life.
Total solids—297 parts per million.
Chlorine—47·2.
Free ammonia—None.
Albuminoid ammonia—16·50.
Hardness—18° (Clark).

"The large solid residue of the well water consisted chiefly of gypsum and sulphate of soda, both having been formed by the action of sulphuric acid in the unrinsed jar (in which the water was forwarded by examination) upon the original solids contained in the water. This, however, does not vitiate the ammonia test, and probably does not much affect the chlorine test, since most of the hydrochloric acid given off from the decomposition of salt would remain in solution."

The analysis clearly shows that the water was contaminated after it left the well, either in the pipe or in the tank. Mr. Hill's analysis shows the tank water to have been little better than London sewage as it is delivered into the Thames at Barking; for Professor Wanklyn found in a sample of sewage 17·10 parts of total ammonia, and 141·4 parts of chlorine. Under the microscope the sediment of the tank water was found to contain epithelial cells, numerous granules which were stained blue by iodine, infusoria, particles of clothing materials, and a quantity of mineral *débris*. A thorough inquiry as to how the tank water became contaminated had not been carried out, though several dead snails, &c., were found in the pipes. The tank is *leeped* with clay daily. This is an objectionable and filthy process, unless the clay has been previously calcined by fire, and is applied without the use of cow-dung. There can be no doubt but that an outbreak of cholera in Delhi some years ago was traced to a distribution of food at a feast, the food having been prepared on a floor smeared over with the filthy clay and cow-dung process.

The facts of the two recent Allahabad outbreaks of cholera would, therefore, point strongly to some cause connected with the food or water supply; probably, in both cases, the water was at fault. At the Central Prison upwards of 3,000 male prisoners escaped the epidemic, and after the women were deprived of their tainted water supply, the plague was almost immediately stayed. Five weeks have elapsed since the outbreak occurred in the 22nd Foot, and we only now hear that arrangements are being made to analyse the whole of the well waters.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, OCTOBER 13, 1880.

THE BEGINNING OF THE END.

WITHIN the last few days the aspect of affairs at Guy's Hospital has undergone a very material change, and we are at length called upon to contemplate the possibility that the profession of medicine will be submitted to one of the grossest insults it is possible for incompetent authority to deal out to it. The senior officers of the medical and surgical staff have been called on to retract certain utterances they have been worried into making, or, at the command of a lay assembly, resign the posts they hold in connection with a great charity. Dr. Habershon and Mr. Cooper Forster, the senior physician and surgeon respectively of Guy's Hospital, are the gentlemen thus selected by the governors of that institution, the cause of the resolve of this latter body being found in a letter signed by Messrs. Habershon and Forster, as representing the staff of the Hospital. This letter charged the governors with "continuing a system which they know to be mischievous," and referred, of course, to the persistence with which the innovating matron has maintained the obnoxious nursing arrangements, through which all the trouble has been caused. It can well be imagined that a body of people, with little or no technical capacity for judging the points in dispute between the doctors and the head-nurse, who *ought* to receive their orders, and obey them; who had by obtuse perversity in supporting the outrageous claims of an ambitious woman, exposed themselves to widespread public reproach, would be quick to grasp any means of appa-

rently exhibiting a little cheap dignity. Hence, presumably, this sudden determination to demonstrate the superiority of the governors of the staff of the hospital. With the letter itself, or rather that portion in which the offence complained of lies, it is easy to deal. The charge preferred against the governors is, on moral grounds, unjustifiable perhaps, and for this reason alone it might be well for its authors to withdraw the language contained in it. The act, however, should be plainly understood to carry no suggestion of an altered opinion regarding the primary question at issue, nor as being in any way indicative of a lessened indignation against the intolerable assumptions of the new order of beings by which the nurses of old have been deposed. Moreover, a retractation of the statement would have to be sanctioned by the whole of the medical and surgical staff, since it was originally written as the general opinion of these as a whole. The course of action that will be followed now will, of course, affect the entirety of the staff, with the exception, that is, of such members as may choose at this period to repudiate participation in the unfavourable estimation held of the new nursing arrangement, and the miserable consequences to which they give rise. There may, of course, be some, higher or lower as the case may be, in the official list, who will prefer to preserve their connection with a great institution, rather than join in a proceeding rendered necessary in defence of personal and professional honour. The resignation of Dr. Habershon and Mr. Forster, whether it be voluntary or forced by the board of governors, must, of necessity, be followed by the resignation of the rest of the staff; and the committee will then be brought face to face with the problem, how to maintain the hospital in working order. Its closure can scarcely be reckoned on as likely to occur, at any rate, not until the most strenuous efforts have been made to fill the gaps that will be left if the governors persist in the foolhardy exhibition of weakness they have already presented. That any medical man of position, or of honourable feeling, will consent to take on the duties connected with the service of the wards in the event of a wholesale resignation of the staff of Guy's is an impossible supposition. We may safely conclude that no one whose name has anything of the familiar sound attaching to every member of this staff, will regard the proposition that he should take duty with a nurse for his superior officer, as aught less than deliberate insult. Unfortunately, however, experience in the past has proved that to young men with ambition, and nothing else to guide their progress, nothing that will aid them onward is likely to be refused, even when dishonour itself is the immediate consequence of their yielding to the temptation put in their path. The staff of Guy's Hospital have a right to expect the support of every member of the profession in an active protest against the oppression of lay officialism; but who can guarantee this to them when there are those to be found who are ready to step into the places vacated by gentlemen who decline to sink the dignity of their calling to aid in the aggrandisement of a sectarian clique.

That it will be a grievous thing for the sick poor of this country, if that which we must regard as almost inevitable, takes place, is a manifest truth. Hitherto the fame of Guy's Hospital has attracted to it the best physicians and surgeons each age has produced; and in the withdrawal of such eminent services in the future, the poor who apply at its doors for relief will be the first sufferers; and the principal also. It is idle to suppose that the blow its prestige has already sustained, will exert no influence on its history in the future. The value of every charity is measured by the good achieved by those who are the chief dispensers of the benefits it is founded to confer. In the case of a great institution like Guy's, this good is in exact ratio to the eminence or skill of its principal officers, and by so much as these are inferior, or less fitted for the skilful treatment of disease, by so much is its influence for good reduced in extent. It is, therefore, of the first importance to secure a permanent staff of the most able men the profession of medicine can boast, and once obtained, ready to sacrifice the time and labour involved in the discharge of the onerous duties attaching to hospital practice. It is, too, manifestly the paramount duty of the governors of a hospital to do their utmost to preserve such benefits to the poor in whose interest alone it is given them to exercise authority. The governors of Guy's Hospital, unfortunately, seem to forget the fact that they sit not for their own glorification and mutual exaltation, but for the good of a great population, in whose behalf an immense yearly revenue is to be dispensed in the manner best calculated to give them ease in sickness. This aim is certainly not to be attained by yielding to every petty impulse that arises, nor by exalting the opinion of a lay official on medical matters to a position of absolutism. Though it is not perhaps quite wise to tell the governing body of a hospital, as a rule, in plain terms, the faults it is guilty of committing; yet it is useless in this case to attempt concealment of the fact that the interest of medicine, and of the sick poor, are being subverted to other and less beneficent objects. Outside of professional circles there is a good deal of misconception on the matter in dispute, and we are not surprised that even the chief lay organ, the *Times*, unconsciously exhibits, in a recent leading article, its leaning towards the governing body's dictum, simply because it is the dictum of the governors. It regards it as impossible to avoid occasional disputes between the "managing and working staff of so large an institution as a great hospital;" but with the sublime ignorance characteristic of all lay opinions on this question, opinions valueless in consequence—it fails to perceive that in matters of a purely medical nature, such as that at the bottom of all the disagreement at Guys, the "managing" staff of the hospital is impotent to do more than obstruct and delay. A good deal has been done by the excitement of public interest but until the real aspect of the question is grasped by those who inform the public mind, it is not to be expected that much good will arise out of their labours.

Whatever may be the outcome of the latest action of the governors of Guy's Hospital, the staff will be assured of the strenuous support of the whole profession, in their protest against the improper use of official power; and it cannot be doubted that any attempt to replace the eminent gentlemen who now fill the honorary posts, with untried and unknown candidates, will be met not only with severe disapprobation, but with the more effectual

interference of an authority from which even the court of governors will find appeal in vain.

NOTIFICATION AND REGISTRATION OF DISEASE.

This subject has been recently fully discussed in Great Britain, and by the Irish colleges and medical societies, and although there undoubtedly exists great difference of opinion as to the practical working of any of the proposed systems, nevertheless, it seems that all sections of the profession are agreed that registration of disease is greatly to be desired if it can be carried out with due regard to the relations existing between the physician and his patient. We observe that at a recent medical convention n the State of Ohio, the following resolution was presented for the consideration of the Association :—

"That, in the opinion of the members of this society, the laws of the State requiring physicians to report to the local board of health, or to the health officer of their locality, all cases of sickness and death, of diseases contagious or dangerous to the public health, are wise and proper, and ought to be complied with."

A motion to adopt the resolution brought on a spirited debate, the opposition declaring that the State had no right to either ask or compel the physicians of the State to perform any such services without remuneration. Others urged the adoption of the resolution, on the grounds that all physicians should be willing to perform the work for the benefit of humanity. The resolution was finally adopted.

The question of fees raised by the opposition, though quite cogent and proper, is not one of those questions which, in our opinion, should decide the profession upon their approval or disapproval of the suggested system. As a matter of principle it cannot be tolerated (and it is not proposed in the "old country") that the State should receive important services from professional men without remuneration for, although it is evident that a sufficient fee cannot be awarded, still it is essential that there should be some fee—reasonable under the circumstances—if only as a recognition of the right of a medical man to be paid for his public work, and as a guard against the creation of a precedent which might be used against the profession when future laws come to be made.

But it is not at all on the question of remuneration that the advisability of registration and notification of disease rests. It is agreed that an effective means of detecting disease as it arises is greatly to be desired, and it is also agreed that medical men should, for the public welfare, heartily co-operate in the working of such a means, even at some sacrifice of themselves. But the questions to be answered really are :—(*a*) Is the practitioner at liberty to contribute at all to the notification of the occurrence of a case of infectious disease without the knowledge and approval of his patient? (*b*) Is it likely that that approval will be given so universally as to make the notification complete and universal? (*c*) May not the imposing of such a responsibility for notification upon the occupier of the infected house tend to defeat its own object by inducing the occupier to avoid medical vigilance until the last possible moment of the disease's progress?

As to the propriety of a physician informing the registering department of the existence of a case of infectious disease as soon as he has left the patient's house, it will, we think, be generally considered that no physician has, in the case of a private patient, a right to communicate to any one the information gained *in forma medici*, or to use it for any other purpose than the treatment of the patient, unless he shall at least have told the occupier of the house that he is about to do so. Certainly the public would look at the matter in this way, and would regard it as altogether a breach of confidence if the physician were to report the presence of (say) scarlatina or small-pox to the registrar-general or the sanitary authority without the consent of those who called him to the case. But how is the physician to obtain that consent? Is it reasonable to impose on him the duty of informing the occupier of the house that he intends to notify the nature of the disease to the authorities? Would not the performance of that duty inevitably bring the physician into contest with his employer in many cases? Will he not, if called upon to record officially the nature of the disease, shrink from declaring the character of the disease until it is so fully developed as to be unmistakeable? Will not the disease, therefore, run its course, in many instances, without the desired notification? Are there not many occasions, especially in the case of hotel and lodging-house keepers, in which the occupier will refuse to believe in the diagnosis, or to give any sanction to the registering of the disease? In such case, is the physician to be expected to effect the registration, despite the objection of his employer? Lastly, will not the average lodging-house keeper, who suspects the nature of the disease in its first symptoms, use every expedient to avoid calling in a doctor, who is bound to pronounce an authoritative opinion, and will not compulsory registration, therefore, offer a certain hindrance to the speedy recognition and treatment of the worst cases of epidemic disease?

This series of questions we put, not with the view of discrediting the proposals for notification and registration which have been made, but in the hope that a practicable half-measure may be evolved by the discussion which arises upon our queries. The more we regard the subject, the more strongly are we impressed with the conviction that no measure will be effective unless it throws the whole responsibility on the occupier of the house, or other person who has charge of the patient, and holds him answerable not only for the notifying of the disease when it is diagnosed, but for any unreasonable delay in obtaining a trustworthy diagnosis. If this liability be imposed with sufficient strictness upon the occupier, it will then be his business to send for the doctor at the earliest stage of the disease, to obtain from him a definite declaration as to its nature, and to communicate that declaration at once to the sanitary authority, and we see nothing unreasonable or impracticable in compelling any person to take such steps.

FRACTURED RIBS AND MECHANICAL RESTRAINT.

In his able annual report on the West Riding Asylum, Dr. Herbert Major, the medical superintendent, refers to the case of a male patient on whom a coroner's inquest

was held in the course of last year. This patient, who was labouring under a rapid variety of general paralysis, characterised by great restlessness and excitement, became suddenly worse, when it was discovered that he had sustained extensive fractures of the ribs, which led to pleurisy and death. It was conclusively shown at the inquest that his fatal injuries had been occasionsed by a fall. It was elicited that on the morning of the accident he had been dressed as usual, and placed in the day room of his ward; that he had got up suddenly, and making his way down the adjacent gallery, before he could be prevented he had—his sight being impaired—fallen headlong over a bucket which stood in his way, the resulting injury being, it could not be doubted, greatly increased in severity and extent by the marked brittleness of all the ribs, which was discovered post-mortem.

Commenting on this case Dr. Major observes that it was one of those instances in which, in his belief, it would have been well to have resorted to some form of mechanical restraint, and he expresses his determination to apply restraint in similar cases in future. While still smarting under the chagrin and regret inseparable from the occurrence of so distressing an accident in the hospital under his charge, it is not to be wondered at that Dr. Major should express such a belief and determination; but we are satisfied that calm reflection will induce him to modify both the one and the other. If every excited and restless general paralytic is to be put in a strait waistcoat, or strapped into a chair, lest peradventure he should fall over a bucket and fracture his ribs, the glory will speedily depart from our English asylums, and the old coercion system, with all its attendant evils, return upon us. The humane and freedom-giving method of treating the insane unquestionably involves some risks, but these may be reduced to a minimum by foresight and experience, and are not to be thought of in comparison with the advantages which it confers. Besides, those who think that mechanical restraint would obviate the liability to fractured ribs and such catastrophes, are vastly mistaken, for we do not hesitate to assert that personal injuries of all kinds were more frequent in asylums when muffs and manacles and cage beds were a matter of routine, than they have been since their total abolition. Serious damage was often inflicted in the application of the means of restraint, or in the struggles which a violent lunatic maintained with his bonds.

The rising generation of asylum officers know nothing, save by hearsay, of the crying evils of mechanical restraint, and they are apt to exaggerate its convenience and safety. There is a danger, therefore, that they may ignorantly and sanguinely revert to it, and undo the great work which was so laboriously accomplished, which has made our asylums what they are, and raised the insane out of inexpressible misery and degradation into comparative comfort and self-respect. To sanction restraint under any circumstances save those of surgical necessity, is to open the flood gates and ensure a disastrous inundation of it. Our only safety is to shut it out altogether. Certain it is that no countenance can be given to the reintroduction of so demoralising an agent into our lunatic hospitals in the panic or irritation engendered by a disagreeable case, or to prevent accidents which can very well be prevented in other ways.

Notes on Current Topics.

The Cork Fever Hospital Inquiry.

THE representative professional bodies of Ireland have not been slow to express their sympathy with Prof. Jones in the persecution to which he has been recently subjected, and have taken the occasion to assert, as was necessary, the right of uncontrolled discretion on the part of every physician so long as he devotes due skill and care to the case.

At a meeting of the Council of the Royal College of Surgeons in Ireland, held on the 7th inst., it was unanimously resolved—

That on consideration of the published reports of an inquiry recently held in Cork, in reference to certain charges brought against Prof. Jones, a Fellow of the Royal College of Surgeons in Ireland, this Council desires to express its opinion that the conduct of Prof. Jones, as established by the investigation, was in strict accord with the accepted practice of medical science and with professional usage, and that it gave no just grounds for the accusations to which he has been subjected.

The Council of the Irish Medical Association also, at a special meeting held on the 5th inst., unanimously resolved—

That this Council, having regard to the facts disclosed in the recent inquiry respecting occurrences at the Cork Fever Hospital, and being of opinion that Dr. Jones acted conscientiously to the best of his judgment as a physician, and in complete accordance with professional propriety, hereby expresses its sympathy in regard to the charges made against him.

That this Council furthermore, in vindication of the freedom of action of a medical attendant responsible for the life and health of his patient, cannot recognise the competency of any non-medical tribunal to pass judgment on a question purely of medical science, nor does this Council consider that any physician should be held responsible for results so long as due skill and care have been devoted by him to the treatment of the patient entrusted to him.

The South of Ireland Branch of the British Medical Association also, at a special meeting of the branch, unanimously adopted the following resolutions:—

1st—That this meeting of the South of Ireland Branch of the British Medical Association heartily sympathises with Prof. Jones in the trying ordeal which he had to undergo in defence of his professional character in the recent investigation held in the Royal Cork Institution; and we beg to congratulate him on the triumphant vindication of his professional conduct on the occasion in question.

2nd—And that we express in the strongest manner our condemnation of the recent proceedings, where a member of our profession was put on his trial before the public for alleged mal-praxis and mismanagement in the treatment of a patient submitted to his care in the Cork Fever Hospital, whereas the only thing chargeable to him was having utilised the most recent medical knowledge at his command for the treatment of what was apparently a hopeless case; and we believe that such an attempt to interfere with a physicians's skill and discretion is unfair, unconstitutional, and opposed to the best interests of the public, who benefit most by the progress of medical science. While thus expressing our opinion on the mode of procedure, we cannot fail to recognise the patience and great intelligence which was paid to the case by the Hospital Committee.

These expressions of opinion, taken together with the unanimous expression of opinion by the medical journals throughout the kingdom to the same effect, and followed by the resignation of Dr. Adderly, the House Surgeon of the Hospital, whose proceedings contributed largely to the occurrence under investigation, cannot fail to satisfy Dr. Jones that his own profession in no way participate in, or sympathise with, the persons who have made this

virulent attack upon his professional and personal reputation.

Guy's Hospital.

THE existing unfortunate condition of matters at Guy's Hospital makes it absolutely necessary that some immediate and effectual step shall be taken to avail against the sweeping despotism of the lay officials, who are hurrying the charity to certain disgrace by their intolerant demands. In view of the very serious crisis to which matters have at length approached, we venture to suggest the advisability of convening a general meeting of members of the medical profession to protest against the action of the managing board of Guy's Hospital, and to express sympathy with the staff in their trying situation. Also, to convey assurance of assistance, moral and actual, in the struggle that now seems inevitably certain; and further, to show the strength of that feeling of professional esprit which would prevent any considerable number of the profession from consenting to fill the posts that may be vacated at Guy's under pressure from the governors. A practical aim may be given to the meeting by considering what steps shall be taken to so alter the constitutions of hospital boards, that any similar *contretemps* to that which has done so much to injure Guy's, shall in future be impossible. At the present juncture such a meeting could not fail to be of much assistance in aiding the staff of Guy's to resist the intolerant actions to which they are submitted by the governing body.

Diphtheria Propagated Through a Cat.

THE *New York Medical Record* recounts a somewhat startling story of diphtheria spread by a cat. This animal was taken from a house in which several persons were attacked by the disease, to another dwelling some distance away, in which diphtheria had not been seen. A child soon afterwards, while playing with the animal was bitten by it, somewhat severely, and the wound quickly becoming painful was followed by soreness and ulceration of the mouth, of the true diphtheritic type. The disease then spread to other members of the family, and two children died. The mother also, who had been previously ill of another disease, was attacked, and succumbed. The inference arrived at by the physicians who attended the unfortunate family was to the effect that the cat had contracted the disease in its original home, and had first communicated it to the child it had bitten. The theory, in the absence of any other explanation seems the only one tenable, but it will possibly be a matter of speculation how far it can be relied on to account for the facts.

Midland Medical Society.

DR. J. MATTHEWS DUNCAN will deliver the inaugural address before the Midland Medical Society at the commencement of the winter session, on the 20th inst. The subject of the discourse will be "The Treatment of Puerperal Fever." At the recent annual meeting of the Society office-bearers for the ensuing year were selected. *President:* Dr. Thomas Savage. *Treasurer:* Mr. James Harmer. *Hon. Secretaries:* Messrs. J. Garner and H. Eales. *Members of Council:* Messrs. Bartleet, J. Greene, J. Johnston, M.D., F. Jordan, and W. Thomas.

Opening the Knee-Joint.

DR. G. W. FOWLER recently read a paper before the King's County (America) Medical Society on a series of sixty-six cases of incision of the knee-joint treated antiseptically. He was able to express his conviction, founded by long experience and careful observation, in favour of Listerism. He found that the total mortality after excisions of the knee-joint is one-third less now than it was before antiseptic surgery was introduced; and that the majority of fatal cases operated on under the spray and with full precautions, die from pre-existing disease or complication. He considers, too, that fully fifty per cent. less of deaths can be referred to operation under the improved methods of treatment adopted antiseptic precautions being sufficient to thus materially diminish the risk of this serious operation.

The Floods.

THE extremely heavy and continued rains which have fallen during the past fortnight have done a serious amount of damage by flooding in the Eastern Counties. The consequences, however, are not merely those due to the immediate washing out of the streets and houses of the inundated regions, but will be felt in the long months coming when colds and rheumatism will be the outcome of damp rooms and undried floors. It should be urged on those living in the flooded districts that the utmost possible care is necessary to guard against the lurking evils that will remain when the waters have passed away, and that precautions should be long continued to guard against the damage that may be done to susceptible constitutions through the winter months.

Fasting in Animals.

A CORRESPONDENT writes to the *New York Record* an account of two common frogs which he enclosed in an ordinary earthenware jar in October, 1879, putting with them nothing save a little water and a stone. The jar was then closely covered, the frogs being intended for use in the winter in demonstrating the circulation of the blood. Once during the winter the frogs were supplied with water only, and were then entirely forgotten till the 18th of last July. On being removed from the jar the frogs seemed well and lively, and immediately hopped about on regaining their liberty, their veritable fast of nine months having apparently in no way injured them

Poor-law Superannuation in Ireland.

A MAJORITY of the guardians of the North Dublin Union contributed last week to the effort which will be made in the next session of Parliament to wrest from such persons the right to refuse or to grant pensions to worn-out poor-law officers. They rejected a proposal to grant to Dr. Faussett, lately Medical Officer of the Clontarf Dispensary District, his just and proper pension under the Act, amounting to £106, and voted him instead a beggarly allowance of £50. Every speaker in favour of this latter grant was obliged to admit that Dr. Faussett's discharge of his duty had been uniformly exemplary, and that there was abundant reason for his seeking to be superannuated, and they stated, furthermore, that he had served for no less than 43 years. Nevertheless they

refused their old servant his equitable rights, on the grounds, firstly, that he was sufficiently well off to live without it; and secondly, that "they must go with the spirit of the times, and not swamp the country with taxes." Neither of these reasons had the least force, because Dr. Faussett's private means had nothing whatever to do with his rights of pension, and because the grant of the full amount of his pension would have imposed on the ratepayer only a burthen of a fraction of a penny in the pound. But there are many mean people who will be glad to wriggle out of their just responsibilities if they can find any excuse for doing so, and as Dr. Faussett was at the mercy of these gentry, they showed him the mercy which might have been expected of them.

London Charity.

Mr. Joseph Cowen, M.P., stated recently, in his speech at the annual meeting of the Royal Albert Asylum for Idiots, that there is collected in London alone, by voluntary subscriptions, for charitable purposes, nearly £6,000,000 a year. That amount was supplemented from other sources, the extent of which could not be so well tested; but if the amount of benevolent subscriptions every year in London were put to the amount paid for poor relief, it would be seen that something like £8,000,000 was contributed in the metropolis for the voluntary or involuntary relief of distress, suffering, and poverty.

Mr. Joseph Cowen, M.P., might advantageously extend his interesting calculation to ascertain what fraction of this vast sum is expended on really deserving objects, and what decimal part of each £1 contributed by the benevolent ever reaches the deserving poor person. It would also be advantageous if we could be informed how many officials fatten on the £8,000,000, and at what average salary per head.

Pharmaceutical Society of Ireland.

The fifth annual meeting of this Society was held at the College of Physicians, Dublin, on Monday, 4th October, for the election of officers and seven members of council, in place of seven outgoing members. The following form the new council and officers:—Council—President: C. R. C. Tichborne, F.C.S. Vice-President: Aquilla Smith, M.D. Members: William N. Allen; Henry Bennett; James Edward Brunker, M.A.; Alexander Elliott Doran; Thomas Collins, M.R.C.S.E.; John Goodwin; William Goulding; George H. Grindley; William Harrington, L.A.H.; William Hayes; Edward M. Hodgson; John Thomas Holmes; Stanley Oldham; Sir Geo. B. Owens, Kt., M.D.; J. C. Charles Payne; R. Ward Pring, L.A.H.; John Ryan, M.D.; Robert Simpson; and Henry Whittaker, M.D., M.R.C.S.E. Treasurer: Edward M. Hodgson. Registrar: Hugh James Fennell.

Gallant Rescue by a Medical Man.

Dr. Hodges, Resident Medical Officer of the Queenstown Hospital, was the instrument of saving the life of a youngster who fell off the Admiralty Pier on Sunday week. The gallant doctor jumped into the water to the assistance of the child with one arm in a sling, it being dislocated.

The Constant Current in Disease of the Internal Ear.

Dr. Ladreit de Lacharriere has an article on this subject in the *Annales des Maladies de l'Oreille*, &c., for September. He had frequently employed the continuous current with satisfactory results in cases of simple weakening of the acoustic nerves. He has now further come to the conclusion—1. That there are some morbid conditions of the ear characterised by passive congestion of the labyrinth caused by weakening of the vaso-motor nerves; and 2, That continuous electric currents are efficacious in modifying these pathological conditions, in removing the tinnitus and vertigo which accompany them and in re-establishing hearing.

The Army Medical Department.

It is said that Surg.-Gen. Innes, lately head of the Army Medical Department in India, was denied the distinction of K.C.B., because "the medical profession is in excess of its due proportion of K.C.B.'s." The *Indian Daily News* remarks:—"England has come to something when honours are meted out by the numerical proportions in the different branches of the service. It is not likely that good men will have any ambition to enter the Army Medical Department, if this piece of stupidity is once understood as a rule."

Carlow District Asylum.

The office of resident medical superintendent of the Carlow District Lunatic Asylum is vacant by the death of the late Dr. Howlett. The salary will be £400 a-year, and the estimated value of the additional allowances is £104 a year. The appointment is in the hands of the Lord Lieutenant of Ireland.

The Contagious Diseases Fanatics.

The national conference of organisations for securing the repeal of the Contagious Diseases Act was held at Birmingham, last week, Mr. Stansfeld, M.P., was present. A resolution was passed that no by-election should be allowed to take place without endeavouring to obtain a pledge from the candidate to vote for the repeal of the Act.

Suicide of an Army Surgeon.

We regret to report the death, on August 25th, at Peshawur, of Surgeon Daubeney, Bengal Medical Service. Dr. Daubeney had only very recently arrived in India, and after a short time spent at Allahabad was ordered up to Peshawur, where he committed suicide a few days after his arrival.

The American Bogus Diploma Factories.

The Philadelphia Court has forfeited the charters of the Eclectic Medical College of Pennsylvania and the American University of Philadelphia for selling bogus diplomas. These were the medical colleges managed by Dr. Buchanan, who is now awaiting his trial.

Prof. Artimini, of Florence, claims to have discovered a new method of preserving raw meat, which is said to be very effective. The material employed is stated to be less

expensive than salt, and wholesome and pleasant to the taste.

THE collection to date on behalf of the Hospital Saturday Fund amounts to £5,300, exclusive of the amounts collected by local committees. Compared with the corresponding period of last year, the Fund shows an increase.

THE Parkes Museum of Hygiene was re-opened last week (after the usual vacation) in connection with the introductory *conversazione* at University College. The Museum will continue to be open free on Tuesdays, Thursdays, and Saturdays.

Guy's Hospital Gazette pertinently remarks: "The nursing difficulty will be altogether obviated when the hospital is emptied of patients. The wards are in a somewhat chaotic condition in consequence of the closing of so many beds."

AT a meeting of representatives from the various metropolitan hospitals, held at King's College Hospital on Wednesday last, it was decided, after the discussion of a paper by Mr. Howlett, of the Manchester Royal Infirmary, to form an Association of Hospital Registrars, with a view to securing greater uniformity in the registration of disease.

THE decision of the Lambeth Assessment Committee to reduce by one-fourth the sum at which St. Thomas's Hospital is now rated, in compliance with the appeal of Mr. Alderman Stone, the treasurer, on public grounds, was challenged on Thursday last, at the meeting of the Lambeth Vestry. The decision, however, of the assessment committee for the reduction was, we are happy to know, confirmed.

IN the dispatches of General Hills from India referring to the battle of Palkao Shana, in July, 1880, the following medical officers are mentioned for good service:—Surgeons W. R. Murphy, 19th Bengal Lancers, and P. F. O'Connor, 1st Punjaub Cavalry, deserve special thanks for their care of, and attention to, the wounded on the field, often at much risk to themselves, from straggling and skulking Afghans.

MR. MALCOLM MORRIS, as honorary secretary of the Medical Society of London, has sent out circulars, requesting Fellows of the Society who have seen cases of arsenical poisoning by means of wall-papers, &c., to forward the notes of such cases to him at 63 Montague Square, and at the same time to communicate the names of any professional friends who may be interested in the inquiry.

THE death-rate in the large towns last week from the seven principal zymotic diseases ranged from 1·4 and 1·9 in Plymouth and Portsmouth, to 9·8, 10·5, and 11·6 in Sunderland, Dublin, and Leicester. Scarlet fever showed the largest proportional fatality in Sunderland and Norwich. Fever, principally enteric, showed an excessive death-rate in Norwich, Sunderland, Dublin, and Leeds. Small-pox caused 2 deaths in London, 1 in Dublin, and 1 n Liverpool.

THE annual rates of mortality per 1,000 last week in 21 large towns of the United Kingdom were—Plymouth 13, Bristol 17, Portsmouth 17, Birmingham 18, Sheffield 18, Glasgow 18, London 19, Newcastle-upon-Tyne 20, Brighton 21, Nottingham 22, Edinburgh 22, Oldham 23, Wolverhampton 24, Leeds 24, Norwich 25, Manchester 25, Bradford 25, Salford 26, Liverpool 28, Leicester 29, Hull 30, Sunderland 32, Dublin 36.

IN the principal large foreign cities the rates of mortality according to the most recent weekly official returns were, in Calcutta, 26; Bombay, 30; Madras, 38; Paris, 24; Geneva, 17; Brussels, 27; Amsterdam, 26; Rotterdam, 20; The Hague, 16; Copenhagen, 24; Stockholm, 29; Christiania, 28; St. Petersburgh, 39; Berlin, 34; Hamburgh, 25; Dresden, 25; Breslau, 26; Munich, 24; Vienna, 23; Buda Pesth, 33; Rome, 39; Turin, 25; Venice, 19; Lisbon, 34; Alexandria, 53; New York, 25; Brooklyn, 24; Philadelphia, 17; and Baltimore, 18, per 1,000 of the population. Small-pox caused 23, and typhoid fever 41, deaths in Paris.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

QUACK ADVERTISEMENTS AND THE VICTIMS OF QUACK DOCTORS.—A correspondent from Kilmarnock writes in terms of merited indignation to the *Glasgow Herald* complaining of the filth addressed to him, and received by his son, at the post office of that town by a Glasgow quack. We surmise this "Glasgow Quack" to be a graduate of the University of Glasgow, and one who recently derived restoration to the medical register. This worthy graduate of a famous Scotch university has bills placarded throughout the length and breadth of the country of the usual quack description, and his emissaries in a city in which fraud is regarded with such official somnolency, distribute his handbills with impunity in the public thoroughfares. A procurator-fiscal, we may state, in Scotland is an individual paid by the State to protect the lieges from fraud and personal injury. Small game is evidently held in greatest regard by this Scotch functionary. We have every sympathy for the Kilmarnock correspondent of the *Herald*. The extent of the ramifications of the quack system is only known in anything like an approximation by medical men; and it is humiliating to reflect that respectable newspapers lend their aid both to physical and mental destruction, by the insertion of the ingeniously conceived advertisements of the notorious charlatan. In the columns of this Journal we recently referred to the case of "Dr." Smith, of Burton Crescent, London. The columns of many newspapers in Scotland are open to his "bird-lime." We regret to see the filth, among others, in newspapers so well-conducted as the *Oban Times* and *Oban Telegraph*. That there are many simpletons among the descendants of the Dalriads, and in the Western Hebrides, the persistence and the extent of these advertisements sufficiently demonstrate. This week two victims of the "Institute of Anatomy" in Birmingham have come under our notice. We have bundles of their letters signed "J. W. Hunter" of the usual terrifying and persuading style; and these two young men have been mulcted in money, and perturbed in mind, through the medium of such eminently respectable *amily* papers as the *Glasgow Weekly Herald* and the *Glasgow*

Evening News. Papers containing these advertisements should be regarded as unclean—bundled without the camp—and receive no countenance from any honourable man or woman who abhors and despises the connivance at, or the assistance of, the basest, the most pernicious, and the meanest fraud.

HEALTH OF EDINBURGH.—For the week ending with Saturday the 2nd inst. the death-rate of Edinburgh was 22 per thousand, the deaths having risen from 86 to 92. There were two zymotic deaths in the new town, 15 in the old, and 1 in the southern suburbs.

FEVER AT ROSEWELL.—The mining village of Rosewell, near Bonnybridge, has been visited with an epidemic fever of a typhoid type. Hardly a house, it is said, has escaped, and several deaths have occurred. It is supposed that the water with which the village is supplied has something to do with the outbreak.

PROPOSED LECTURES ON SANITARY QUESTIONS IN EDINBURGH.—Owing, thanks to the efforts of Lord Provost Chambers and others, the sanitary condition of Edinburgh has within late years greatly improved. At the same time it is certain that the public health authorities are still sadly hampered in dealing with the poorer parts of the town by the gross ignorance which there prevails regarding the simplest sanitary laws. This state of matters has not only forced itself on the attention of those officially concerned, but has from time to time attracted the notice of local philanthropists; within the last few months a public-spirited lady has bethought her of applying a remedy, and, with no little expenditure of time and trouble, has made arrangements for a course of public lectures on sanitary subjects specially suited for the poorest classes of the population. Among those who have agreed to give their services as lecturers may be mentioned Dr. Angus Macdonald, Dr. Foulis, Dr. Smart, Dr. Russell, Professor Fraser and Dr. Stevenson MacAdam. It is proposed that the lectures, which are to commence early in November, shall be delivered in the evening, in the large hall of the Watt Institution, and they shall be rendered as attractive as possible by means of diagrams and experiments.

REGISTRAR-GENERAL'S RETURNS.—According to the weekly return of births, deaths, and marriages, the death-rate for the week ending with Saturday, the 2nd October, 1880, was at the rate of 18·8 per thousand of the population in the eight principal towns of Scotland. This rate is 2·3 above that for the corresponding period of last year, and 0·1 under that for the previous week of the present year. The lowest mortality was recorded in Greenock, viz., 17·0 per thousand; and the highest in Perth, viz., 23·4 per thousand. The mortality from the seven most familiar zymotic diseases was at the rate of 5·4 per thousand, or 0·8 under the rate for last week. There was a decrease from the number of deaths from scarlet fever in Glasgow and Edinburgh. Acute diseases of the chest caused 76 deaths or 8 more than the number recorded last week.

EDINBURGH ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.—The medical board of this hospital have appointed R. Cathcart Bruce, M.B. and C.M., and Henry Pullon, M.B., C.M., house-surgeons for the quarter beginning on 1st proximo, in succession to James Limont, M.A., B.Sc., and L. Ralston Huxtable. Professor Simpson will succeed Dr. J. Halliday Croom as medical officer on duty on 1st. November.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—At a meeting of this Corporation held on Monday, the 4th inst., Dr. Robert Scott Orr was elected President, *vice* Dr. Andrew Buchanan, whose term of office had expired. At the same meeting Dr. Perry was elected Visitor, Dr. Maclaren, Treasurer, Dr. James Finlayson, Honorary Librarian, and Dr. Hugh Thomson, Vaccinator. The Board of Examiners were re-elected.

STIRLING.—OPENING OF THE COOMBE LECTURES.—On Friday, the 8th inst., Dr. Andrew Wilson, of Edinburgh, the "Coombe Lecturer," delivered the first of a series of "Coombe Lectures" on Physiology, and its relation to the laws of health before a large audience in the Union Hall, Stirling. Provost Anderson presided. Dr. Wilson, in opening the course, made reference to the views of George Coombe on physiology in common life, and remarked, that whilst thirty years ago Coombe's views were deemed to be "too advanced," to-day they were recognised and accepted as representing part of the highest and best work in educational progress. The subject of the lecture was "The General Build of the Body," with special reference to the skeleton and its mechanism. The lecture was fully illustrated by diagrams and specimens, and was listened to with great attention and interest by the large audience; the lecturer being frequently applauded. Dr. Donaldson, of the Edinburgh High School, in his capacity as one of the Coombe trustees, expressed his satisfaction with the manner in which the lecture had been received.

THE NEW ANATOMICAL SCHOOLS AT EDINBURGH. — A practical start has been made in that portion of the new University Medical Buildings set apart for the teaching of anatomy. Although teaching does not begin till to-day (Wednesday), Dr. Cunningham on the 4th inst. commenced the work of enrolling students, and the large number who put their names on the class-books in the course of the day afforded unequivocal proof of the estimation in which the new teaching arrangements are held. The opening of the new rooms, it is no exaggeration to say, marks a new era in the teaching of anatomy in the Edinburgh University Medical School. Their erection was some years ago demanded in the interests of the school, and the complete and satisfactory manner in which the demand has been met gives the best assurance for the future of the Edinburgh anatomical teaching. The objects kept in view in designing and constructing the anatomical side of the new buildings were threefold. They were, in the first place, to provide a sufficient amount of space in which to carry on the teaching of the large and increasing number of students attending the Medical School; in the second place, to secure, by proper lighting and ventilation, that the teaching should be conducted with due attention to the comfort and health of all concerned; and, in the third place, that the rooms should be so arranged as to give every possible facility for thorough and efficient practical teaching. In all three particulars both design and construction have been happily successful—so successful, indeed, as to place the Anatomy School of Edinburgh, so far as such things can of themselves place it, certainly far ahead of any other medical school in the kingdom.

Literature.

GANT'S SURGERY. (*a*)

(*Concluded from page* 298.)

The forty-first chapter claims Mr. Erasmus Wilson for its authorship, and, as might be surmised, is an exposition of great dermatological experience.

Speaking of depressed fracture of the skull, accompanied with primary brain symptoms, Mr. Gant observes truly that "in childhood a depressed piece of bone does not generally produce the serious results which are commonly noticed in the adult. The postponement of elevation or trephining is, therefore, allowable; when in an adult the operation should be performed at once." This is sound advice, which it is to be hoped will have some influence in checking the indiscriminate use of the trephine at all ages.

The work has a thoroughly practical condensed chapter on ophthalmic surgery, which has been revised and enlarged

(*a*) "The Science and Practice of Surgery." Including Special Chapters by different Authors, with 969 Illustrations on Wood, mostly new and original. By Frederick James Gant, F.R.C.S., Senior Surgeon to the Royal Free Hospital. Second Edition, in two volumes; re-written and enlarged. London: Baillière, Tindall, & Cox.

by Mr. Henry Power, and which will be found of vast assistance to those busy practitioners who have not time to read, and indeed have no occasion for, more voluminous works upon this branch of surgery.

We have an equally instructive chapter on aural surgery, by Mr. William Laidlaw Purves, which, in a condensed form, is full of most valuable matter.

Mr. Gant describes and illustrates *polypus* scissor-forceps for cutting and holding the pedicle of nasal polypus. He states that it is an adaptation of the grape or flower scissors commonly used in conservatories, and he has been so successful in its use that "never," so far as he has been able to ascertain, "has there been any return of the growth months or years after the operation." We have not been so fortunate in always eradicating gelatinous polypi with the forceps, but will give this instrument a trial.

It is very doubtful whether the preliminary division of the frænum in hare-lip operations, practised by the author and many other surgeons, leads to the best results. We are rather inclined to agree with Colles that it is better, when avoidable, not to divide it.

The name of Mr. Charles S. Tomes being associated with the authorship of the chapter on dental surgery, is in itself alone a sufficient guarantee of its practical nature. But this chapter is limited to that "borderland between the provinces of the general and of the dental surgeon, with which, both for the welfare of the patient and the credit of the practitioner, it is important that each should be familiar."

The description of, and mode of using, the laryngoscope is worthy of this work. But notwithstanding the reputation of Dr. Morell Mackenzie, the reviser of the fiftieth chapter, we cannot accept his statement as correct that croup and laryngeal diphtheria are identical affections. When we consider the adynamic and cacoplastic nature of diphtheria, and the fearful sequelæ that so frequently follow upon it, its identity with croup is far from being probable.

The results, according to the author, of tracheotomy in croup, are encouraging. Thus, "In Spence's ninety-one cases, the mortality after the operation was 77 per cent., whilst in Krönlein's recently published statistics it was 70 per cent. This is a large proportion, considering that surgical interference was the only chance of saving life." The author restricts the operation of thyrotomy to "extreme cases," where life is imperilled by dyspnœa or dysphagia, and in this opinion he is supported by the experience of Bruns, quoted by him, who remarks as follows: "I gladly join in Mackenzie's judgment, who only sanctions the operation 'when there is danger to life from suffocation or dysphagia, and then only after an experienced laryngoscopist has pronounced it impossible to remove the growth *per vias naturales*'—only I would prefer to say, 'if he has tried this method in vain.' For, as we have seen, even an experienced laryngoscopist is very rarely able to say that the endolaryngeal method has no chance of success, as even under the most unfavourable conditions complete success has been obtained."

We pass on to the practical observations of Mr. Gant regarding the operation of trephining the spine. "If," as he observes, "compression of the cord from hæmorrhagic extravasation could be diagnosed, the risk of trephining might be warranted, and the operation afford some relief, but with compression from depressed fracture, the damage to the cord remains, *plus* the danger arising from the operation." To which we would add the fact that the fracture is but too often in front of the cord, beyond the reach of the trephine, namely, in the body of a vertebra.

The treatment of disease of the spine by suspension and the plaster-of-Paris jacket, introduced to the profession in this country by Professor Sayre, of New York, Mr. Gant tells us appears to "be extremely satisfactory so far as ascertained up to the present time, and no evil results have followed the suspension principle," with the exception of sores arising either from pressure or friction. This statement appears to be endorsed by Mr. William Adams. Mr. Sayre's treatment differs so much in principle from the treatment advocated for "Pott's caries," up to the period of its promulgation, and is apparently so fraught with danger, that we have frequently asked ourselves have diagnostic errors led to a mistaken enthusiasm in its favour. When we bear in mind the difficulty—almost impossibility—of ascertaining the exact extent and condition of the diseased portion of the spine, we are tempted to believe that in many of the cases injury has not happened from the apparatus, because Nature had previously guarded, by anchyloses, against it. Whatever difference in opinion may exist regarding the safety of Sayre's treatment by suspension in Pott's caries, it can scarcely be questioned that suspension, even without the plaster jacket, may be of much use in the treatment of ordinary lateral curvature. It should be mentioned here that the plaster jacket has been lately much improved upon by the substitution of a modified poro-plastic. This can be easily moulded to the trunk, and unlike the plaster-of-Paris jacket, without causing a mess of filth in the process.

Some very instructive information is given in the observations on the hernial sac, which are deserving of the student's most careful study. We imagine that every impartial observer of the results of operations for the radical cure of hernia, will agree with the author that "there is some risk of life; unwarrantable, perhaps, in order to remedy the purely mechanical inconvenience of a reducible hernia; and greater uncertainty as to a permanently successful result, without the inconvenience of continuing to wear a truss for protection against a relapse."

We can safely corroborate Mr. Gant in the favourable opinion he has formed of Salmon and Ody's truss. We, equally with him, have used it successfully when "other inguinal trusses have failed." We are not prepared to give an unqualified assent to the author's opinion on the seat of stricture in femoral hernia. He, for instance, is convinced from examination of the parts in cases after death following the operation, "that the principal seat of stricture is the base or sharp margin of Gimbernat's ligament." We, on the other hand, are so convinced that this ligament rarely, if ever, forms the stricture in ordinary femoral hernia, that we avoid it in the operation. Sir Astley Cooper's reasoning on this point appears to us to be unanswerable, and we consider that his advice to divide the ring directly upwards should, when practicable, be always followed. We have done so for many years, and have had no cause to regret it.

Mr. Gant remarks, with truth, that hæmorrhage "perhaps considerable and persistent, is liable to occur in dividing the stricture at the crural ring." "It proceeds," he continues, "from the obturator artery, that vessel having its unusual origin from the epigastric artery, and the more unusual course of then arching over the ring and descending on the inner side at the base of Gimbernat's ligament." It is in connection with this variety of irregular obturator artery that the value of Sir Astley Cooper's advice to cut upwards is so clear. Because the artery, in its course to the obturator foramen, is not so near the neck of the sac anteriorly as internally, where it closely embraces it, and therefore is in more danger of being divided by the inward than the upward incision.

Our observation accords with that of Mr. Gant regarding the occasional position of the internal opening in complete fistula in ano. We have more than once found it higher than the point laid down by Sir Benjamin Brodie as its situation, where, no doubt, it is frequently found. So convinced, indeed, was Brodie in his accuracy regarding its situation, that he positively affirmed an internal opening always existed, and that those who could not succeed in finding it, did not know where to look for it. Mr. Gant refers to the very grave objection to the écraseur for the removal of internal piles—"the probable occurrence of stricture of the rectum after cicatrisation." This is not an imaginary risk. Nélaton, for example, mentions in his *Chirurgie Pathologique*, that he has had to operate for constriction of the anus resulting from too great a sacrifice of skin by surgeons who had used the écraseur for the removal of piles. The author sets at rest a much discussed question, the possibility of prolapse of mucous and muscular coats of the rectum together. Although descent of the *mucous* coat alone is the rule, yet that the muscular may accompany it is proved, he informs us, "by the existence of such a specimen in the museum of King's College." Mr. Gant has never yet thought it necessary to use Coulson's *button-pointed* lithotomy knife for opening the bladder in the lateral operation of lithotomy. Young lithotomists in particular should avoid it, for although a small incision has been previously made with the sharp pointed knife to allow of its entering the groove of the staff, a nervous operator instead of running it along the groove, might very easily pass it into the recto-vesical space instead of the bladder.

The author's views on the management of a blood coagu-

lum in the bladder are judicious. After speaking of breaking up the clot in the bladder and the method to be followed in doing so, he observes that, "Generally this disturbance of the clot would seem to be unnecessary and prejudicial. Its removal is apt to re-open the vessels and renew the hæmorrhage, while the solvent action of the urine will most safely and effectually bring away the blood. Opium may succeed in controlling the urgent desire to micturate, and when absolutely necessary to relieve retention of urine, surgical interference can be resorted to."

Mr. Gant describes many forms of urethritis, distinct from the specific disease, which the junior reader should always have in mind "before pronouncing a professional judgment as to the particular cause in any case of urethritis." But it should be remembered that sexual intercourse may take place at a very early age. The writer of this notice had, a few years ago, under his care, a boy of 9, with one of the most acute attacks of gonorrhœa he has seen, which was communicated to the child by his step-mother! The author alludes to the opinion of Ricord that "gonorrhœa often arises from intercourse with women who themselves have not the disease," and to that of Diday, who affirms "that from the very fact of a woman having a discharge, no matter what its origin, she is liable to give a discharge to a man." He further observes that "Bumstead bears similar testimony as to the possibly non-specific origin of gonorrhœa in a man from an uncontaminated woman." We have never been able to satisfy ourselves as to the accuracy of such statements. Were they unimpeachable, urethritis should be much more frequent than it is in married men, considering the vast number of married women who have vaginal discharges. We confess, however, that the question is a most difficult one, these apparent exceptionable cases being too often shrouded in mystery by lies and deception.

Speaking of the results of the rupture or splitting of stricture, the author says that "many deaths" have, he believes, occurred. Mr. Teevan says fifteen in number, which have not been recorded in the reports of cases hitherto published. To us nothing could prove more conclusively than these figures the comparative freedom from danger of this procedure. For if we consider the number of surgeons who perform the operation, in both the Old and the New Worlds, the mortality adduced against it is infinitesimally small, far indeed below the mortality from catheterism.

Mr. Gant is very accurate in his description of the direction extravasated urine takes, with but one exception. He observes "that there is no extension downwards on the thighs." This is a pardonable oversight, however, as we are aware of the record of only one case in which the urine passed down the front of the thigh. It was recorded by the late Mr. Morton, Surgeon to University College Hospital. There is one incision, not mentioned by Mr. Gant, for giving exit to the infiltrated urine, which we always make when possible, namely, on the middle line of the perinæum. This should implicate the stricture, and should be made with the assistance of a staff. If a surgeon's staff can be passed through the stricture it is admirably adapted for the purpose; but if not, a Wheelhouse's staff will be of much assistance.

Mr. Gant seems to doubt the occurrence of diffused hydrocele of the cord originally described by Pott and Scarpa. He thinks that "it is, probably, simply an œdema of the cord, and not any kind of cyst-formation." In this view he is possibly correct, in spite of the historical reputation of its original describers.

Battye's normal ovariotomy is, Mr. Gant remarks, "*sub judice.*" But we doubt that it will come into general practice. It consists in the excision of the healthy ovaries, so as to remove ovarian stimulus, which is considered to influence the growth of fibroid tumours.

The possibility of the spontaneous cure of ovarian dropsy has caused much discussion. The question has been recently discussed in Dublin, and one of the speakers stated most positively that such a thing could not occur. Mr. Gant, however, admits its occurrence, and cites the authority of Dr. Barnes in its favour. "*Spontaneous cure* has been known to occur, either by cessation of secretion and then progressive absorption, or by rupture of a single cyst into the peritoneal cavity, the intestine, or the vagina, and thence the subsidence of the tumour. But the former mode of cure is a very rare event; the latter has happened occasionally, yet always in a manner precarious or perilous. Barnes relates cases of spontaneous cure by perforation and discharge into the intestine."

The author goes very fully into the subject of ovariotomy, but as Mr. Wells has lately strongly advocated the application of the antiseptic method after a vast experience in the operation, the report for this and other reasons requires modifications.

We cannot take leave of this great work without expressing our admiration of the vast amount of most instructive matter the author has concentrated in it. At the present day surgical writers seem to emulate one another in bringing out ponderous volumes. and although this work is weighty the reading is by no means heavy. In fact the articles are written in a style calculated to interest the reader, and, therefore, especially suitable for placing in the hands of the student. The illustrations, nearly one thousand in number, are most instructive, and vastly increase the usefulness of the book. The index, too, being very copious, renders it worthy of the practitioner's book-case for referential purposes: and, finally, the typography and binding are everything the most fastidious *bibliophile* could desire.

B. W. R.

GUY'S HOSPITAL.

WHILST going to press we learn that a special meeting of the staff of this hospital has taken place, at which three resolutions to the following effect were unanimously carried:—

(1) That the staff should withdraw the letter of the 13th August.

(2) They requested the governors to consider the whole staff responsible for the letter of that date, which was signed only by their two senior colleagues.

(3) They expressed themselves willing to send delegates to form an integral part of the taking-in committee.

Correspondence.

THE MOVEMENT-CURE IN ASTHMA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I can testify to the success of Ling's method in Dr. Dunn's case, having known Dr. Dunn for many years; but your correspondent, Dr. Croft, is quite mistaken in supposing that Major Leffler is the discoverer of the method by which Dr. Dunn was cured. Ling's method of medical gymnastics has been practised in this country for upwards of thirty years. The first to introduce it was Mr. Augustus Georgia, an actual pupil of Ling, and professor at the Ling's Gymnastic Institution in Stockholm. Prof. Georgia continued to practise this system in London until a year or two back, when he returned to Sweden. The practice was taken up and pursued by Dr. Matthias Roth soon after its introduction by Prof. Georgia, and Dr. Roth and his son, Dr. Bernard Roth, continue to treat appropriate cases by Ling's gymnastic method in London and Brighton. In 1851 Dr. Roth published a work entitled "The Cure of Chronic Diseases by Movements," which is advertised so lately as August 18th on the title page of the *Medical Press and Circular*. In this work you will find, at page 205, a full description of the movements required for the cure of asthma. I may add that I know of several cases, among them one of my own patients, who have been perfectly cured of asthma by Ling's method under the care of Dr. Roth.

I am, &c.,

53 Montague Square, London, Oct. 7, 1880. R. F. DUDGEON.

THE "UNQUALIFIED ASSISTANT" SYSTEM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was much pleased with the annotation in your last number on "Unqualified Assistants," the subject being now

notorious all over the country and a daily growing evil, for which it will be most difficult to find a remedy. The country now swarms with these men, who, if they have been engaged, no matter how short a time, and their conduct so base that no medical man could keep them for any length of time, they at once go to reside in a low neighbourhood and commence on their own account in the practice of midwifery and the diseases of children as late assistant to Dr. So-and-So, and meet with every encouragement from that class of persons. Only on Wednesday last I was called to attend a child three or four months old, which had been attended for a fortnight or so by one of these gentlemen, who, when he observed it was daily becoming worse, advised the parents to call in another practitioner, "merely for their satisfaction," which in truth was to avoid the exposure of an inquest, and also to obtain a certificate from the local registrar for its interment. It only lived one clear day, Thursday, after I was called in attendance, and died on the Friday from diarrhœa and convulsions.

With respect to the unqualified assistants named can our Medical Council do nothing for the profession? That these men are allowed to go unpunished and prey upon the vitals of ignorant people as they please, or to prohibit such persons altogether visiting patients, whether they have been engaged for a time by a medical man on the Register, or are practising on their own account. As well might druggists visit the patients for whom they so often prescribe over their counters, as allow these men to tamper with the lives of their fellow beings. At present there seems no prosecutor for either. Again thanking you for your unflagging energy in the exposure of abuses and the maintenance of the honour of the profession,—I am, sir,

T. T. P.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CHANGE OF NAME.—Mr. S. M. Burroughs, proprietor of the "Kepler Malt Extract," and several other equally well-known preparations, asks us to state, for the information of the profession, that he has taken into partnership Mr. Wellcome, of New York, who has for many years been engaged in the drug trade, and that the name of the new firm will in future be Burroughs, Wellcome, & Co. There will be no change in the address, 8 Snow Hill, London.

S. P., Newcastle, will find the subject referred to in another column.

MR. WILLIAM A. should get Darling's "Essentials of Anatomy," and Bellamy's small hand-book on "Surgical Anatomy."

MR. J. H.—Many thanks.

MR. F. SACH, Charmouth.—Your request has been attended to.

PATER will find all his questions answered on reference to the columns of our "Students' Number," Sept. 22.

MR. GEORGE JESSE, Hon. Sec. of the Anti-Vivisection Society, is so delighted with our article on "Modern Medicine" that he has had portions of it reprinted and sent round on slips for the edification of his friends. Mr. Jesse has our thanks for one of these; much good may it do him!

VIATOR.—The most simple and reliable test for arsenic in wall papers that we know of is the immersion of a piece of the suspected paper in strong ammonia in a white saucer or plate; if the ammonia turns blue the presence of a salt of copper is proved. Then drop in a crystal of nitrate of silver, if arsenic be present the crystal will become coated with yellow arseniate of silver.

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 7.30, Council Meeting.—8. Address by the President.—Mr. Clement Lucas will show "A Case of Excision of both Elbow-joints."—Dr. Stephen Mackenzie, "On a Case of Glioma of the Brain."

BUILDING SOCIETIES AND HOUSE SANITATION.—The following resolution has been forwarded to the Chairman of Parkes' Museum of Hygiene:—"That, as in the opinion of this meeting a course of lectures at the Parkes' Museum of Hygiene on House Sanitation would be most valuable to the members of building societies (who, to a very large extent, own the houses they live in), the Secretary of this Society (XIX Century Building Society) be requested to ask the Committee of the Museum whether such a course of lectures could not be given gratuitously during the ensuing winter."

Dr. BAYES.—Communication of Dr. Grazzini to hand as we were going to press. We will look it through, and if of sufficient interest, mark it for early insertion.

LIFE IN HOSPITAL.

IN our last number we gave a charming picture of in-patient life sketched by one who had been an inmate. From personal knowledge of most of the large hospitals, the picture was a true one. The following, however, gives another view from the pen of a correspondent in the *City Press*:—

"Picture to yourself a ward in a hospital and a nurse or 'sister' watching at the bedside of a patient seriously ill. It is the hour for the patient to take some nourishment, and a basin of beef-tea is sent to the ward in accordance with the doctor's orders. At the moment when the nurse takes the beef-tea a bell rings for prayers, and she hurries away to her devotions, leaving the beef-tea to get cold within sight of the poor fellow, who is too weak to reach the food that is placed tantalisingly near to him. Would you be surprised to learn that the above is a picture of real life in a London hospital, to the management of which public attention is now being directed? My authority is an eye-witness of the scene."

We are inclined to join issue with this writer, and to ask him—assuming the story to be true to the letter—if he wishes all order and decent formalities to be abolished, including attendance at morning and evening prayer by the nurses and *employés* at our hospitals? If this be his desire, the object of his complaint is obvious. If it be not so, the "beef-tea left to get cold within sight of the poor fellow" is a silly effusion, as a nurse is equally cognisant of the hour of prayer and the patient's meal-time.

VACANCIES.

Carlow District Lunatic Asylum.—Resident Medical Superintendent. Election, Oct. 18. (See Advt.)

Charing Cross Hospital.—Assistant Physician and an Assistant Surgeon on the Staff. Applications to the care of the Secretary before Oct. 30.

Edenderry Union, Rathangan Dispensary.—Medical Officer. Salary, £120, with fees, and £25 as Sanitary Officer. Election, Oct. 25.

Great Northern Hospital, London.—Physician for Out-patients. Applications to the Secretary before Oct. 30.

London Fever Hospital.—Assistant Resident Medical Officer. Salary, £120. Applications to the Secretary before Oct. 20.

Rotunda Hospital, Dublin.—Resident Clinical Clerk (Six Months) at the rate of £52 per annum, with apartments. Election, Nov. 1.

Royal Free Hospital, London.—Senior Resident Medical Officer. Salary, £104, with board. Applications to the Secretary on or before Nov. 11. (See Advt.)

Royal South Hants Infirmary, Southampton.—House Surgeon. Salary, £100, with board. Applications to the Hon. Sec. before Oct. 23.

Sligo Union, Carney (No. 2) Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, Oct 20.

APPOINTMENTS.

BARLOW, J., M.D., M.R.C.S.E., Professor of the Institutes of Medicine in Anderson's College, Glasgow.

BIRCH, R. C., M.R.C.S.E., L.R.C.P.L., Medical Officer to the Children's Dispensary, Manchester.

BLUMER, P., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the West District of the Bingham Union, Notts.

COMPTON, T. T., M.B., C.M., Junior Assistant Medical Officer to the Norfolk County Asylum.

DENHAM, J. K., L.R.C.S.I., L.K.Q.C.P.I., Demonstrator of Anatomy at the School of Surgery, Royal College of Surgeons, Ireland.

MAY, B., B.Sc., F.R.C.S., Casualty Surgeon to the Queen's Hospital, Birmingham.

OAKLEY, Mr. H. C., Assistant Medical Officer at the Leeds Workhouse Infirmary.

PRICE, R. G., L.R.C.P.Ed., L.F.P.S.G., Medical Officer and Medical Officer of Health for the Ystradyfodwg Union.

READER, J., M.R.C.S.E., Medical Officer for the Marshfield District of the Chipping Sodbury Union.

TWEDDELL, G., M.R.C.S.E., Medical Officer of Health for the Houghton-le-Spring Urban Sanitary District.

Births.

CREMEN.—Oct. 4, at 4 Camden Place, Cork, the wife of P. J. Cremen, M.D., of a daughter.

HUNTER.—Oct. 4, at 21 Norfolk Crescent, London, the wife of Surgeon-General W. Guyer Hunter, M.D., F.R.C.P., Hon. Surgeon to the Queen, of a daughter.

TABUTEAU.—Oct. 2, at Portarlington, Queen's County, the wife of J. M. Tabuteau, M.D., of a son.

Marriages.

JACKSON—HAYES.—Oct. 7, at St. Michael's, Paddington, Edward Jackson, L.R.C.P.Lond., of Darlington, to Edith Mary, daughter of the late Robert Hayes, of Ivor, Bucks.

LYNE—MACDERMOT.—Oct. 4, at Swinford, co. Mayo, Daniel J. Lyne, L.R.C.S.Edin., J.P., Castletown-Berehaven, co. Cork, to Katie, youngest daughter of the late H. MacDermot, Coolavin, S.I., R.I.C.

ROSE—CLARK.—Oct. 6, at St. Stephen's Church, Westbourne Park, W., William Rose, F.R.C.S.E., M.B. Lond., to Mary Ann Cooper, youngest daughter of Robert Clark, solicitor, Chepstow Villas, W.

Deaths.

BOWERBANK.—Oct. 5, at Argyle Road, Castle Hill, Ealing, Lewis Quin e Bowerbank, M.D., late of Jamaica.

BROWN.—Sept. 19, at Haverfordwest, James David Brown, F.R.C.S.E.

BROWN.—Oct. 4, after a long illness, the Rev. R. S. Brown, A.M., Oxon, eldest son of Dr. Gosset Brown, of 30 Margaret Street, London.

HUNTER.—Oct. 7, suddenly, at the Army and Navy Club, London Thos. Hunter, M.D., Deputy Inspector-General of Hospitals.

MOORHOUSE.—Sept. 18, at Ivy House, Ellesmere, James William Moorhouse, M.R.C.S.E. & L.R.C.P.E., aged 53.

MOYLAN.—Sept. 10, at sea, John Barry Moylan, L.R.C.S.I., aged 28.

WATTS.—Oct. 8, at Battle, Sussex, James Watts, M.R.C.S., in his 91st year.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 20, 1880.

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COPPER IN THE TREATMENT OF DIABETES.

By Dr. G. B. GRAZZINI,
Florence.

V. Landi, æt. 63, a cook, a strong man of healthy frame. His constitution is lymphatic, he never had any serious illness save a bronchial catarrh, for which I treated him some years ago, and which was speedily cured. He is sober and leads a regular healthy life, and is pretty well off. He has always been well fed with diet of a mixed nature. In the beginning of June, 1878, I was called in to treat him for a furuncular eruption which had for some time molested him on the perinæum, and on the left hand; what especially annoyed him was a whitlow on the thumb of the right hand. After some days he consulted me about an increasing and unusual feeling of general weakness, which seemed to him to be accompanied by a marked wasting away. At first I attributed this to the pain he was suffering, and the consequent want of sleep and of appetite. But I then discovered that this change had been going on in him since the beginning of the year, and the prostration of strength was accompanied by loss of sight, insatiable thirst, and enormous emissions of urine. He did not feel any sense of hunger. The muscles of the extremities were flaccid and softened, and the subcutaneous adipose, usually abundant, was much diminished. An examination of the thorax and of the abdominal viscera entirely excluded the idea of any morbid complication. From these facts, associated with the furuncular eruption, I suspected that his was a case of true diabetes, in which a chemical examination of the urine with oxide of copper and potash confirmed me. The analysis made afterwards by the analytical chemist, M. T. Frilli, gave the following results:—

The density of the urine was equivalent to 5½ of the urinometer of Heller. The saccharometer showed 57·88 per 1,000. In twenty-four hours the quantity of urine was 6 kilogrammes.

During several years at the Hospital of San Giovanni di Dio, I had many cases, and tried all the different remedies with little or no success. Having read that in cases of obstinate anæmia, cachexia, and dyscrasia, copper and various preparations of copper had proved to be reconstituents and efficacious remedies, and that animals subjected to a course of that metal had gained in weight and general health, I decided to try the effect for the wasting away of my patient, without presuming to stop the specific progress of the malady, against which I did not know it would act. I am not aware that copper has ever been used in such cases.

On the 28th of June I prescribed a centigramme of copper in fine trituration, mixed with a gramme of powdered gum arabic, to be taken twice a day at meal times. I did not order any special diet, or forbid the use of farinaceous food, wine or bread; not so much because a purely meat diet would have been impossible to obtain, but in order to see the genuine influence of the prescribed remedy. After twenty days I increased the dose to three centigrammes per diem, intending to raise it again, seeing that the patient suffered no inconvenience of any sort.

On the 4th of August, he came to tell me that the quantity of urine had gradually diminished considerably, and that the intense thirst was gone. I had arranged to make a fresh analysis of the urine next day, in order to judge of the amelioration, when my patient had a violent attack of fever with severe headache and sense of weakness; these ceased in two days, when the fever entirely subsided. Twice, with an interval of a week, he had a feverish attack, which lasted only a few hours, and ceased spontaneously with turbid urine full of sediment. On being heated the urine became limpid. The quantity passed in twenty-four hours was almost normal. I made a fresh analysis, which proved that sugar was not present, as no trace was to be found either with oxide of copper or subnitrate of oxide of bismuth. The saccharometer gave barely 4 per 1,000, an infinitesimal quantity. From that date (the 4th September) till the present time, the analysis has been repeated four times, with the same results. I beg to observe that during these two months the patient has

not continued the metallic treatment, which I stopped when the first feverish attack came on.

V. Landi, during this period, continued to improve, and is now quite well. He has regained strength and flesh; he looks well, and has a good appetite; his thirst is normal, as is the quantity of urine (about two litres in twenty-hours).

Is this a real cure, or only a temporary cessation of the malady? Time alone, and repeated conscientious examinations of the patient, can show. It is true that in the various treatments of this disease, and also with a purely animal or albuminous diet (when scrupulously observed), one obtains a suspension, more or less prolonged, of the principal phenomena; but they return as soon as the treatment is suspended, or the patient neglects to observe an animal diet. I would also observe that the suspension is not generally rapid or decisive enough to do away with all trace of sugar in a short time, and the patient does not rapidly regain strength and flesh. In this case it did occur even after the patient no longer took any remedy, and had never observed any special diet.

Can this cessation be attributed to the repeated attacks of fever which may in some way have affected and disturbed the specific course of the diabetes? When we remember that the two principal characteristics, insatiable thirst and superabundant urine, were already greatly diminished before the feverish attacks, it is improbable that they could have had any influence, and once the pertubation caused by the fever had subsided, we may reasonably conclude that the disease would have again appeared. How many times have sufferers from diabetes had fevers of various sorts without any cessation of the morbid action of their malady? I beg to state that I do not claim that copper has cured my patient, but I do think that it is to that alone that the cessation of the morbid characteristics is due, which may assume the proportions of a radical cure.

Sept., 1880.—V. Landi returned to service; he was perfectly well for six months, when he had a violent attack of fever, with symptoms of cerebral congestion, and died on the third day in a state of coma. (Acetonæmia?) He being away from Florence I could not obtain any details.

Another patient, to whom I was called by my colleague, Dr. Martini, was so much better after a month's treatment, being much stronger, having gained flesh, lost the incessant and tormenting thirst, and the quantity of urine being much diminished, as was also the sugar contained in it, that he insisted on returning to his family at Naples. The cure was of course interrupted, but after three months I heard that he was quite well.

In another recent case of diabetes of the Countess G—, the treatment has given the same results, although her's is probably diabetes symptomatic of cerebral lesion. Whenever she feels weaker, tormented by thirst, and augmented emissions of urine, with sugar, she finds immediate alleviation on taking copper. I must mention that she is a capricious and difficult patient, and insists on eating quantities of fruit and sweet dishes. But since she began the treatment she has gained flesh, has a good appetite, and her general strength has augmented considerably.

I would add that Dr. Levi, of Venice, tried copper with a patient of his, and during the first month it succeeded, but he says (*Venetian Scientific and Medical Journal*, June, 1879):—

"After a month one patient returned to her primitive state, but we must note that her's was a form—very rare—of fatty diabetes, while Dr. Grazzini's case was the more common one of diabetes, with wasting away. The pathology of this terrible disease is still so obscure that we may reasonably suppose that the same remedy will act on one form of the malady and not on another. A new trial, therefore, of copper is to be recommended under favourable circumstances, *i.e.*, not in inveterate and very severe [illegible], or in fatty diabetes."

It is true that one isolated case has not any great weight clinically, but it may serve to induce others to repeat the experiments, and to make observations which will confirm or stultify what I state.

NOTES ON CERTAIN LOCAL OUTBREAKS OF ENDEMIC OR CLIMATORIAL FEVER AMONG BRITISH TROOPS.

By Surgeon-General C. A. GORDON, M.D., C.B., Q.H.P., Late in Medical Charge of Her Majesty's Forces in the Madras Presidency.

(*Concluded from page* 303.)

Epistaxis was frequently seen even in the first cases, those occurring at Cheflik camp, and it afterwards became increasingly common. Sometimes the bleeding was very profuse and repeated, rendering plugging necessary for its arrest.

In a fatal case of malarial cachexy related, besides other morbid conditions enumerated, "Peyer's patches were pale, numerous grain-like bodies were seen under the mucous membrane of the lower part of the ileum. At the beginning of autumn a new form of malarial illness appeared. It had so many of the features of an enteric fever that there was great difficulty in discriminating between the two illnesses, and this was all the greater owing to the occurrence of two cases of undoubted enteric fever. In nearly every case there was an eruption of rose-coloured papules on the abdomen and chest; the papules ranged from a dozen to a hundred in number, and commonly, but not always, they appeared in successive crops, which lasted for a few days. Not unfrequently the morning temperatures were higher than the evening ones. The appearances found in the small intestine were not those caused by the deposit of specific matter of enteric fever poison in Peyer's glands, but were those likely to be met with in non-specific inflammation, such as that in what the German authors call 'catarrh of the intestine.' The weakness of the patients, the pains in the head, in the limbs, the vertigo, the singing in the ears, the epistaxis, the bronchitic affection, recall the image of a case of commencing typhoid; but from the beginning the fever shows a remarkably remittent character.''

In the *Edinburgh Medical Journal* for June, 1880, Surgeon Wood considers the subject of Cyprus fever. According to him, "any circumstance which tends to deteriorate the general health may induce fever, such as exposure to the sun, insomuch that an ordinary case of febricula may run into a well-marked periodic fever, or under fatigue, mental as well as physical, an insufficient or unwholesome dietary, or above all, exposure to chills. He mentioned the circumstance that the older soldiers who had gone to Cyprus from India scarcely suffered at all from the fever of the island, whereas the young lads who joined from Malta suffered severely. In the winter season the cases presented many startling resemblances to English enteric fever, from which they could only be distinguished by the thermometer." In some cases there were rose-coloured spots, sometimes only a few, sometimes many. They did not appear in crops, to be replaced by others, but often persisted for a considerable time, and then disappeared altogether. If diarrhœa was present, tympanitis was common also; it usually disappeared with the diarrhœa. The upshot of all this is, therefore, according to my view, that this fever, presenting some of the characters of what in England is looked upon as a specific fever caused *only* by the receipt into the system of fæcal contaminated air, water or food, was in Cyprus due, *not* to pathogenic causes, but to climatorial and endemic influences, and to them alone.

3. ASCENSION, 1878-79.—Staff-Surgeon G. Maclean, R.N., writes as follows on the subject of enteric fever on the island of Ascension: "I think my experience of enteric

fever as it has prevailed in this isolated spot since my arrival in June, 1878, may be considered of interest on the subject. During this period cases of the disease have occurred from time to time without any discoverable connection with each other, and in the great majority of cases in the persons of new comers. In every instance the disease was clearly marked by the usual characters, and could not possibly mistaken for any other. If enteric fever, according to the commonly accepted theory of its origin, is always associated with defective sanitary arrangements, then Ascension, of all places with which I am acquainted, ought to be exempt from it. There is no such thing as a sewage drain or cesspool in the island, all sewage and other filth being removed daily and thrown into the sea to leeward of all dwelling houses. The water, partly collected from the roofs of buildings during rain and partly condensed, is stored in iron and cemented stone tanks, removed from all possible source of contamination. With the exception of Green Mountain, where there is soil resulting from the decomposition of grey trachite, the fundamental rock of the island, giving rise to a feeble vegetation, the island is a mass of volcanic rock and ashes incapable of supporting any vegetable life whatever. My investigations have utterly failed to connect the fever with any of the conditions commonly believed to be essential to its production. The idea of a climatic origin did, indeed, occur to me, but it seemed like heresy to suggest such a thought, and I was obliged to be contented with the fact of the existence of the disease without pretending to explain its origin. I am encouraged to send this communication in the hope that it may in some degree contribute to the establishment of the view that under certain, as yet unknown, meteorological conditions, a disease undistinguishable in its symptoms and pathology from enteric fever, may arise independently of a specific cause."

4. Natal and Zululand, 1879.—From Jan. 1st to May 31st, 1879, 267 admissions by enteric fever were recorded in Natal and Zululand. Many of these occurred in healthy camps, on soils previously unoccupied, and in bodies of picked men. The water supply as a rule good, no sewers or drains, conservancy dry earth or trench, and carefully attended to. The troops of Crealock's division encamped near the coast, and in close proximity to marshy ground, where the natives suffer severely from remittent fevers, had more admissions from enteric than the Second Division which was inland and generally at higher elevations. The medical officers differed as to the nature of this fever, several maintaining that it was not typhoid as commonly understood in England, but bilious remittent, with typhoid symptoms as seen in India; others nailed their colours to the mast that it was genuine enteric. In support of the former view a medical officer reports that numerous cases entered as enteric were discharged and at their duty five or six days afterwards. Surgeon-General Ross describes this fever as typho-malarial. He says: "It is not a fatal fever, but it causes great prostration, and a change to England is absolutely necessary. I am of opinion that it is climatic, the true autumnal fever. It, as a rule, commences with sore throat, a peculiarity; the *rose spots* are invariably present, and in fatal cases the lesions of Peyer's patches were well marked."

Surgeon-General Ross writes as follows: "Typhoid fever was the principal if not the only disease which in 1879 affected the troops in Zululand. The disease which affected the troops in Ekowe the medical department classifies as typho-malarial, being a fever of *malarial type* with rose spots and well-marked *lesions* of *Peyer's glands*." He adds, "there are probably two forms of typhoid fever, the one, which might be called European, arising solely from sewage contamination; the other, a more Eastern type, prevalent perhaps in certain localities where there is the same type of fever, more due to *climate* than to *filth* causes."

Deductions.—From the particulars thus given the following points are, I think, made evident, namely:—

1. With Regard to Walcheren.—*a.* That the effect of impure water in the causation of disease was in 1809 fully recognised; but then *diarrhœa* rather than fever was the affection in which its effects were "generally so remarkably conspicuous."

b. The first occurrence of epidemic fever in the month of August is distinctly stated to have been due to "the influence of climate."

c. The form of prevailing fever degenerated into "a low species," thus changing its type.

d. It was attended by various complications, as "determination to the head, lungs, or intestines."

e. It frequently terminated in diarrhœa and dysentery.

f. During the epidemic it occurred variously in different cases, as continued, remittent, and intermittent, besides changing its type as already mentioned.

g. One species is distinctly mentioned as "directing its force to the abdomen in particular."

h. Abdominal tenderness and tympanitis are distinctly recorded as occurring in such cases.

i. And a distinctive "cadaverous smell" from the person of the patient in the worst cases.

j. Distinctive symptoms were recorded as present in "suppuration of the spleen, ulceration of the bowels, or mesenteric glands." Ulceration of the small intestines was also noticed.

k. The occurrence of intestinal hæmorrhage is mentioned in extreme cases.

l. And also the tendency of remitting and intermitting fevers "to direct much of their action against the liver."

m. The connection between the high tone of fibre of the soldiers, and sthenic form of the prevailing fever, was particularly stated, and the influence of individual conditions upon the manifestation of disease recorded.

n. The occurrence of diarrhœa and dysentery was looked upon as "morbid graftings upon the original disease;" not as the original disease.

o. The occurrence of a cutaneous eruption in cases of the epidemic fever was noticed.

p. The occurrence of pneumonia as a complication was specially noticed; so that if a specific name had been applied to individual cases, according to organs affected, that of pulmonic fever might appropriately have been so to these.

q. The inefficiency of bark when given prematurely, is noticed, and rules laid down on this subject.

r. Modifications of type, according to season, were alluded to.

s. In post-mortem examination the occurrence was mentioned of "ringlets of small lumps resembling tubercles" in the small intestine; that is, of enlarged Peyer's glands; also of enlarged mesenteric glands.

2. With Regard to Cyprus.—*a.* The occurrence of fever according to season is specially noticed.

b. Also that it attacks every new comer, sooner or later, thus being in the nature of a "seasoning fever."

c. Diarrhœa was one of its early symptoms; in such cases tympanitis was also present.

d. Implicit confidence is placed in the power of quinine to "cut short" the attack.

e. And yet it is stated that notwithstanding this remedy "attacks occur over and over again," malarial cachexy becomes established, with splenic and hepatic enlargement, thereby proving that as a matter of fact quinine is no more a sovereign remedy than bark was found to be in the fever of Walcheren.

f. The occurrence of intestinal hæmorrhage in cases of this fever is recorded.

g. The fever itself in some cases resembled "yellow fever," in others the difference between it and that of the Gold Coast were more of degree than nature.

h. Enlarged spleen and congested liver occurred in cases as complications of the disease.

i. Change of type took place in cases from remittent to intermittent.

j. The statement definitely occurs that the origin of this fever was paludal, and that in it all the symptoms of enteric fever are present.

k. The occurrence of the fever in men of an ironclad, who had not landed, exactly similar to that which affected men who had landed seems to indicate climatic causes, not such as were peculiar to soil and water of the island.

l. The occurrence of cutaneous eruption in the course of the fever is mentioned, the character of the eruption, however, differing in different cases; often rose coloured papules on the abdomen.

m. Epistaxis was "increasingly common" in cases.

n. Although two cases of "undoubted enteric fever" occurred at the beginning of autumn, the precise points in which these differed from other cases not so described, are unstated.

o. The peculiarity was noticed, that "not unfrequently the morning temperatures were higher than the evening ones."

p. The non-specific origin of the fever was noticed.

q. Also the circumstance that whereas young soldiers suffered severely from the prevailing fever, the older ones "scarcely suffered at all" from it.

3. WITH REGARD TO ASCENSION.—*a.* Cases of what was called enteric fever occurred in new comers, and unconnected with each other.

b. Thus indicating the inapplicability to this island of the pythogenic theory of causation of the disease so named.

c. Observations on the spot "failed to connect the fever with any of the conditions commonly believed to be essential to its production."

d. Under certain meteorological conditions, a disease undistinguishable in its symptoms and pathology from enteric fever may arise independently of a specific cause.

4. NATAL AND ZULULAND.—*a.* Many cases of "enteric" fever occurred in healthy camps, on soils previously unoccupied, and in bodies of picked men.

b. Water was good, no sewers or drains existed, conservancy, trench, or dry earth, and well attended to.

c. But it chiefly affected men encamped near marshes, and where the natives suffered from remittent fever.

d. At the same time that an evident desire existed on the part of some observers to look upon the disease as *typhoid* or enteric as understood in England; others considered it to be "a bilious remittent" or "typho-malarial."

e. By others, again, the fever was considered to be "climatic, the true autumnal fever."

f. Rose spots were invariably present.

g. And in fatal cases lesions of Peyer's patches were well marked.

Conclusions.—From the deductions thus enumerated the following conclusions are I think justified, namely:—

1. That a form of fever, presenting many, or all the characters of "typhoid or enteric fever" in England, occurred in the places named as a result of causes which can only be described as climatic, endemic, malarial, and otherwise non-specific.

2. That in no instance could the occurrence of a case be connected with pythogenic causation.

3. That while the evil effects of contaminated water were acknowledged, diarrhœa, not fever, was looked upon as the form of disease thus induced.

4. That paludal fever may prevail as an endemic, and on occasions as an epidemic.

5. That intestinal and other lesions occurring in the course of that form of fever were looked upon as complications of, not as the primary disease.

6. That fever of different types, that is continued, remittent, and intermittent, occurred simultaneously during the seasonal and endemic prevalence of the disease.

7. And that change of type was not unfrequently noticed to occur in individual cases.

8. That among the phenomena noticed in endemic and otherwise non-specific fever, were tympanitis, abdominal tenderness, particular odour from the person and hæmorrhages.

9. That diarrhœa and dysentery, when they occurred in the course of a case were looked upon as engraftings upon the original disease.

10. That cutaneous eruptions of different kinds, rose spots among others, occurred in cases of endemic and otherwise non-specific fever.

11. That the young soldiers and the newly arrived were particularly liable to attack.

12. That personal conditions, including diathesis and habits determined to a considerable extent, the particular form or type of the fever in individual cases.

13. That in the earlier reports the expression "typhoid" was applied with reference to a condition of the patient, not with reference to a theoretical estimate of causation.

14. That the more usually described course of bodily temperature was in some instances so completely reversed that the temperature was higher in the morning than in the evening.

15. That in cases of endemic, climatorial, or paludal fever, the lesions of Peyer's and mesenteric glands were similar to those described as peculiar to and distinctive of specific fever the result of pythogenic causation.

16. That in 1809 the inefficiency of "bark" unless with certain precautions in the treatment of endemic, climaterial, and non-specific fever was recorded; that more recently the inefficiency of quinine in similar fevers has been noticed, and that consequently what is now called "the quinine test" of malarial or climatic fever as against pythogenic is shown by experience to be untrustworthy and fallacious.

17. And lastly, that the results obtained from a study of fever under the circumstances related in this paper confirm in every respect the correctness of conclusions enumerated in my Special Reports on Fever as it occurred among British troops in Southern India.

RACHITIC DEFORMITIES. (*a*)

By OSMAN VINCENT, F.R.C.S. EDIN.,
Surgeon to the National Orthopædic Hospital.

Concluded from page 304.)

I WILL here say a word about the ignorance of mothers with regard to nursing and general attention to their infants.

In these days of struggle for "woman's rights," higher education, knowledge of every sort, suitable or unsuitable, competition with the men in the arena of science and philosophy, to say nothing of more useful efforts in the direction of cooking, dressmaking, and other feminine arts, would it not be wiser to contrive some method of instructing possible mothers in the first principles of the care and nurture of young children, whose deformed limbs and bandy legs bear witness to the experiments practised on their infant innocence, and to the almost culpable ignorance of young mothers? Surely the knowledge how to prevent the distortion of straight and healthy limbs, and how to afford infant humanity every chance of a perfect development is more useful for young women than to know "the difference between rhomboids and spheroids," or how "to tell off all the capes in Europe," which are matters so successfully taught, and so glibly learnt in our Board and other schools!

We will now consider the mechanical treatment of the curvature of the lower extremities, these curves being both forward and outward ones. First stating that it is perfectly possible to straighten a rachitic curve provided you get your case before too much calcareous deposit or even eburnation has taken place, straight splints outside or in, with or without knee-caps, according to the deformity and the cause, together with removing the superincumbent weight, will, in a few weeks, rectify the offending bend, for as I have said in speaking of genu valgum on a previous occasion, Nature is only too glad to assist the

(*a*) Lecture delivered at the National Orthopædic Hospital.

surgeon should he go with her and not in direct opposition to her laws.

So that by removing the adverse causes and, as it were, pulling Nature in the right way, she will rather remain in her normal state of grace, than return to her abnormal deformity.

The treatment of the forward curve in the tibiæ is difficult, there being no point of resistance against which to fix your splint, both the patella and the dorsum of the foot being most movable, and hardly calculated to form a *point d'appui* for the bearing of a splint.

Instruments are made with pads acting by a screw to make pressure on the prominent parts, but unless these are under the direct care of the surgeon, or in the hands of some well instructed person endued with more than the ordinary amount of common sense, all the appliance does is to cause discomfort and loss of temper to the patient and attendant, and we are fortunate if there is not loss of skin as well; so we must trust more to rest, constitutional treatment, and Nature, and you will often find that while you are treating the bandy legs the forward curve becomes much improved, and when the time comes for the splint to be taken off, the whole leg has assumed a proper shape.

There is no doubt that rickets is a *curable* affection, that is if taken in time before the curves of the bones become fixed by the eburnating process. Though in the latter part of the 17th century the poet Dryden wrote thus—

> "O were my pupil fairly knocked o' the head
> I should possess th' estate if he were dead.
> He's so far gone with rickets and the evil,
> That one small dose would send him to the Devil."

Thereby implying that rickets was not only looked upon as a constitutional disease of some gravity, but intimately associated with scrofula, or King's evil, as it was then called.

The first step in the constitutional treatment of rickets is the proper management of the food, and by it to restore healthy nutrition, in whichever of the three forms I have mentioned may come under consideration. This must be done by strict attention to diet, which in itself must depend on the age, number of teeth, and general symptoms of the case. Too much farinaceous food is bad, although it is a common notion to bring up children who are denied Nature's fount upon this kind of food: such as corn flour, arrowroot, tapioca, and others.

This sort of food must be restricted and its place supplied by milk, beef-tea, eggs, and if the child be old enough, fats, especially bacon fat, but as a rule, meats are contra-indicated until at least the fourteenth month. Lime water, to the extent of a quarter in bulk, should form part of all fluids drunk, and "Parrish's Chemical Food," consisting as it does of the phosphates of iron, lime, soda and potassa, is a preparation of great value in all cases of rickets. I have lately been using as an experiment Fellowes' compound syrup of hypophosphites, which in addition to the above drugs contains quinine, strychnia, and manganese, and have found it better digested by children, many of whom are unable to retain the somewhat crude preparation of the Parrish's chemical food.

Much may be done by daily manipulations, frictions, shampooings, and cold water from a tap or elevated jug, followed by a hot towel, used as coarse and roughly as the little patient can bear it. It is astonishing what hand bending of a deformed bone for five minutes twice a day will produce in a few weeks in the way of straightening.

Neglected cases which are allowed to grow into adult without proper attention may be fairly treated by removing a wedge-shaped piece of bone from the apex of the curve, an operation first done at this hospital by Lewis Stromeyer Little thirteen years ago, and one which with due care is devoid of risk; but before deciding upon operative interference you should be thoroughly convinced in your own mind that gentle continued mechanical pressure would be unavailing. Rachitic bones have been broken and reset in what may be considered a better position, but as a rule the results are generally worse than the disease.

I must here stop, although it would be possible to go on for any length of time on this most interesting subject. I only hope I have succeeded in proving to you that rickets *is* a curable disease, and that most of the deformities, especially those of the lower extremities, seen in our streets might be prevented by a more practical knowledge of the early nurture of young infants by the mother—a more careful attention to first symptoms by the nurse, and a more speedy application of efficient remedies by the profession.

Clinical Records.

ST. MARY'S HOSPITAL.

Periostitis of Shaft of Tibia.—Implication of the Knee-Joint—Complete exposure of the Cavity of the Knee-Joint by Incision below and around Patella—Formation of Abscesses in the Cellular Tissues of the Thigh—Recovery with Anchylosis of Knee-Joint.

Under the care of Mr. A. T. NORTON.

Notes by Mr. MILL.

ELIZA CHESTER, æt. 28, married, came to the hospital on Feb. 7th, complaining of her knee. It appeared that three weeks previously she felt a sensation of numbness in the left ankle which soon reached the calf and finally the knee; the cause of this she put down to getting her feet wet, but she took no notice of it, and a week later whilst walking along the street she fell on her left knee. From this time pain became very severe, the limb getting red and hot, and on the third day she was obliged to keep her bed, being attended by a medical man, who eventually advised her to go to a hospital. She was admitted an in-patient on February 7th, under Mr. Norton's care. On examination, the left leg was found to be red, tense, and hot, the knee was semi-flexed, painful especially on pressure. Tongue thickly furred; bowels confined; appetite bad. The following day an incision was made nearly two inches in length in the leg, and five ounces of sanio-ichorous pus let out; the tibia on its inner and posterior part was denuded of periosteum; poultices were applied, and quinine with iron given internally. Temp. 102 8 F.; the daily variation of temperature being from normal in the morning to two or the degrees above in the evening. On the 15th some effusion into the joint was noticed, and on the 18th the temperature suddenly rose to 103 ° F., and continued above 102 8 F., during the 19th and 20th. On the 21st Mr. Norton opened the joint in the following manner. The patient being under the influence of chloroform, an incision was made on the outer side of the joint, and another on the inner side. There was plentiful discharge of sanio-purulent matter, whilst the synovial membrane was found swollen and deeply congested, and the head of tibia denuded.

Mr. Norton therefore decided to lay the joint entirely open by uniting the two incisions below the patella. Troublesome hæmorrhage followed which was checked with carbolised tow, and the limb put on a back splint. Carbolised oil dressings were used daily. The temperature gradually fell, and on the morning of the 24th was 99·2 8 F. Pulse 124, regular, weak, and compressible. There was a good deal of discharge, also a collection of pus beneath the quadriceps extensor, so a drainage tube was inserted. On the 6th of March Mr. Norton discovered a collection of pus behind the head of the tibia. Accordingly an incision was made leading into the popliteal space, and about three ounces of very offensive pus let out, a drainage tube was inserted, and the wound dressed with carbolised oiled lint. The first drainage tube was removed four days later, the granulations at the same time being healthy, appetite good, slept well, temperature normal. The general appearance of of the leg was as if the tibia was dislocated outwards and backwards. Things went on very well till the 7th of April, being dressed daily, and the discharge free; on that date a director was passed upwards behind the joint into a cavity containing four ounces of thick pus, the cavity was syringed

out with carbolic acid and poulticed. The discharge was much less on the 10th, but there was an increased flow when pressure was made upon the inner side. On the 23rd was put under chloroform, and a sinus was discovered behind the knee; this was also laid open for about three inches, and upon further examination another sinus was found leading upwards and forwards. A probe was passed along it and an opening made on the inner side and in front of the joint; about an ounce of sanious fluid came out and the wound was plugged with oiled lint. A drainage tube was put in later to prevent a collection taking place; this was withdrawn on the 20th, and on the 26th the wounds were healed so that the patient was able to get out of bed for the first time. Her knee was quite anchylosed, the appearance of displacement was not so marked as it had been. She continued to improve, and by the 11th of July was able to leave the hospital with a serviceable limb, the wounds being all healed.

STERILITY.—EXCISION OF ANOMALOUS MEMBRANE.—CONCEPTION.

By E. MAPOTHER, M.D.,
Professor of Anatomy and Physiology, Royal College of Surgeons in Ireland.

In October, 1878, a lady, æt. 28, and married seven years, consulted Dr. Kidd and the author concerning sterility. She was a person of great beauty and large frame, and with full breasts. A symmetrical and evidently congenital membrane was found to cross the vagina at right angles about three inches beyond the myrtiform caruncles. There was a central circular aperture, about two lines in diameter, and a sound passed through it found a cavity about an inch long before the cervix. The front of the membrane being smooth and convex might be mistaken for this part, save for the very different shape of the opening. At its circumference, posteriorly, it was thick enough to suggest the possibility of there being a peritoneal inflexion. There was no other abnormality, and the patient and her husband had been quite unaware of any. The possible risk above named having been explained, Dr. Kidd wholly excised the membrane with the aid of the scalpel and the forceps usually employed in paring vesico-vaginal fistulæ. A perfectly normal cervix and os uteri were disclosed. A glass dilator was worn with intervals for five weeks. The lady was now in the last month of pregnancy. The author regretted he had not searched for muscular tissue, which might have, sphincter-like, excluded spermatozoa. As the aperture in the membrane was above the level of the os, apposition of the meatus with the latter could not occur, and the expulsion of cervical mucus which probably preceded, and the aspiration which succeeded, the ejaculation of semen, would be interfered with. Embryology scarcely explained the existence of such a symmetrical partition in a vagina of otherwise normal form, for the hypothesis of the suppresion of one Müllerian canal above, the other below, would be far-fetched. While no record of this precise condition existed, cases of double uterus and vagina of the marsupial type, from want of fusion of the Müllerian canals, were pretty frequent. The very dilatable sphincter between the urogenital canal and the vestibule in the monotremes was somewhat similar.

The annual death-rate from the seven principal zymotic diseases in the large towns ranged from 2·7 and 2·9 in Portsmouth and London to 10·4 and 14·3 in Salford and Sunderland. Scarlet fever showed the largest proportional fatality in Sunderland, Brighton, and Salford; and measles in Leicester. Enteric fever showed an excessive death-rate in Salford, Plymouth, and Leeds. The annual death-rate from diarrhœa was equal to 0·9 per 1,000 in London, and averaged 3·5 per 1,000 in the other large towns; it ranged upwards to 4·8 in Leicester, 5·3 in Salford, and 5·4 in Sunderland. Small-pox 5 deaths in London, 1 in Dublin, and not one elsewhere.

Translations.

THE PHILOSOPHY OF SLEEP AND DREAMS.

By M. DELBOEUF.
Translated from the *Revue Philosophique*.
By EDWIN JACKSON, B.A., M.R.C.S.,
Manchester.

PART II.—THEIR RELATIONS WITH THE THEORY OF CERTAINTY.

(*Continued from page* 307.)

I.—*On what foundation does belief in general rest, and especially belief in an external reality?*

Every belief is the result of habit. It is in virtue of habit that we attribute a bodily existence to the image reflected by a mirror, and it is virtue of habit that the subject of an hallucination believes in the reality of his visions.

There is something outside of me; there is something which is not myself—this is the first *conscious* judgment of the sensible being: and from the day when he formed this judgment dates his first perception: he distinguishes himself from surrounding objects, and learns to know them. By a later experience he ascertains that the *ego* which thinks, the internal *ego*, is united with an external envelope which he perceives as something strange and independent: such is the origin of the contrast which consciousness establishes between the soul and the body. To every sensible subject his own body is an object of perception. There is no necessity for me to dwell any longer upon these preliminary notions at present, as I have treated of them at sufficient length in another work,(*a*) and shall, moreover, have to return to them later. Every perception is capable of passing in whole or in part into the state of conception. Psychologists have long distinguished between perception and conception, but we may even to-day point out still better their distinguishing characteristics.

Perception is the image of an external object as such which is formed in our mind under the direct and present action of that object; perception is always determinate. Thus I have the visual perception of a horse, or the tactile perception of a pin, when the horse at the moment acting on my sight, or the pin on my sense of touch, produces in me the idea of this horse, or of this pin, as the external and actual cause of my sensation.

Quite different is the image of a thing lately perceived, and called up in my mind in the absence of that thing, or at least apart from its immediate action. Such is the idea that I have of a horse or of a pin which I do not see or which I do not feel at the moment when I have this idea. The image so produced is a remembrance.

In association with these images of which the object is not present there naturally and necessarily arise fancies, which do not correspond to a real object, and which are the product of the free or spontaneous combination of perceptions which have become remembrances. Such is the idea that I form of a centaur, or of a chimera, or of a tree with a human face. In the same rank with these fancies, which we may call fantastic, we must further place those which we might call scientific, historic, artistic, &c. It is thus that we are able to picture to ourselves the fauna and flora of primitive ages, that we form an idea of countries that we have never visited, that we picture to ourselves Homer, Moses, Confucius, Alexander, and Cæsar, and that the Greeks have traced in immortal marble the features of all their gods and all their heroes.

Remembrances of fancies are conceptions. Our conceptions, it is true, are not limited to material images. Thanks to the power of speech with which he is endowed, man pushes to a very high degree the faculty of abstraction, and is able to form conceptions of things which are not capable of material representation, such as virtue, goodness, duty, power. As we shall seldom need, in what follows, to make use of this legitimate extension of the meaning of the word conception, we shall employ it almost solely to designate images which have been or are conceived as having been the result of a direct perception. I have never had or been able

(*a*) "La Psychologie comme Science Naturelle." Paris et Bruxelles.

to have a direct perception of Cæsar or of a centaur; still, thanks to lectures, or to artistic representations, they produce in me the same effect as if they had been or could be the objects of a perception.

Perceptions are always actual; conceptions may be actual or potential. A conception is actual when it is visible to the mind, is the object of our attention, affects the state of consciousness. It is potential, on the other hand, when it is not actually the object of an internal vision. We must not confuse potentiality with possibility, as Aristotle understands it. According to him that conception would be a possibility which had not yet been formed, but which might be; whilst a potential conception has already at least once existed under the form of a perception. I have not all my knowledge, all my recollections, all my ideas continually present to my mind: a part only, an infinitely small part of this knowledge can at a given moment be the object of an act of consciousness; the rest remains buried in the obscurity of unconsciousness, and constitutes what Stricker calls potential knowledge. According to the necessities or the wants of the moment, the elements of potential knowledge come to daylight, throwing into the shade those which a moment before were in their full brightness. Such is the perpetual game of the mind's life.

To cut my argument short, when I speak of conceptions without any special designation, I must be understood to mean actual conceptions. A conception, real or fanciful, has its origin in a general manner, and in virtue of its definition, in a previous perception, I cannot conceive either of a horse or of a centaur unless I have previously seen a horse. But from the moment when I had the perception of a horse, I shall retain in an indelible manner—a thousand facts prove it—the potential conception, although it may be that the occasion will never arise for making this conception pass from potentiality into active existence. This matters little to us for the moment.

But now comes an observation of the highest importance: it is that the actual conception of an object is not possible so long as that object acts on our sensibility. In a word, the perception and the conception of the same object cannot exist simultaneously in our consciousness: perception completely shuts out conception. The reality is absorbing and jealous; every mere picture disappears before it, like the stars before the sun.

It is easy to make the experiment. Try to present vividly to yourself a picture which is familiar to you: the thing will be easy if you shut your eyes, and the image will even possess a brilliancy almost capable of deceiving you. A portrait-painter can produce a likeness from memory. If you keep your eyes wide open, the effort needed is at once more difficult; you are obliged, so to speak, by an effort of your will, to destroy their visual power, to strike them blind as regards things which could attract their attention. If you fix your gaze on a certain object, an engraving, for example, it will be almost impossible for you to see your picture in imagination; but you will certainly not be able to do it at all if you have this *same* picture before you and look at it.

Take another illustration. Everyone can sing to himself, imperfectly it may be, an air that he knows. A noise acts somewhat as a hindrance to this; but another tune heard somewhere near interferes still more, and the more so as it approaches nearer in movement and rhythm to that chosen; and finally, if the two airs are the same, every attempt to hear one's own notes is in vain.

A belief in the existence of the object perceived obtrudes itself upon us. Descartes says: "I think, therefore I exist;" he might have said with more reason: "I perceive, therefore there is an object perceived." I repeat it, to have self-consciousness is, speaking precisely, to have consciousness of the *non-ego* as such. The belief in our own sensations is undoubtedly logically the first, and serves as the absolute type of every kind of belief; but the belief in the existence of an external reality—whatever it may be—is equal to it in intensity. As surely as I know that I exist, I know that I am not all that exists. When this sentiment of the reality is enfeebled, that of the *ego* is obscured at the same time. This is what takes place in a dream, in drunkenness, in madness. In this case a rational certainty becomes difficult, if not impossible to obtain.

The basis, then, of all belief is the sentiment of the existence of an external reality acting on our sensibility; and this sentiment is the result of a habit which the individual has received from his ancestors, and which he has not ceased to strengthen by his own experience.

II.—*Why, when we are awake, do we not believe in the reality of our reveries, and why, when we dream, do we believe in the reality of our dreams?*

So far as concerns its essential psychological characters, then, conception does not differ from perception. The difference between the two depends on an extrinsic circumstance, the presence or absence of the object while felt. Need I say, in order not to be misunderstood, that this word "object" must not be taken literally, and that a reflected image is to the sensible being an object, just as much as a real image? Now I seize the object only through the medium of my sensibility; how then can I recognise that a conception is not a perception? Or again, how can I assure myself that a perception is not a conception, and that there is an actual object with which it corresponds? Is not this a material impossibility?

One of the characters in M. A. Daudet's "Nadab" furnishes me with an excellent introduction to an answer to this question:—

"M. Joyeuse . . . . was a man of fertile and really astonishing imagination: ideas poured forth from him like chaff round a riddle. At his desk, figures kept him still by their firm grasp, but outside his spirit took its revenge on this inexorable business. The busy activity going on around him, and his habit of taking a road of which he knew the minutest details, gave complete liberty to his imaginative faculties. He then met with extraordinary adventures, enough to fill twenty folios of novels. If, for example, in going along the Faubourg St. Honoré, on the right-hand pavement—he always took that side—M. Joyeuse noticed a heavy laundry-cart going along at a good speed, led by a countrywoman, and her child perched on a bundle of linen leaned over a little, the good man would in his fright call out 'Mind the child!' His voice was lost in the noise of the wheels; the cart passed on; he followed it with his eye for a moment, then continued his journey. But the drama begun in his mind continued to develope in it, with a thousand catastrophes. The child had fallen . . . . the wheels were just going to pass over it . . . . M. Joyeuse rushed forward, saved the little thing from the very jaws of death; but the shaft caught the poor man himself full in the breast, and he fell bathed in blood. Then he saw himself carried off to a chemist's, before the eyes of the assembled crowd. He was put into a wheelbarrow to take him home, and then suddenly he heard the heart-rending cry of his beloved daughter at seeing him in that state, and her despairing cry so touched his heart, he perceived it so distinctly, 'Papa, my dear papa . . . .' that he threw himself into the street to the great surprise of the passers-by, with a hoarse voice that roused him from his inventive nightmare."

The author, a little further on, adds these judicious words: "The race of these *waking-sleepers*, whose unemployed forces, whose heroic faculties are checked by too cramped a fate, is more numerous than we think. The dream is the valve by which all this escapes with terrible bubblings, a vapour from the furnace, and floating images seem to be dissipated. Of these *visions* some go forth radiant, others weakened, put to shame, on finding themselves on the solid ground of every-day life.

Which of us has not in his turn been the waking-sleeper so well described by the illustrious romancer? What literature is there which has not taken up this type, which we meet with again in the theatre and fables? Is it not from India that we get by a succession of transformations that charming Perrette, who, in a transport of delight, upsets the milk-bowl in which she saw a perfect fortune? Everyone knows the clever comments of the poet:

"What spirit does not know the country?
Who does not build castles in the air?
. . . . . .
Whatever befalls me I still am Gros-Jean."

It needs, then, an *accident* to bring the dreamer back to himself; in the one case it is the unlucky fall of the milk-maid, in the other, the cry raised by M. Joyeuse. But how does this accident produce its effect? Evidently by contrast. I do not try to explain the fact, I simply mention it. Between the impression that M. Joyeuse received from the statements which he heard in his own imagination only, and that which was produced by the words actually pronounced by him, the difference was so marked that he could

not help referring them to two opposite causes, and he concluded that the cause was in the one case fanciful, and in the other real. In the same way the graceful Perrette, who was so interested in the gambols of the cow and its calf must have surrendered these imaginary joys with a very pitiful face, when the inexorable reality so brutally showed her the milk she had upset; the illusion was no longer possible. What is it that is wanting in reveries, that prevents their being considered as dreams? Very little; simply that the dreamer should fall asleep. If M. Joyeuse instead of going to his office had begun his romance while settling in his arm-chair for his afternoon rest, and had insensibly allowed himself to fall asleep, the psychological phenomena would have been no different.

The dream, then, is characterised by a circumstance entirely psychological; it is that it is produced in a person who has gone to sleep. Thus we again take as our guide Aristotle's definition: "The image produced by the action of sensible impressions when we are asleep; so far as we are asleep this constitutes a dream."

Let me make a few remarks on this definition. Let us see why, after saying "when we are asleep," Aristotle adds the words "so far as we are asleep." "The dream," he says, "is not every image which appears to us during sleep; for we sometimes perceive in a certain manner noises, light, taste, and touch—feebly, it is true, and as if from a distance. Thus, for example, we may when asleep see a feeble light, which in our sleep we take for that of a lamp. On waking we recognise that it really is the light of a lamp; and in the same way with the crowing of cocks, and the barking of dogs, which we actually recognise on wakening. Sometimes we answer questions. This proceeds from the fact that sleep, like waking, is partial.

This remark is profoundly true. How often does it happen towards the time for getting up that I am, for instance, plunged into some pleasing dream—it may be very strange and unlikely—and at the same time I hear overhead the steps and prattling of the children who are dressing, and downstairs the going backwards and forwards of the servants who are cleaning the dining-room and setting the table for the morning repast? I am asleep as far as concerns my dream; I am awake to these different sounds which announce the return of life. Phenomena of the same sort are observed at the time when we are settling ourselves to sleep. And then, as a general rule, is there not in both of these transition states a gradual encroachment, it may be of the waking state on the sleeping, it may be of the sleeping on the waking? There are, then, some moments when we are only partially either awake or asleep. The servant whom you have told to knock at your door to let you know when to get up addresses himself to the part of the soul which already hears and perceives external sounds; for were it not so, how would he be able to waken you? and how would you be able to answer him? And this perception of the sound is certainly not a dream, although it takes place during sleep. Let us conclude, then, and reserve the name of dreams for the images and conceptions presented to our minds whilst we are asleep, and so far as we are asleep.

This is the first distinctive mark of a dream. We readily see that this sort of definition applies perfectly to the hallucinations of a lunatic, to the delirious ideas of a man stricken with fever, to the voluptuous ecstasies of an opium-smoker, and to the insane ideas of the drunkard. The dream, the hallucination, the delirium, the ecstasy, the drunkenness, all are what they are, and are characterised as such by reason of the physiological state of the subject in whom they are produced. In ordinary language, it is true, we speak of the *dreams of a madman*, but, scientifically speaking, just as madness and sleep are two different physiological states, so must we distinguish the fantastic images presented to a man of sound mind during sleep, and the fanciful conceptions of a lunatic, of a fever-stricken man, and of a man in a state of intoxication.

However, we must give Aristotle's restriction its full import. Let us recall what Stricker says: I dream of brigands, and I am afraid; the brigands have no existence, but my fear has. Does this fear belong to my soul in so far as it is asleep? In a dream a mother sees her only child roll over a precipice, and her heart is rent. Is not the anguish that she feels a reality? The motive is imaginary, I allow, but is the nature of the sentiment affected thereby? Is the grief or the pleasure which we feel at the announcement of false news, any greater or any less because the news is false? Another instance: I dream that I am in a café with some friends whom I have invited; I want to pay the expenses of all; I mentally make the calculation. Is this operation an act of my mind so far as it is under the dominion of sleep? When, on awaking, I think that two and two make four, does this judgment change its character from that which it had when I expressed it in my dream? Let us generalise. In a dream I reason and I speak; my reasonings are good, and my language is correct. Are this sequence of ideas, and this application of grammatical rules the acts of the sleeping man? Or would they originate in a part of the soul which never sleeps? We saw earlier on that Spitta attributed to the *gemüth* the property of never sleeping. We may, it seems to me, still further enlarge the domain of the activities which disappear under the benumbing influences of sleep; in a word, the *habits* do not fall asleep; that which sleeps is that which has momentarily ceased or almost ceased to be in relation with the external world. We must then be careful to distinguish what is properly the dream from what results from the influence of the dream.

A single example will suffice to make this point clear. Last vacation I had promised my children that I would have a day's excursion with them. In the evening we made all the preparations for the morrow; we were to go by the first train, to get out at a certain station, and then to continue the journey on foot. To do this it would be necessary to get up in good time. Towards five o'clock in the morning the servant comes to tell me that it is raining, and that the rain seems likely to continue. The journey was necessarily postponed. I go to sleep again and dream of fine weather; the idea of the excursion comes into my head. I did wrong in not going in spite of the threatening appearance of the weather. We should now have been at the station at which we were to get out, and we should have before us a beautiful day. We ought never to forget how the weather changes from one moment to another in our climate; oftentimes had I commenced my journey in the rain, and seen the sun shine an hour after my departure. In short, I gave myself up to all the reflections that I should undoubtedly have indulged in when awake if the weather had actually been fine. Was it the sleepy man that did this? I think not; it was the everyday man.

(To be continued.)

Special.

FRANCE.

[FROM OUR OWN CORRESPONDENT.]

Hydrate of chloral has been brought into much disrepute in England, from the fatal accidents attributed to it, or from the carelessness by which it was administered, the precise cases in which it should be used not being taken into account, but its antispasmodic properties cannot be underrated. It has arrested effectually the spasms, the tetanus, and in the exaggerated forms of epilepsy it has proved its superiority over bromide of potassium. The following case came under my own notice: A young lad of twelve, epileptic, was treated for two years by bromide of potassium with the effect of reducing the attacks from once a day or every two days to once in three weeks and even six weeks. He fell suddenly ill, and the fits came on every five minutes day and night. The dose of the bromide was increased, and digitalis added, but without avail. Chloral was substituted, seven grains being administered night and morning; the patient slept after each dose, but on awaking the attacks returned, but were less frequent every hour. The chloral was continued, the dose being increased, and in six days the patient was comparatively cured. I should add the heart was very excited and irregular before the administration of the chloral, but this symptom soon disappeared when the medicine in question was given.

Dr. Rosolinos, of Athens, read a work before the *Académie de Médicine* on the causes of the first sound of the heart. According to the author, the only cause would be the vibration of the tendinous cords provoked by the blood which rushes

through these cords during the contraction of the ventricle. If the cause of the first sound be, according to M. Bouillaud, due to the flapping of the auriculo-ventricular valves, the same noise ought to be produced in part at least, in drawing on the valves by means of these cords. He (Dr. Rosolinos) had several times made this experiment on the hearts of man and the horse, and never had he been able to produce the sound alleged. On the other hand, to confirm his idea of the cause of the first sound, he established artificially a system of tendinous cords in attaching the ends to two sticks diametrically opposed. He then directed by means of syringe, a stream of water against the cords, and obtained a sound analogous to the first sound of the heart.

At the Annual Medical Congress held this year at Rheims, M. Potain read an interesting paper on the efficacy of a milk *régime* in the different forms of heart disease. In secondary diseases of this organ, hypertrophy, or simple dilatation having a renal or gastric origin, he considered it to be peculiarly efficacious; it modifies the state of the kidneys or stomach, giving to these organs more complete rest. But to derive full benefit from it it should be absolute and prolonged. M. Leudet corroborated the remarks of M. Potain, and cited the remarkable effects of the milk *régime* on drunkards attacked with cardiac affections.

M. Hillairet, considering that acne is due to a passive dilatation of the facial capillaries, the treatment should have for acne the combatting of this capillary stasis and inertia of the skin. For this end warm lotions or vapour douches should be employed every morning, and immediately afterwards zinc ointment should be applied, to be followed in the evening by sulphur lotions. These lotions, very important, are made as follows:—Sublimed sulphur, ℥j.; camphorated spirit, ℥iij.; water, ℥viij. The effects are very rapid; after the sixth day places are observed where the skin is perfectly healthy. The treatment should be suspended for forty-eight hours after six consecutive days. From two to two and a-half months are required to obtain a satisfactory result, and to prevent a return the patient should be ordered to continue the morning ablutions; and in the evening lotions of warm water, to which is added a teaspoonful of sulphuric ether. Scarification should be reserved for those cases where, on account of the vascular development being considerable, the above treatment can have no effect.

A singular case of blood-poisoning occurred at Berne last week. A man, who for several days was suffering from toothache, went to a dentist, who advised him to apply a leech to the gums. The man did as he was ordered, but two hours afterwards he found himself worse, and remarked that the lips were commencing to swell, and soon this swelling extended to the face, neck, and chest. He waited until the following day to call in a doctor, but by that time, the whole head became engaged, the respiration became difficult, and high fever set in. A few hours later the patient became delirious, and was seized with convulsive movements; he appeared at times to sleep with the eyes open. On the second day he succumbed. Professor Langhaus, having made the post-mortem in the presence of two other well-known professors, declared it to be a case of blood-poisoning. The wound produced on the gums by the leech had enlarged itself, showing gangrenous edges. It is evident that this bite had transmitted a virus, which had thus poisoned the blood. But how this virus could have been introduced into the leech, which had been in the chemist's shop for several days, could not be ascertained.

In the principal large foreign cities the rates of mortality according to the most recent weekly official returns were, in Calcutta, 18; Bombay, 33; Madras, 39; Paris, 22; Geneva, 24; Brussels, 28; Amsterdam, 20; Rotterdam, 17; The Hague, 20; Copenhagen, 29; Stockholm, 32; Christiania, 19; Berlin, 34; Hamburgh, 23; Dresden, 25; Breslau, 23; Munich, 24; Vienna, 21; Buda-Pesth, 33; Turin, 21; Venice, 20; Lisbon, 29; Alexandria, 44; New York, 27; Brooklyn 23, and Baltimore 18, per 1,000 of the population. Small-pox caused 21, and typhoid fever 38, deaths in Paris.

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS, FOR THE GUIDANCE OF THE PROFESSION AND THE PUBLIC.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C., President of the Pharmaceutical Society of Ireland, &c.

WITH NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond., Lecturer on Materia Medica and Therapeutics at the London Hospital.

(*Continued from page* 286.)

Rákóczy Buda (Ofen).—As we analysed this water some two years since we have not considered it necessary to re-examine it, but have calculated it according to the formula adopted in these articles, namely, grains per imperial gallon; we have added a few remarks suggested by recent investigations. Rákóczy is one of the most concentrated bitter purgative waters we have—magnesium and sodium sulphates being the most marked ingredients, yet this water presents some striking peculiarities. It contains a very considerable quantity of lithia. When examined with phenol-phthalein it presents no alkaline reaction, but on warming, becomes permanently alkaline. It is also slightly chalybeate. It contains—

Sulphate of magnesium	...	...	1752·59
Sulphate of sodium ...		...	1457·96
Sulphate of calcium ...		...	467·32
Sulphate of lithium ...		...	10·49
Sulphate of potassium		...	4·69
Sulphate of ammonium		...	4·92
Carbonate of sodium ...		...	30·38
Carbonate of calcium ...		...	49·00
Carbonate of iron ...		...	3·77
Silica ...	...	...	3·61
Alumina ...	...	...	1·89
Chloride of sodium ...		...	161·98
Bromine ...	...	...	0·51
Fluorine, trace			
Total per gallon		...	3949·11 grains

Skeleton Analysis of contents of Half-a-pint (10 *ounces*).

Solids.	Purgatives.	Antacids.	Salines.
246 grains	200 grains	5· grains	10¼ grains

The fluorine and ammonia were first noticed by the writer; the latter is present in small quantities, and as this water gives no further ammonia on distillation with permanganate of potassium, it shows that it is perfectly free from nitrogenous organic matter.

It is stated that Rákóczy is the most concentrated of all the purgative waters, and we have, so far, not met with one containing the same quantity of sodium and magnesium sulphates. How far this is desirable will, in a great measure, depend upon the case to which the water is applied, and must be determined by the physician. A peculiarity about this water (Rákóczy) is, that it is not only alkaline, but contains rather a considerable percentage of lithia, which might make it an invaluable water in special cases.

Hunyadi Jànos.—Another spring now well-known, and probably more patronised of late years in this country than

any other purgative water, comes also from the Buda district, and is somewhat similar in character to the previous water, although not quite so concentrated. It contains :—

Sulphate of sodium	1579·57
Sulphate of magnesium	1563·50
Sulphate of potassium	7·16
Chloride of sodium	105·31
Carbonate of calcium	60·51
Carbonate of sodium	51·52
Carbonate of strontium	2·00
Silica	0·80
Oxide of iron ... ... } Alumina ... ... }	0·29
Free ammonia, trace	
	3370·66

Free carbonic acid not determined.

This, like the previous water, is a highly concentrated one, containing a great preponderence of sodium and magnesium sulphates. It was examined for lithia, but that substance was not present.

Skeleton Analysis of Half-a-pint (or 10 ounces) fluid grains :—

Solids.	Purgatives.	Salines.	Antacids.
210½ grs.	196½ grs.	6½ grs.	7 grs.

We have heard it stated that Hunyadi Jànos is an artificial product. It is just possible that this and the previous waters, from some idea that very strong purgatives are desirable, may have been strengthened, but, if so, it could only refer to the sulphate of magnesia and soda, as the great preponderance of these two salts lend countenance to such a view ; but even if such were the case, the waters carry with them undoubted evidence of being originally genuine waters. Phenol-phthalein shows no alkalinity when added to Hunyadi Jànos but it becomes permanently alkaline on heating.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, OCTOBER 20, 1880.

THE DURHAM DEGREE.

The estimation in which the degree of medicine granted by the University of Durham is held, has within the last few years undergone the most complete change. It has grown to be a sought for distinction, and is at the present time an object, to obtain which no inconsiderable number of metropolitan students are earnestly and diligently working. It can only be deemed an honourable ambition that leads a young man to seek the recognition of superiority which is conferred by the possession of a university degree, and by as much as we can show an increasing spirit of desire to obtain this hall-mark of worth amongst the body of medical students, by so much are we able to conclude that wider appreciation exists of the general culture without proof of which no university will accept an *alumnus*. The older English universities of Oxford and Cambridge will never be very considerable sources of supply to the medical profession, by reason of the difficulties connected with the obtaining of degrees therefrom. Particularly is this true of Oxford, where an M.B. is required to graduate in Arts ere he can commence his medical curriculum, and is thus called on to spend a total period of at least seven years from the date of his matriculation to that of his qualification as a bachelor of medicine. We do not assert that seven years is at all too long a time to be devoted to such a work, but it must be admitted that the number of young men who can afford to spend so long, and encounter the expenses connected with at least three academic years of residence in Oxford itself, is but a very small proportion of the whole body of medical students. At Cambridge it is a little different, but even there the M.B. cannot be obtained under five years, and at a very considerable cost in addition to hospital expenses. The necessity, therefore, of some place of standing and repute, whence candidates for the better titles to practise can draw their qualifications, without incurring undue loss either of time or money, had become one of the most pressing *desiderata* in the world of medical education. This want in England, Durham University was able to supply, and fortunately for medicine, there arose with the need men of authority able to appreciate it, and capable of judiciously exerting themselves to obtain such amendments of old regulations as were necessitated by changed circumstances. It cannot be denied that only a few years ago the medical faculty of Durham was little more than a dead letter ; its degrees unsought, uncared for ; its condition the deserving subject of well-merited censure, in which, too, we were not slow to join. Now, however, the whole aspect of affairs is changed, and it is one of the best signs of the improving future in store for Durham, that among the list of candidates successful at its first M.B. examinations recently, and which we publish in this number, thirty per cent. are names of gentlemen already holding honourable proof of professional ability. We had the good fortune to be personally present at this particular examination, and, by the courtesy of the examiners, were enabled to obtain the fullest insight into the manner in which it is proceeded with. The subjects of examination are anatomy, physiology, chemistry, and botany, and the test is a practical one also as far as possible. In addition to the home examiners in each subject, additional foreign examiners are appointed at the first M.B. in anatomy and physiology, and it speaks well for the thoroughness with which the examination is conducted, that those gentlemen are invited to fill this office, who are most familiarly known in similar relations. At the present time Mr. J. Macarthy, F.R.C.S., Lecturer on Physiology at the London Hospital, and Examiner in Anatomy and Physiology at the Royal College of Surgeons, is Foreign Examiner in Physiology, while Mr. J. A. Nunneley, the well-known Lecturer on Anatomy at the Leeds Medical School, acts in a similar capacity in the subject of anatomy. The nature of the questions set is such as to afford a fair means of testing a candidate's knowledge, while they also admit of the student exhibiting himself to advantage. They are not too stiff to be set to a candidate for a higher degree in medicine, nor are they by any means to be ranked as easy. They suppose an adequate acquaintance with the subjects they refer to, and

any conscientious, diligent student will certainly not find them beyond his powers. Thus in anatomy one question set was, "The Hip-joint, describe its bones, ligaments, and synovial membrane; give its movements, and the muscles which effect them;" and another, "Give the relations of the internal carotid artery in the neck." From the physiology paper we select the two following: "Describe the nervous mechanism of respiration. State the effects of respiration on the circulation of the blood;" "Describe and explain (accounting for) the phenomena of asphyxia in their chronological order." It might, perhaps, be reasonably objected that the question in the same paper, "What is glycogen? where is it found in the human body? state what is known of the 'glycogenic function of the liver,'" is rather a large demand to make upon a student with three hours to answer a paper of six questions, but the examples given sufficiently indicate the solid nature of the examination. One point in connection with the mode of dealing with the papers struck us very forcibly when explained by Dr. Luke Armstrong, the registrar, to whom, by the way, the greatly improved conditions of the medical school and faculty are mainly due. Each candidate at the commencement of the examination receives a number, by which alone he is thenceforward known to the examiners. This number is endorsed on an envelope, and within the latter is a sheet of paper, on which the name of the candidate corresponding with the number is written. This plan was suggested through the close and necessary association of the local school and the University examiners, and has been found to work admirably. It is, at any rate, a certain gauge of anonymity.

The practical part of the examination is that which will demand amplification. It is, however, a good test, especially in the chemical and physiological branches. As the need for improvements is revealed, too, or they are suggested to the supervising officers of the University, they are immediately carried into effect; and it is this eager desire to advance continually in the line of progress that has, without doubt, chiefly contributed to give Durham the very favourable opinion it now holds as a medical centre. Educationally, the Durham School is rapidly growing in size and efficiency. With a wise forethought, the absolute dependence of success on the zeal and skill of the teaching staff, and their power of directly and personally influencing students, was early recognised, and the consequence now is that the School of Medicine can boast of teachers whose special excellence is best attested by the steadily increasing popularity accorded to them, and the good results, tested by examination records, which follow their endeavours. Dr. Drummond, the Lecturer on Physiology, is at work on the means of extending the laboratory work of his department, in which alone, can it be said, there is less opportunity for study than at the best appointed metropolitan schools. All the teachers, however, are indefatigably anxious for the success of their attempts to do the best for all who come under their care; and work thus accomplished *con amore* cannot fail to be prosperous.

It can, indeed, no longer be said of Durham that its degree is not to be desired. There are among its graduates men who have already sounded the notes of a fame that will by-and-bye be theirs, and to them, and the many who are preparing to join them in the future, Durham may safely trust its interests as an *alma mater*.

THE BOARD OF TRINITY COLLEGE AND OPHTHALMIC TEACHING IN DUBLIN.

We referred some months ago to an ordinance promulgated by the Board of Trinity College directing that certificates of study in ophthalmology should not be accepted from any hospital which contained less than fourteen beds permanently occupied by ophthalmic cases. As we then said, this ordinance had created much discussion, not only amongst ophthalmic surgeons in Dublin, but amongst hospital teachers in general, because it was equivalent to a total disfranchisement of every hospital in Ireland — *quoad* ophthalmic certificates, save one or perhaps two; and because, while purporting to be a means of ensuring sufficient study of ophthalmology, this order has the effect of giving a monopoly of the ophthalmic teaching of Ireland to these one or two hospitals.

There can, we opine, be no doubt whatever that the order of the Board was operated in a marked degree in the interest of St. Mark's Ophthalmic Hospital, of which institution the ex-medical registrar of Trinity College is the most active and ruling member of the management. This observation is suggested by the circumstance that the requirement of the Board of Trinity College was originally that ten beds, and not fourteen, should be permanently occupied by ophthalmic patients, in order to entitle the certificates of the hospital to University recognition. That original ordinance was adopted by the Board, and was officially promulgated, and appears in the University school prospectus; and it may therefore be taken as granted that, at the date when it was adopted, the Board was of opinion that a student could learn ophthalmology efficiently in a ten-bed ward of a general hospital. On the promulgation of this ordinance the committees of general hospitals set themselves to make arrangements for complying with it, and having made those arrangements, they addressed the medical registrar of the University, informed him that the ten beds would henceforth be permanently devoted to ophthalmic cases, and inviting an inspection of them, as an antecedent to the recognition of the ophthalmic certificates of the hospital. What did the University authorities do? At once they passed a decree which implied that the ten beds which they had deemed sufficient a couple of months previously were now insufficient, and they ordered that no less than fourteen beds *permanently* occupied with ophthalmic cases should be recognised. It was at the time quite impossible that any institution save St. Mark's Ophthalmic Hospital could comply with the proviso, and therefore the effect of such ordinance was that that hospital was thus given a practical monopoly of the ophthalmic education of the University.

Upon the publication of this further order of the Board of Trinity College, a meeting of ophthalmic surgeons and representatives of general hospitals in Dublin was convened, and after full consideration the following memorial to the Board of Trinity College was adopted :—

MEMORIAL OF DUBLIN CLINICAL HOSPITALS PROPOSING TO ISSUE OPHTHALMIC CERTIFICATES.

To the Board and Council of the University of Dublin.

We, the undersigned, Ophthalmic Surgeons and Representatives of Clinical Hospitals in Dublin, have had

our attention directed to the order of the Board and Council of the 12th day of May, 1880, in reference to the Certificates of Instruction in Ophthalmic Surgery. We beg respectfully to submit that having, in compliance with the original order of the Board and Council, made arrangements to devote ten beds to ophthalmic cases during a three months' course, we are surprised to find that we are now required to allocate fourteen beds permanently for such cases.

Your memorialists submit that in the interest of the surgical education of students in Ophthalmology, the most important form of instruction in this department is to be derived from observation of a great variety of such cases as they are certain to meet with in future practice, and that, therefore, the information most valuable to them is obtained to a much greater extent in an efficient out-patient department than in clinical ophthalmic wards, which, as a rule, are occupied by cases of less practical importance to the general surgeon: and your memorialists consider that in not recognising such teaching by means of the out-patient department the order of the Board and Council is defective.

Your memorialists are of opinion that the special education in Ophthalmic Surgery suitable to the student may readily be afforded by an hospital containing six beds permanently occupied by ophthalmic cases, and possessing an efficient out-patient department for Diseases of the Eye; and in the interest of the student they therefore respectfully deprecate the excessive requirements of the order of the Board and Council referred to in respect of the number of beds to be occupied by ophthalmic cases.

Your memorialists therefore pray that the order of the Board and Council to which they have referred may be modified, so that a certificate granted from an hospital containing six ophthalmic beds and an efficient out-patient department may be accepted as qualification for the degrees of the University of Dublin.

This memorial was signed by every ophthalmic surgeon in Dublin save those of St. Mark's, and by a representative from every important clinical hospital in Dublin excepting St. Mark's and Sir Patrick Dun's, the attached hospital of the University itself. Its request has, nevertheless, been definitely refused by the Board of Trinity College, which thus declares its intention of persisting in giving a monopoly of this special teaching to a single hospital. Against such a decision, and against the policy of the proceedings which led up to it, we most emphatically protest, and we shall certainly hope to see the question brought before the General Medical Council at its next meeting. It is unnecessary to say that ophthalmic surgery can be taught to the uttermost extent to which any student can require it by the aid of ten special beds in a general hospital and an efficient out-patient department. The Board of Trinity College has already admitted the sufficiency of that teaching, and we object *toto cœlo* to have the regulations of the University of Dublin so framed that the whole teaching of a special subject is concentrated in one hospital or one person, even if that hospital is honoured with the patronage of the medical administrator of the University. The same evolution has recently been performed by the same authority in relation to vaccination certificates, and in favour of the Dublin Cow-pock Institution, and we can hardly believe that the University Board will permit their authority to be used in this way when the effect of their decrees has been pointed out to them.

Notes on Current Topics.

Army Medical Officers in the Field.

On different occasions during the late war in Afghanistan the medical officers have shared the risks of service in the field of battle, as the list of casualties among them fully testifies. With regard to their general bearing on such occasions the *United Service Gazette* writes as follows "The gallantry of the medical officers must also be borne in mind. They can no longer be called 'non-combatants.' In every action of late years they have never hesitated to expose themselves in the thick of the fight where by doing so they could be of use. Surgeon-Major Preston, of the 66th, was in the very 'hurly burly' of the battle of Maiwand, and was the second man in the regiment hit." Of course everybody knows that the purpose with which a surgeon follows troops into the field is not to fight, it needs no great amount of special training to do that, but to render immediate assistance to those struck down; often to save a life that must otherwise inevitably be lost, as, for example, when the wound is of a blood-vessel, thus to impart confidence to the troops engaged by the knowledge that immediate help is at hand. In pursuing the duties of their office, surgeons are exposed to every danger of the battle field, in a degree certainly less than the troops in the first line, but on the other hand, to a much greater extent than the reserves, or those high administrative officers by whom the military operations are directed. Hence they naturally enough consider the term "non-combatant," as applied to their department in the sense in which it is generally accepted to be invidious, and as implying that they do not participate in the risks of battle at all. That several classes who enjoy the honour of being included among the "combatant" grades are, as a matter of fact, no more entitled to be so considered than are the surgeons, is a circumstance to which we refer only to point out that as at present applied, the term *combatant*, as that of *non-combatant*, is by no means used now strictly in accordance with the natural meaning of these words; we think, therefore, that the application of the latter expression to the medical department might be "re-adjusted." This was among the recommendations by the late committee of the War Office on that branch of the service, and we regret to find that their proposals on this point have not as yet been carried into effect. Why should not surgeons be classified as what they really are, namely, surgeons? If, for particular reasons, different grades are to be distinguished as "combatant and non-combatant," as at present, and in the absence of strict applicability of either term, let it be so; but to these, let a third category be added, as they ought to be, namely, "surgeons" or "medical establishments."

Dublin Tenement Houses.

We have—it will be admitted—scarcely ceased to agitate for a reform of the dwellings of the poor in Dublin, taking for our text the emphatic condemnation of the Royal Sanitary Commission of those abominable hovels. Nevertheless, it is but right that we should recognise the serious difficulties which stand in the way of a speedy reform. A letter, which sets forth the financial aspect of

the matter in a business-like way, appeared last week in the *Dublin Daily Express*. The writer remarks that unless the improvement of tenement houses can be effected with a substantial profit, the commercial public will not and cannot be expected to do much in the matter.

He goes on to show that although it is impossible to provide with profit to the investor improved accommodation for the artisan class and for those who can afford to pay a rent of from 3s. 6d. to 6s. a week, it is altogether impossible so to meet the wants of the labouring class and of those earning from 10s. to 17s. 6d. a week, whose rent should not be more than 1s. 9d. to 2s. 6d. a week.

Giving an average of five persons to a family, there are in Dublin 24,000 families, each living in a single room, and from this class it is idle to expect a larger rent at the outside than 2s. 6d. a week or £6 10s. a year.

Neither a cottage nor a tenement—durable, healthy, and comfortable can be erected for less than £80 or £100; the taxes on this, if set at £6 10s. a year, would be £1 5s., the ground rent £1, and if 10 per cent. on the rent of £6 10s. be deducted for each of the items of management, repairs, and vacancies, the total expenditure is £4 4s., leaving a balance of profit of £2 6s., or 2¼ to 2¾ per cent. on the outlay.

It is idle, therefore, to expect that the general public will make any adequate effort to mitigate this evil.

The writer finally asks, Is there a Government, or are there private individuals who would lend money at 2½ or 3 per cent. for the provision of abodes fit for human habitation, and does there exist a body to whom the administration of such funds could be with confidence entrusted?

This letter suggests several inquiries. In the first place, why should it be "idle to expect" more than 2s. 6d. a week rent from each of the 24,000 families who occupy a single room in a Dublin tenement house? Is it not the fact that a large majority of the bread winners of this class in Dublin could, or might be, in receipt of wages which would make it perfectly easy for them to pay a fair rent for a decent abode? Is it not the fact that they live in these dens, while they are content to spend three times the rent each week on whiskey, simply because they have no desire for cleanliness and decency, and would gladly occupy a dirtier den if they could get it of the requisite size at less money? We ask these questions because it seems to us that the condition of the Dublin tenement inhabitants would be more likely to be benefitted by forcing them to pay double their present rent for a decent dwelling, than by affording them facility to spend less on their houses and more on liquor.

But we must also ask, was not the fact given in evidence before the sanitary commission that, even at the rent of 2s. 6d. a week—the tenement farmers are making stupendous profits—one case being cited of a speculator in this sort of property, who was receiving £210 a year out of property which only cost him £35?

If this be so, is there any reason why these tenement farmers should not be forced to spend a part of their gains on needful sanitation? We can see none, and we insist that the owners of this class of property should be forced, without parley, to do everything possible to make these tenements habitable.

We may probably leave it to themselves to recoup themselves by screwing out of the tenant the very highest penny which can be had.

The University of Dublin.

THE following regulations in connection with the educational requirements of Trinity College, Dublin, have been promulgated since this time last year. Though most of them have appeared from time to time in our columns it seems worth while to republish them just now, as the Medical Session is commencing:—

71. *January*, 1880.—Resolved, That at the degree examination in medicine and surgery it shall be competent to the court of examiners, after deciding upon the candidates who shall be rejected *in toto*, to reject in any one subject any candidates seriously deficient in that subject, notwithstanding sufficient answering in the other subjects of examination. N.B.—A candidate so rejected shall be liable for examination at some future degree examination, in that subject only in which he was deficient.

72. *February 21st*, 1880.—Resolved, That in future at the degree examinations in medicine and surgery no professor shall have a right to vote, unless he be a member of the court of examiners, in the subject of the degree.

73. *February 21st*, 1880.—Resolved, That the practice of not recording attendance on lectures of third years' students in anatomy be discontinued, and that the University anatomist be instructed to call the roll of all students attending his lectures.

75. *April 10th*, 1880.—Resolved, That the lecturers in all extern recognised medical schools be required to furnish returns of the attendance of all Trinity College students, at the close of each session, on printed forms to be furnished by the medical registrar, and that such returns shall be bound and preserved in the medical registrar's office with the corresponding returns of the professors and lecturers of the School of Physic in Ireland.

76. *March 6th*.—Resolved, That the course in ophthalmic surgery shall consist of three months' clinical instruction in ophthalmic surgery, and a systematic course of lectures delivered twice a week. [It is added as a proviso—That there shall not be less than ten full ophthalmic beds in use during the three months' course.]

77. *March 6th*.—Resolved, 1. That the medical scholarships be separated into two—one being for anatomy and physiology; the other for physics, chemistry, botany, and materia medica. 2. That no student be allowed to compete for the medical scholarship in anatomy and physiology after the completion of his third year, nor for the medical scholarship in physics, chemistry, botany, and materia medica, after the completion of his second year. 3. That no student shall hold both scholarships together. That sixty per cent. of the marks for the scholarship in physics, chemistry, botany, and materia medica, be allotted to physics and chemistry, and forty per cent. to botany and materia medica.

78. *June 2nd*, 1880.—Resolved, 1. That the employment of extern examiners be discontinued at the half M.B. examination, and that the subject of therapeutics be relegated to the M.B. examination. 2. That the second extern examiner in clinical medicine be discontinued.

79. *June 12th*, 1880.—Resolved, That St. Mark's Hospital be recognised as an ophthalmic hospital, according to terms of resolution of board and council of March 6th and May 12th.

80. *June 26th*, 1880.—Resolved, That no student rejected in any subject at the June half M.B. examination shall be permitted to present himself in that subject at the July half M.B. examination; and that no student rejected for copying at the June half M.B. shall be permitted to present himself in any subject at the July half M.B.

81. *June 23rd*, 1880.—Resolved, That certificates in ophthalmic surgery will not be accepted from any hospital which does not maintain permanently fourteen beds for ophthalmic cases only.

82. *July 3rd*, 1880.—Resolved, That in future graduates in Arts shall have the same privileges as to lectures in surgery as are conferred upon undergraduates having their names upon the College books, by the resolution of October 24th, 1866.

83. *July 5th*, 1880.—Resolved, That the abatement of one-fourth of the total number of medical lectures is intended to cover such deficiencies as might be due to unavoidable causes, and not to indicate the number of lectures which it is considered desirable that the students should attend.

Guy's Hospital.

THE somewhat hurried acquiescence of the staff of Guy's Hospital in the demand of the governors, that it should stultify itself by withdrawing statements made in its name by its senior members, has excited a good deal of uneasiness respecting the manner in which the question in dispute is to be settled. By its action the staff has virtually ceded all right to an independent opinion, even on matters of purely professional detail; and it is now to be regarded as the repentant recipient of the patronising favour of the governing body. Whether the situation is a dignified one, or at all likely to add further lustre to the names of those who are thus consenting to their own littleness, may well be doubted. Apart from this, however, there is a deeper and most important principle to be considered. By thus neglecting to insist on the absolute authority of the physician and surgeon in all matters of patients' treatment, and by thus plainly admitting the right of a lay officer to interfere with these details, the staff of Guy's Hospital has taken on itself a duty of judgment to which it cannot suppose the rest of the profession will subscribe. There can, of course, be no question that place has swayed the determination of the staff in this instance; but, notwithstanding, it would more have beseemed the dignity of an eminent body of men to give strict adherence to the first well-considered opinion they uttered. Though we may have to regard Guy's Hospital, in all future time, as an institution expressly maintained for the exaltation of nursedom, the excellent good people who have, in this way, triumphed where esprit was too weak to stand a well-sustained assault, must not expect to find all other hospital staffs as complaisant under pressure, and as pliant beneath the screw, as that of Guy's has been found. Already rumours of "innovations" are current in sundry quarters, they having been kept in abeyance only so long as it was doubtful whether the profession of medicine or the profession of fussiness would succeed in obtaining rule of the wards. Thanks to the palsied exhibition of bravery at one hospital, we shall probably be wearied now, with a succession of miserable disputes, until the semi-religious craze is subdued.

The North-Eastern Hospital for Children.

ON Thursday evening, the 14th inst., a conversazione was held at the North Eastern Hospital for Children, in Hackney Road. There was a considerable attendance of ladies and gentlemen interested in the success of the institution, and the arrangements made for their amusement were of the most enjoyable kind. The chief hall of the hospital was tastefully decorated to become a concert chamber in which a selection of vocal and instrumental music was most efficiently executed by ladies and gentlemen who volunteered for the service. Messrs. Krohne and Seseman and Messrs. Savory and Moore exhibited collections of instruments and drugs respectively. The annual report of the hospital records that during 1879 397 in-patients and 13,472 out-patients received treatment. The numbers for 1878 were respectively, 379, and 13,961. The house-surgeon reports frequent single cases of infectious disease, and explains the occurrence, on the ground of the proneness of children to epidemic attacks, and the impossibility of preventing the parents of affected children from visiting such members of their family as may be in the hospital. It is satisfactory, however, that "in no single instance has an infectious disease spread to a second child in the hospital at the same time, but has been confined solely to the one case." In other respects the report is a cheering one, and indicates that the charity it deals with is in a flourishing condition.

Milk Adulteration.

WE observe with much satisfaction that the magistrates whose duty it is to adjudicate in prosecutions for milk adulteration have at length awoke to the fact that petty fines are useless, inasmuch as they are, in most instances, paid out of a common fund by a trade defence association; or, if not, the profits of this form of roguery are so enormous that frequent fines of small amount are no deterrent. The Dublin magistrates recently put to the sword a whole tribe of dishonest dairymen, mulcting them in amounts from £10 to £20, and we hope the infliction will do them good. It is clear, from what we see in the English papers, that such penalties are necessary, and not in the least too severe, for we observe that near Birmingham, a milkseller, was summoned at the instance of the inspector. It was proved that he bought the milk, which was skimmed, at 3½d. per gallon, and sold it at 4d. per quart. The analyst's certificate stated the milk to contain 17 per cent. of added water. This dealer's profit was about 400 per cent. on the transaction. At Manchester, also, a farmer was summoned. The City analyst stated that the milk contained 14 per cent. of added water. The defendant had already been convicted seven times, and had paid an aggregate of £110 in fines. The bench remarked that it seemed to pay the defendant better to incur heavy fines than to sell pure milk. He was fined £20 and costs.

Nursing at Westminster Hospital.

IT seems not at all unlikely that a rancorous and prolonged dispute concerning the nursing arrangements will shortly arise at the Westminster Hospital. Things have not been going altogether smoothly there for some time, and now an agreement has been adopted whereby the mode of administration shall, for the future, be definitely specified. As one chief feature of this is the transference of almost complete control of the hospital to a "lady superintendent," the germs of plenteous discord are present in it in abundance; and throughout the document relating to the proposed scheme there is a careful repression of any chance authority devolving on the medical and surgical staff. It is sincerely to be hoped that we are not to be treated to a fresh scandal in this direction so soon; and yet more must it be hoped that the staff of Westminster will not be influenced by the example set by that of Guy's, but will resolutely resist all attempts made to

deprive them of that unhampered control of the wards, without which the chances of a patient's recovery from severe illness are materially diminished.

A Substitute for Alum in Bread.

THE repeated prosecution of bakers for adding alum to their flour for the purpose of whitening the loaf have set to work the wits of the chemists to find a substitute which cannot be touched by the Act of Parliament. Such a preparation Mr. Estcourt, F.I.C., writes upon in the last issue of the *Analyst*. The first attempt was to make a preparation of alumina such that the baker might swear that he put no alum in his bread. This was done, but the resultant was not considered satisfactory, so that a further effort was made, and a solution successfully concocted which served the desired purpose, but contained no alumina whatever. It consists of magnesium phosphate kept in solution by phosphoric acid. Mr. Estcourt says it makes most attractive bread, and further remarks that "if the compound is declared by competent medical authorities to be innocent in its results in the small quantities used, there is no doubt it will be a great boon. Wet harvest times result in large quantities of wheat, which wheat, when ground, cannot by itself be made into presentable food for man without the use of the admittedly injurious drug—alum. Thus this quality of wheat is not available for use by bakers who prize a good name ; but if the use of this compound can be proved to be innocuous it would render possible the use of such flour to the mutual advantage of both the public and the agriculturists—the one obtaining cheaper bread, and the other being saved from that partial ruin which is so often the result of a bad harvest."

Generalised Vaccinal Eruptions.

DR. HERVIEUX, of the Paris Maternitè, terminates a paper contributed to the *Archives de Tocologie* for June, with the following conclusions :—

1. There exist two varieties of supernumerary vaccinal eruptions. One of these results from accidental inoculation produced by the nails of the subject or by inadvertent punctures. The other is spontaneous, and pursues the same course as an eruptive fever.

2. Spontaneous vaccinal eruptions are observed under a form identically similar to those of vaccinia, and are developed at the same time as the pustules which appear at the place of inoculation, or they take on the form of erythematous, papular, miliary, or vesicular exanthemata, appearing from the eighth to the eleventh day.

3. Generalised vaccinal eruptions have often been mistaken for variolous affections. But while there can be no doubt, in spite of a widespread popular prejudice, that vaccinia does not engender variola, that is no reason that these should not complicate each other. The possibility may even be conceived, during the prevalence of an epidemic, not only of a parallel evolution of the two exanthems, but of the transmission of variola, if not by vaccinia, at least by the vaccinator, in the case of his having employed the vehicle of contagium after having been in direct relation with the subjects of variola. It is within these proportions, to be conformable to truth, that the belief ought to be confined which we are constantly coming in contact with in practice—that vaccine may become an agent of the propagation of variola.

University of Dublin.

THE Regius Professorship of Physic in the University of Dublin, formerly held by Mr. William Stokes, and recently resigned by Dr. Hudson, is usually considered to be the blue ribbon of the profession of medicine in Ireland. It is, in emolument, worth only £100 a year, and its duties consist in assisting in examinations and reading the theses for the M.D. of the University. For the succession to the vacant office, to which the Board of Trinity College will elect next month, Dr. J. T. Banks and Dr. William Moore are declared competitors. Dr. Banks is physician to the Whitworth and Hardwicke Medical Hospitals, and, for a long period, held the professorship of practice of medicine in the University School of Physic. He is also the representative of the Queen's University in the General Medical Council, and a member of the senate of that body.

Dr. William Moore is the present professor of practice of medicine in the University School, and physician to Sir Patrick Dun's Hospital. We believe that, in case of Dr. Moore's election, the professorship will become vacant.

Asbestos Roofing Felt for Splints.

DR. STUART ELDRIDGE, of Yokohama, calls the attention of the profession, in the *New York Med. Record*, to the great advantages of asbestos roofing felt as a material for plastic splints and other moulded apparatus. In a brief statement he gives the qualities in which it excels those now in vogue. 1. It is rendered perfectly soft and flexible by brief immersion in water of a temperature easily borne by the hand. 2. It retains its plasticity long enough to allow of careful adaptation, while its stiffness is instantly restored by a dash of cold water. 3. While soft it does not change dimensions, so often the case with gutta percha. 4. It remains unchanged after indefinite exposure to the heat and moisture of the body, nor is it affected by any of the ordinary lotions applied in cases of wound or fracture. 5. It is perfectly antiseptic on account of the coal tar with which it is saturated, a quality which would of itself commend its use in compound fracture. 6. It is so cheap that its cost is hardly worth mentioning even in large institutions.

A Hospital of Oral Surgery.

A NEW departure in "special" hospitals has been inaugurated in America by the founding and opening of an institution graced with the name of "The Hospital of Oral Surgery." It would seem that the craze for creating has spread even across the Atlantic, and this new scheme for complicating the study of medicine is its latest consequence. We are informed in the opening lecture delivered at this hospital that "the study of oral surgery begins with dentistry and ends with medicine." Interesting as this information is, and gratifying to the inquiring spirits it was doubtless addressed to, it does not remove an anxious suspicion that the Philadelphia Dental College (? chartered) has been somewhat hasty in supporting "at present" the Hospital of Oral Surgery. We are not quite

prepared yet to glorify Philadelphia, after its recent strong advertisements.

Vaccination Against Splenic Fever.

A NEW step in vaccination has been proposed by M. Bouley at the Paris Academy of Sciences. The *Bacillus anthracis*, which has been found to be the cause of the disease called charbon or splenic fever in cattle and of the woolsorters' disease in mankind, has been proved to be susceptible of dilution so as to be safely used to inoculate the disease in a mild form and prevent its occurrence in a more aggravated and fatal character. M. Bouley suggests that it may be possible to make generations refractory to the disease by inoculating the mothers during the last period of gestation.

Sulphate of Zinc in Digestive Derangements.

ACCORDING to Niewodniczanki this salt may be advantageously employed in place of nitrate of silver in affections of the digestive organs (*La Presse Medicale Belge*). The sulphate of zinc is less easily decomposed, is better tolerated and seems very active. It has been employed with success in acute and chronic affections of the stomach and in gastralgia; the addition of codeia or opium to the sulphate of zinc is unnecessary, for the salt is itself calmative. It is given in doses of 6 to 10 centigrammes a day. It is also useful in diarrhœa.

Treatment of Exophthalmic Goitre by Duboisine.

DR. DUJARDIN-BEAUMETZ has substituted duboisine for atropine for hypodermic injection in exophthalmic goitre. In two cases in which he used it he obtained great diminution of palpitation and vascular beating (*La France Medicale*). He also observed that the drug had a cumulative action even after only small injections: a fourth of a milligramme or half a milligramme at most. After a few days indubitable signs of poisoning, like that bp belladonna, were presented. The solution consisted of one centigrrmme of neutral sulphate of duboisine, dissolved in 20 grammes of aqua lauro-cerasi. Each cubic centimetre of the solution represented half-a-milligramme of the salt of duboisine.

Date of Entry of Irish Students.

THE Council of the Royal College of Surgeons in Ireland has passed a resolution—

That in future no certificate be accepted by the College unless it testifies to the fact that the student holding it has entered his name for the course of study to which it refers at a period not later than 21 days from the commencement of the course. That the signature of the Registrar of the School be required as to the date of entry of such student.

The purpose of this resolution—as we understand it—is to ensure that the student shall at least be in nominal attendance on the whole course of lectures to which his certificate occurs, and that it shall not be possible for him to enter his name at a period half-way through the session, and obtain the certificate as if he had studied for the whole time. It has, we believe, been a not uncommon practice for the registrars of certain schools to enter students for a course of lectures even when the said lectures were about terminating, and, *on dit*, that a case has recently come to light in which a certificate of diligent attendance was granted years after the delivery of the lectures to which it referred, and without any entry at all.

Homœopathic Dosing.

WE recently transferred to these columns from those of the *Chemist and Druggist* a series of prescriptions written by a professed homœopath for a patient who, no doubt, believed in infinitesimalism, and would have thrown the drugs out of the window if he or she had known that, instead of being homœopathic in dose, they were heroic. The conclusion arrived at by the writer of the letter was that "homœpathy is a huge lie," for which pronouncement he has since been bitterly assailed by a homœopath writer. In retort he again addresses the last issue of the same journal.

I have had, he says, personal knowledge of many "so-called" cures from homœopathic treatment, one being the case of my own sister, and when I commenced to study homœopathy I did so with an unprejudiced mind, being willing to surrender at discretion to anything founded upon sound argument or practical fact.

During my acquaintance with the subject I have come across numerous cases as flagrant as the one instanced in my previous letter, some more so. My experience has given me an insight into the private practice of, not one, but many, homœopathic doctors, and my opinion of homœopathy, as a whole, is that it is a system of unmitigated humbug. I say nothing of its professors, for there may be, in fact, I suppose are, amongst them sincere and conscientious believers, just as there are ignorant people who cry out against vaccination, &c.

If, after as thorough an investigation of Christianity or any other profession, whether civil or religious, I could detect as many discrepancies, as many hollow shams and humbugs, and as many contradictions between theory and theory, practice and practice, and theory and practice, I should have no hesitation in pronouncing that also a "huge lie."

Society for Relief of Widows and Orphans of Medical Men.

THE usual Quarterly Court of this Society was held on Wednesday last, Oct. 13, under the presidency of Sir George Burrows, Bart. Applications for relief were read from sixty widows and seventeen orphans. It was resolved that a sum of £1,219 10s. be recommended to be granted at the next meeting of the directors. The acting Treasurer reporting favourably of the state of the finances of the Society, the Court had the satisfaction of voting a Christmas present of £5 to each widow and £2 to each orphan on the list of recipients, and £4 to each orphan on the Copeland Fund. One member was elected. No deaths were reported among the members or recipients of grants, and only one orphan was declared ineligible from age to receive any further assistance.

Treatment of Diphtheria by Tartaric Acid.

M. VIDAL advocates the employment of tartaric acid in diphtheria (*La France Medicale*). Local action on the false membrane is necessary because they have a great tendency to propagation by a sort of auto-inoculation comparable to that which takes places in certain skin diseases. The formula he employs is this—Tartaric acid,

10 grammes; glycerine, 15 grammes; distilled mint water, 25 grammes. The tartaric acid acts on the false membrane, which it changes into a gelatinous mass and favours its expulsion. Applications of it should be made about every three hours, and should be followed a short time after by applications of lemon juice.

Symmetrical Neuralgia in Diabetes.

At a recent meeting of the French Academy of Medicine Dr. Worms, considering that no new fact tending to a rational classification of the various forms of diabetes should be neglected, communicated two cases of symmetrical neuralgia in the sciatic and inferior dental nerve, manifested in the course of diabetes. This variety of neuralgia had not hitherto been described. The observations lead to the following conclusions:—1. There exists a form of neuralgia peculiar to diabetes which has the characteristic of being situated in the symmetrical branches of the same nerve. 2. At present this neuralgia has been observed in the sciatic and inferior dental nerves. 3. Diabetic neuralgia seems to be much more painful than other neuralgias. 4. It does not yield to ordinary anti-neuralgic treatment; it increases and decreases in proportion to the intensity of the glycohæmia. Dr. Worms ranks these neuralgias in the class of diathesic neuralgias observed in gouty, chlorotic, and saturnine patients. He leaves undetermined the question whether there are alterations in the nerves or the neurilemma due to the glycohæmia.

Duboisine in Exophthalmic Goitre.

Dr. Dujardin-Beaumetz has substituted for atropine duboisine administered hypodermically in the treatment of goître (*Le Practicien*). In two cases in which he has employed this remedy he has obtained great diminution of palpitation and vascular throbbing; in fact, great improvement. There is a tendency to accumulation of the drug so that only small doses can be injected; a fourth of a milligramme upwards. After a few days unmistakable signs of poisoning appeared analogous to those produced by belladonna. Every week, therefore, it was necessary to intermit the treatment for a few days, and not to continue it too long. The solution used was constituted as follows:—Neutral sulphate of duboisine, 1 centigramme; distilled cherry laurel water, 20 grammes; each cubic centimetre contains half a milligramme of the salt of duboisine.

A Positive Sign of Early Pregnancy.

Dr. J. H. Carstins, of Detroit, gives, in the *Detroit Lancet*, for September, what he has found an infallible sign of pregnancy in the early months. It is not entirely new, as it was mentioned years ago by Jacquemier and Kluge, but it seems to have fallen out of observation. It consists in a purplish blue or rather deep violet colour of the mucous membrane of the vagina and cervix uteri. In Dr. Carstins' experience as we have said, the existence of this colouration has never failed to coincide with pregnancy, and he considers it as the only sure sign for diagnosing pregnancy from the first few weeks up to the fourth month. We shall be glad to hear the observations of other physicians on the point; should they be corroborative of Dr. Carstins' experience we shall have got a valuable sign.

Coca as an Antidote to Opium.

Professor Palmer in the *Louisville Medical News* recommends coca to those who desire to break themselves of the habit of opium eating, and reports a series of cases which have given the best results. Others have tried it and have also reported favourably. Coca is an excitant of the nervous system, and as such combats the terrible depression which ensues on suddenly ceasing the habit of opium eating. In many of the cases reported this remedy has effected a cure in a week. In some cases the opium was left off gradually, but Dr. Palmer prefers its sudden cessation. He thinks coca may be employed as a substitute for opium. A dose should be taken every time a strong desire for opium is felt.

Death from Hydrophobia at Leeds.

Ten days since a stalwart young man, named Alfred Garnett, æt. 21, a butcher, of Carlton, near Skipton, died in Leeds Infirmary from this terrible disease. In the beginning of April last he was bitten on the thumb by a stray dog, which is said to have come from Skipton. It was not until a week before his death that the more serious effects of the bite became manifest. He became ill, and, getting gradually worse, he was brought to the above institution last Friday week, all the skill and attention which could there be afforded him was given, but despite the efforts of both the resident and honorary staff his condition did not change for the better, and he expired on the Sunday following, after great suffering.

At the quarterly meeting of the directors of the Naval Medical Supplemental Fund, held on Thursday last, Dr. H. J. Domville, C.B., Inspector-General, in the chair, the sum of £65 was distributed among the various claimants.

Ambulance centres are fast spreading throughout the kingdom. Scarcely a week passes that we do not hear of fresh ones. The movement is useful and humane, and deserves encouragement. During the present month a flourishing centre has been established at Halifax, Yorkshire, where Dr. Dolan, our special commissioner on hydrophobia, has been lecturing to crowded audiences.

At a meeting of the Metropolitan Asylums Board on Saturday last, Sir Edmund Currie brought forward a motion urging the expediency of at once selecting a site for the erection of another hospital for infectious disease in the north-east district of London. After an animated discussion, the motion was withdrawn on the understanding that it be re-introduced so soon as the Hampstead Hospital dispute was legally settled.

The rates of mortality per 1,000 last week in twenty-one large towns of the United Kingdom were—Plymouth 15, Brighton 16, Sheffield 17, Birmingham 17, Oldham 18, Portsmouth 19, London 20, Glasgow 20,

Edinburgh 21, Leeds 21, Bristol 22, Wolverhampton 22, Norwich 22, Newcastle-upon-Tyne 23, Bradford 23, Manchester 23, Hull 25, Nottingham 25, Liverpool 31, Salford 31, Dublin 33, Sunderland 34, and the highest rate 35 in Leicester.

THE annual session of the Society of Medical Officers of Health was opened by Dr. J. S. Bristowe, the President, on Friday evening last, with an Inaugural Address. He said he did not see his way to suggest any remedy for the difficulties with which he and his colleagues had to contend, except that of striving diligently to increase their moral influence with the vestries and district boards under which they serve, and to enlighten the public in every possible way in regard to the value of the boon which is held out for acceptance.

THE Society for the Prevention of Street Accidents waited on the Lord Mayor of London on Saturday last, to ask his influence and assistance for the erection of bridges for pedestrians over the streets where the traffic is heavy. The present Lord Mayor is essentially a man of practical common sense, and at once told the deputation that he had no sympathy with the object in view, no one he said would mount a flight of thirty steps and descend the same number every time he crossed a street. His Lordship might have suggested to these good people the advisability of furnishing comfortable sedan chairs for every street corner to carry them across!

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

SCARLET FEVER IN KILSYTH.—Scarlet fever is prevalent in Kilsyth, and the board schools in the burgh have in consequence been closed.

THE POPULATION QUESTION.—A discussion on the population question took place on the 9th inst. in the Lower Hall, 3 Chambers Street, Edinburgh. The debate was opened by Dr. Charles R. Drysdale, who advocated the Malthusian theory, dwelling on the evils of over-population. Among the other supporters of the Malthusian theory was Dr. Alice Vickery; while on the Anti-Malthusian side the most prominent speaker was Miss Burton, who did not see why people should not have as many children as they chose, provided they did not burden their neighbours nor society with them.

THE OUTBREAK OF ENTERIC AND SCARLET FEVER IN GLASGOW.—Owing to the prompt action of the medical officer of health, seconded by the efforts of the Local Health Committee, this outbreak shows rapid signs of abatement. During the last fortnight there were only 17 deaths from scarlet fever. Of the 40 new cases reported, 25 are registered in the Eastern district, where all forms of children's diseases take root speedily, and prove widely fatal. There has been no such prevalence and fatality of scarlet fever since the autumn of 1874, but the present outbreak is still far below the point then attained. The number of cases of fever then registered was 138 in place of 117—viz., 128 of enteric fever, 4 of typhus, and 6 undefined. There were also 237 cases of scarlet fever, 48 of measles, 21 of diphtheria, and 14 of whooping-cough, which were brought under sanitary supervision. During the fortnight the medical officer of health reports having vaccinated 64 children at the office, and issued 95 notices to the School Board and to teachers relative to infectious diseases. There are at present in the Hospital, Belvidere, 200 cases of enteric fever, 214 of scarlet fever, 28 of typhus, 14 of measles, and 3 of whooping-cough—in all 459, as compared with 356 a fortnight since.

A NEW CANDIDATE FOR THE LORD RECTORSHIP OF GLASGOW UNIVERSITY.—The *Glasgow Evening News* of the 15th inst. seriously informs its readers that a section of the independent party in Glasgow University, not approving of Mr. Ruskin's expressed opinions on politics and on students, have requested Mr. Henry Irving, the eminent actor, to allow himself to be nominated for the office of Lord Rector. This information, it adds, coincides with a report current in well-informed circles. It is stated that Mr. Irving's reply is not unsatisfactory! Here is assuredly a new play for Mr. Irving.

LORD RECTORSHIP OF THE EDINBURGH UNIVERSITY.—The students who are promoting the election of the Earl of Rosebery as Rector of the Edinburgh University, have, it is stated, taken committee rooms, and began active operations. It is stated that the Conservatives are canvassing for Sir Robert Christison, M.D., as Rector. There is a doubt as to the legal eligibility of Dr. Christison; none as to his personal.

ABERDEEN UNIVERSITY COURT.—At a meeting of the Court of this University on the 12th inst., the Rev. Principal Pirie, in the absence of the Rector, Lord Rosebery, presiding *inter alia*, the following appointments were made: Examiners for Graduation in Medicine, Dr. W. J. Walsham, London; Dr. Robert Smith, London; Dr. F. Buchanan White, Perth; Dr. John Miller, Dundee; Dr. David Greig, Dundee; Dr. John Barclay, Banff. Mr. Fyfe Jamieson, M.B., was appointed Assistant in Anatomy; Mr. John George Hall, M.B., in Materia Medica; and Mr. Ogston, junr., in Medical Jurisprudence.

SOCIAL SCIENCE CONGRESS, EDINBURGH.—At the meeting on Saturday, the 9th inst., of this Congress, Dr. John Beddoe delivered an address on Health in the Free Assembly Hall. Lord Reay occupied the chair. There was a large attendance. At the same meeting Dr. Littlejohn read a paper on "The Compulsory Registration of Infectious Diseases as Practised in Edinburgh." He brought before the Congress the details of the scheme which had been put in operation by the Corporation of Edinburgh since November last, whereby all medical practitioners were compelled, by a special enactment in the Local Municipal Act, to give information of all cases of infectious disease to the authorities. For each intimation the practitioner received 2s. 6d., and during the first six months upwards of £600 was thus disbursed to the medical profession. But so convinced were the Corporation of the value derived from these informations that they had set aside the sum of £1,000 for any expenses to be incurred in working this clause of the Act for the ensuing year. Dr. Littlejohn took up in detail the various arguments that had been used against entailing upon the medical profession the responsibility of divulging facts connected with their patients; and he showed from the results of the past ten months that the medical profession had come cordially to co-operate with the authorities. No complaints had reached him connected with the working of the clause, and by the general public it had been most favourably received. Dr. Littlejohn went on to show how valuable the information was with regard to the early detection of disease and the tracing of epidemics rapidly to their true source. Up till the end of September of this

year 4,500 informations had been received. The greater proportion of these referred to an epidemic of measles, which, though it involved but slight mortality, proves highly infectious.

REGISTRAR-GENERAL'S RETURNS.—According to the return of births, deaths, and marriages for the week ending with Saturday, the 9th October, 1880, the death-rate in the eight principal towns of Scotland was 19·6 per 1,000 of estimated population. This rate is 2·3 above that for the corresponding week of last year, and 0·8 above that for the previous week of the present year. The lowest mortality was recorded in Leith, viz., 16·8 per 1,000; and the highest in Paisley, viz., 22·3 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·7 per 1,000, being 0·7 below that for the last week. Scarlet fever continues prevalent in Edinburgh. Acute diseases of the chest caused 66 deaths.

Literature.

THE CARMICHAEL PRIZE ESSAYS. (a)

THE second Essay is smaller, and we hardly think of equal merit to the first. It is characterised by an atrabilious vein, as if it were the work of a disappointed man.

Though necessarily crossing and touching the lines upon which Mr. Rivington had to go, yet Dr. Laffan's treatment of the subject necessarily varies from that of the former. Dr. Laffan in the first two chapters deals with the government of the profession, giving a brief account of its history and the various acts proposed by reformers, in the hope of improving both our internal administration and our position. He plunges at once into the subject of conjoint examinations, and the constitution of the Medical Council, pronouncing himself an opponent of educational uniformity. The Council he proposes to leave with its present number of members, the Crown to have the right of nominating six; but he would take away the representatives, of the two Apothecaries' Companies, and the University of Durham; but he would not send direct representatives to the Council. We are at issue at once on these questions. No reform in the future will be satisfactory without direct representation and conjoint examinations.

Mr. Rivington also takes larger and more liberal views on these questions.

Quacks and unqualified assistants, gratuitous labour, consultants, fees, ethics, specialism, the admission of women to the profession, form the theme of the third chapter. Dr. Laffan draws some very striking features of some of the evils from which the profession suffers; space will only allow for a few extracts, which we select from his remarks on unqualified assistants and consultants. As regards the former he says:—

"There is yet another class which inflicts dire mischief on the medical ranks. It is one for whose existence we are indebted to the cupidity—and something worse—of medical men themselves. We refer, of course, to unqualified assistants. Astounding as it may appear, it would seem, from a recent return, that there are no less than three thousand unqualified assistants in these kingdoms. It is utterly absurd to speak of raising the qualifications of the regular practitioner to treat disease if an army of totally unqualified men are thus to be permitted to prey on the public."

We thoroughly agree with these remarks, and with the following on our consultants:—

"A consultant must needs give his concluding years, as he gave his prime, in the gratuitous service of an exacting public. The out-patient department of hospitals is a gulf which swallows more medical services than is represented by the united fees of half the profession. . . . . All this is simply monstrous. The truth must be plainly told, all that wear and tear of hand and brain are not given from charitable motives alone. The bulk, no doubt, is given on account of charity, but a large part is also given for advertising purposes. . . . . This advertising field is the principal motive and aim of all this unthanked labour. . . . Can nothing be done to alter so unjust and so cruel a system? We know that we shall be told that hospital men acquire, in lieu of money, experience, and occasionally practice as the reward of their services. We reply, so do all labourers in the discharge of all kind of work. . . . The junior barrister, for instance, is acquiring experience by each good case he works, yet how he would smile, yea with what scorn he would look on the attorney who would invite his services gratuitously. Is it possible to stop this? We believe it to be possible."

Dr. Laffan next treats of the public services in chapters 4 to 12, and in chapter 13 we come to the important subject of preliminary education. Dr. Laffan here agrees with Dr. Ashe that the examination for entrance into the profession, should be levelled up to the height of the London University test. The first part of the book concludes with a survey of preliminary professional training, in which the author leans to a modified system of apprenticeship, previous to entrance on graver studies at our schools and hospitals.

In the second part our schools of medicine, surgery, and pharmacy are subjected to criticism, and the concluding words of this chapter are sufficiently progressive to meet the views of the most advanced reformer.

"We look forward, says the author, to see the day when the entire hospital system of each of the three kingdoms will form one net-work under one great central board in each kingdom; when every appointment, from the dresserships, and including the physicians and surgeons, shall be given away by concours; when a provincial physician or surgeon, who may deserve it, shall be promoted from a local to a central hospital, when there shall be no working for nothing, and when the maximum shall be extracted for the advancement of science from the entire clinical resources at the disposal of this great hospital staff."

The last part concludes with the state and mode of examinations in which the various competing companies are compared, and the merits and defects of each fairly pointed out.

We may fairly say this work is the production of a thoughtful and earnest man, who expresses his views in clear, forcible, incisive language. It bears the distinct impress of being prepared with great labour and care. Though we disagree on many points, yet we cannot withhold the praise due to the author for the production of such an essay. This is all the more creditable, as Dr. Laffan was removed, when he wrote the Essay from a large centre of population, and thus laboured under disadvantages.

We must confess to a feeling of regret that Carmichael left such a sum of money for the purpose of producing such books as the ones we have reviewed. It is a premium upon book-making. Such works serve no useful purpose. Our weekly journals are sufficient to point out the medical reforms necessary, and to guide not only medical opinion, but to protect medical interests. When we remember the small sums given in prize money, and the slight pecuniary encouragement held out for original research, we all the more feel disappointed that the Will of the testator was so worded as to confine his bequest within a useless and narrow limit.

(a) "The Medical Profession in the Three Kingdoms." 1879. By Thomas Laffan. London: Bailliére, Tindall, and Cox; and Fannin, Dublin.

BRISTOWE ON THE VOICE AND SPEECH. (a)

THIS work consists of the Lumleian Lectures, delivered before the Royal College of Physicians in 1879. They are three in number. The first lecture treats of the physiology of, and the principles, both acoustic and mechanical, on which rest the performance of the functions of the voice and speech. The various kinds of voice and their mode of production are considered, and the whole question of articulate sounds and their representation by letters is discussed. The action of the larynx is briefly considered, as well as the importance of the chest and its contents as a collective organ for regulating the discharge of air over the vocal cords and through the cavities of the mouth and nose which assist in articulation.

In the second lecture the author, when speaking on ogophony, bronchophony, and pectoriloquy, under the head of

(a) "The Physiological and Pathological Relations of the Voice and Speech." By J. S. Bristowe, M.D., Lond., F.R.C.P., &c., &c. London: David Bogue. 1880.

auscultation, considers that with regard to the two latter terms there will scarcely be found anywhere "an intelligible, or, at any rate, accurate, statement of the distinctions which, I think, undoubtedly exist between them." After discussing the opinions and statements of Laënnec, Skoda, Walshe, and Gee, Dr. Bristowe describes bronchophony as "the conveyance to the ear of sounds developed at the mira glottidis; pectoriloquy, the similar conveyance of sounds developed above the mira glottidis."

In this lecture are also discussed the loss or impairment of the laryngeal voice from various causes, including aneurism, and tumours pressing on the recurrent nerve, paralysis, &c. Dr. Bristowe considers that difficulty of breathing and cough are not usual symptoms of pressure on the recurrent nerves, but are more often caused by pressure direct on the trachea.

The third lecture is occupied with a consideration of the subject of the cerebral localisation of speech and affections of the speech due to central lesions.

It is evident that the author has devoted much labour and thought to the preparation of these lectures, and he has produced a work at once interesting and suggestive, and one which must be of great value to those members of our profession who occupy themselves with the diseases of the organs of voice and speech. We may add a word of commendation to the printer and publisher for the manner in which the book is turned out, which greatly adds to the pleasure of its perusal.

THE PROSTITUTION LICENSING SYSTEM IN BELGIUM. (a)

We have received a pamphlet upon this subject, issued under the auspices of a Rescue Committee, its purpose being to expose the existence of a systematic traffic in British girls for Belgium brothels which is said to exist under *ægis* of the continental licensing system. The case made by the author is that girls innocent of any immoral intention may be, and are, very frequently abducted or inveigled to Belgium under various false pretences and, then and there, sold for hard cash to brothel keepers, who, having compassed their ruin, keep them in absolute imprisonment until they come to be abandoned to their vicious lives. The author, furthermore, charges that the Belgium licensing system, and the Government officers engaged in its administration, allow themselves, either wilfully or carelessly, to be used by these brothel keepers in connivance at the restraint put upon these girls, and that, as a matter of fact, there is no protection whatever under the Belgium system for such girls as desire to escape from their infamous life, and that such escape is practically impossible. The author gives a complete narrative of his experiences in the endeavour to rescue some of these women, and he publishes their letters and declarations to him to substantiate his case. For these details, which have all the interest of the horribly sensational, and which, if true, certainly justify all the indignation to which the author gives utterance, we must refer our readers to the pamphlet itself, the subject not being strictly suited to our columns however desirous we may be to help a good cause.

But there is a sufficient connexion between the alleged abuses of the licensing system and the working of the Contagious Diseases Acts to excite in the statement made in this pamphlet a professional interest, apart from that which every humane person feels with regard to the sufferings of the unprotected. If Mr. Dyer's statements were a true representation of the essential working of the licensing system, it should be admitted that an extension of the Contagious Diseases Acts to the civil population would be impossible in a free country, and as we should regret that any opinion hostile to such extension should be arrived at upon insufficient grounds, we think it right to observe upon the weakness of the evidence which the author offers. We can understand and admit that personal testimony obtained under such unfavourable circumstances is unsatisfying, not because there is anything in it which may not be believed, but because the credibility of the witnesses is so doubtful. For instance, Mr. Dyer asks us to believe that the descending series of officials to whom he appealed for help, from the British consul down to the humblest brothel-inspector, are one and all so case-hardened by their beaureaucratic system as to be insensible to the calls of humanity and of public duty in regard to these girls, or else are parties to a corrupt league with the brothel-keepers. On what evidence does he ask us to accept this conclusion? On the bold assertion of one or two of the inmates of these brothels, which statements the said inmates flatly contradicted and repudiated when asked to repeat them to the Belgian police. While we fully recognise the almost impossibility of obtaining evidence of any other class than this, and while we admit that there are good reasons why a girl in the presence of her task mistress, and of a semi-hostile questioner, should not dare to make charges which might, if not believed, enhance the misery of her condition, we must nevertheless refuse to accept such evidence, except as affording some slender ground for inquiry. We are well aware that– in the analogous case of statements made as to the ill-doing of the contagious diseases system in England—the charges made melted away at once when submitted to honest and thorough investigation, and, to tell truth, we are somewhat sceptical as to the virtuous innocence of the young ladies whose cases Mr. Dyer quotes, who are found drinking in public houses with casual street acquaintances, and subsequently accompanying those acquaintances to Belgium in order to see the fine houses belonging to these persons, and *afterwards* to marry them.

(a) "The European Slave Trade in English Girls: A Narrative of Facts." By A. S. Dyer. London: Dyer Bros. Pp. 39. Royal 8vo. Price, 2d.

Correspondence.

ON RECENT DISCOVERIES BY INSTRUMENTS OF PRECISION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am in the habit of taking notes of whatever appears of value in my professional reading, and your journal is to me a rich mine in this respect. Now I find a note taken from the *Medical Press* of May 22, 1878, to this effect: Dr. Alfred Carpenter, of Croydon, on "Drunk and Dying," says, "the temperature of the dead-drunk man is lower than that of the body in health, unless there be some disease which raises the temperature above 98·5. But if there be no active disease to modify the cooling action of alcohol, if the body of the insensible person be found below the natural standard without any evidence of collapse from other cause, it may be safely assumed that he is drunk rather than that he is suffering from acute cerebral lesion," &c., &c.

Look upon that picture and upon this taken from *Press* of August 25, 1880, by Dr. Bradbury, of Cambridge, on "Recent Discoveries by Instruments of Precision." He says, "It (the thermometer) will diagnose cerebral hæmorrhage from alcoholic poisoning, the temperature (in rectum) falling at first below the normal in cerebral apoplexy, but not in drunkenness. In true apoplexy depending on cerebral hæmorrhage, the temperature constantly diminishes some moments after the attack and remains afterwards for at least twenty-four hours below the normal standard even where intense convulsions occur," &c., &c.

This is the substance, if not the *ipsissima verba* of these two gentlemen expounding in your columns the law upon this important subject. I feel that to retain both these opinions as my guide on emergency would be equivalent to expunging both. Will you kindly say if I should expunge only one—which one? and you will confer a favour on many besides myself equally anxious to entertain none but clear notions on professional matters like this.

I have the honour to be,
Yours faithfully,

Taunton, Oct. 16, 1880. J. Carey, M.D.

The Vienna University.—The *Allg. Wien. Med. Zeit.*, Sept. 14, informs us that in the last summer session there were 3,278 ordinary and 618 extraordinary attendants at lectures; and of this number the Medical Faculty numbered 827 ordinary and 164 extraordinary attendants. Among these latter are counted 95 foreigners who have entered for lectures; and of these the Americans, 38 in number, form the largest contingent. For the ensuing winter session there are announced 179 courses of lectures to be delivered by 110 professors, docenten, and assistants.

Obituary.

SIR WILLIAM LINTON, M.D., K.C.B.

We have to record the death of Sir William Linton, K.C.B., from apoplexy, a few days since. Deceased was an Inspector-General, Army Medical Department, on the retired list, and Honorary Physician to Her Majesty the Queen, and was residing at Skairfield, in Scotland, at the time of his death.

Sir William Linton was of a Dumfriesshire family. He was born in 1801, and was the eldest son of Mr. Jabez Linton, late of Hardrigg Lodge, Annan, Dumfriesshire. His introduction to the medical profession, of which he afterwards became so distinguished an ornament was, in the old days of apprenticeship, which in his case was served under Dr. Johnstone, a well-known and much-respected practitioner in Annan. He studied at the Edinburgh University in the years 1821-24, when Monro, Hope, Hamilton, Jamieson, and Allison were at the height of their fame. During the summers of his University attendance, he followed a favourite practice with rising young medical students at that period: for four years in succession he acted as surgeon in a whale-ship in the Arctic regions. He had his full share of the dangers of the north seas, for he and his ship's company were once wrecked amidst the ice, and had a narrow escape with life. Through the kindness of a member of the family of Colonel Graham, of Mossknowe, he entered the army medical department in 1826, in which for forty years his career was one of progress and success. He graduated as M.D. at Glasgow in 1834. He became staff surgeon of the first class in 1848. Previous to the breaking out of the Russian war he went to Turkey on a special mission, for which he received official thanks. He was out through the whole of the Crimean war, being present at every action until the fall of Sebastopol. He had the medical charge of the 1st Division, and was "honourably mentioned" by Lord Raglan in a despatch, November 1854. He had the care of the great hospital in Scutari in 1855 till the British forces came home. He received the Crimean medal and four clasps, the Turkish Order of Medjidie, and the Turkish medal. At the close of the war he was made a C.B., and Inspector-General of Hospitals in 1856. He was in London in February 1857, when tidings of the Indian Mutiny arrived, and in a day or two he, with forty medical men, was on the way out to India. He saw many of the eventful scenes of that terrible spring and summer. He took the direction of the Indian hospitals from May 1858 to May 1863, when he completed his period of service, and was again specially commended by Sir Hugh Rose, and was made a K.C.B. in 1865. For the last few years Sir William had retired to his property at Skairfield in Dumfriesshire, and was an immense favourite in the neighbourhood. He was an accomplished linguist, and a mine of information for all who had the pleasure of his acquaintance.

J. PEARSON IRVINE, M.D.

The winter session has barely commenced, yet death has already claimed one of the most promising of the younger members of the profession. Dr. Irvine caught a chill in the last week of his holiday, and came home—to die. He was a most distinguished student of University College, and finished his student career fittingly by taking the Gold Medal in Medicine for his M.B. in 1870. After this he practised for some time near Lancaster, taking his father's place, and filling it not unworthily. He returned to town and became attached to Charing Cross Hospital, where his abilities as a teacher, as well as an accomplished physician, were quickly recognised. A devoted pupil of Sir Wm. Jenner's, he had imbibed his teacher's love of accurate diagnosis as the means towards satisfactory treatment. His amiability of disposition endeared him to all who knew him, and he was as remarkable for his goodness of heart as his soundness of head. He had worked too hard for some time past, and undermined a naturally strong constitution, so that when illness seized him he quickly succumbed. His loss will be deeply regretted by all; and medicine can only deplore the fact that another of her wisest sons has gone down in the morning of life.

THE CORK FEVER HOSPITAL INQUIRY.

The following letter of resignation from Dr. Adderley, house-physician of the hospital, has been received and accepted by the committee:—

"Cork Fever Hospital, October 6, 1880.

"Gentlemen,—Taking into account the strong animus against me shown in presence of the Committee by the three members of the medical staff, and evinced by their conduct to myself on other occasions since the recent public investigation, I feel that there is no course left open to me except to resign into your hands the office of Resident Medical Officer. In doing so, however, I would confidently appeal to the ample public approbation given to me up to the time above referred to by the Committee, the medical staff, and others; and I would submit to the Committee and subscribers that I am still entitled to that approbation, even admitting the errors which the Committee consider proved against me on the testimony of those who are altogether interested in substantiating these charges.

"I remain, yours truly,

"John Adderley, M.D."

Medical News.

King and Queen's College of Physicians in Ireland.—At the last monthly examinations held on October 4, 5, 6, and 7, the following candidates were successful:—

For the licence to practise Medicine—

Butler, George Henry, Kilburn, London.
Denne, John Edward Jas., Dublin.
Hudson, Harry Chalmers, Dublin.
Jones, John Hugh, Dublin.
Lambkin, Francis Joseph, Dublin.
Murphy, John, Dublin.
Ramsay, Edward Connell Adair, Fleetwood, Lancashire.
Sworn, Henry George, London.

For the licence to practise Midwifery—

Hudson, Harry Chalmers.
Jones, John Hugh.
Murphy, John.
Sworn, Henry George.

At the usual quarterly First Professional Examination, held on October 4, 5, and 6, the successful candidates were:—

Longheed, Elizabeth, London.
Mitchell, Katherine, London.
Mitchell-Swaagman, Julia Caroline, London.

The following Licentiates were admitted Members of the College at the same meetings of the Court of Examiners:—

Barry, Daniel Paterson, 1867, Surgeon-Major A.M.D.
Dunbar, Eliza Louisa Walker, 1877, Bristol.
Forrest, John King, 1859, Dublin.
Harricks, Francis M., 1871, Corowa, New South Wales.
Hatchell, George William, 1860, Dublin.
Joyce, Alexander Richard, 1870, Surgeon R.N., Plymouth.
Kell, George, 1871, Surgeon R.N., China.
O'Reilly, Peter, 1876, Carrigallen.
Richardson, Henry Anthony Wills, 1873, Surgeon R.N.
Staples, Francis Patrick, 1860, Surgeon-Major A.M.D.

University of Durham.—Pass-list of the Primary M.B. Examination held at the College of Medicine, Newcastle, on Oct. 4, and following days:—

T. G. Ainsley, M.R.C.S.
D. H. Bailey.
F. Cashes.
H. A. Clowes, M.R.C.S.
A. W. W. Dowding, L.R.C.P., M.R.C.S., L.S.A., Lon.
A. Dodd.
Fred. W. East.
H. Marshall Fenwick.
W. H. Kempster.
W. C. Rudd.

Six candidates were referred.

The Dangers of Tattooing.—An inquest was held at Liverpool last week on the body of a shipwright, who died from erysipelas after being tattooed a few days previously. The West Indian operator was examined, and said he had tattooed thousands of persons without ill effect. The deceased was said to have been a man of somewhat unsteady habits. The jury gave a verdict of death from erysipelas induced by the tattooing.

Pathognomic Sign of Fracture of the Neck of the Femur.—Dr. Bezzi draws attention, in *Lo Spallanzani*, to a sign which is pathognomonic of fracture of the neck of the femur, but which is not generally known. In examining the space between the trochanter and the crista ilii, it will be found that while, on the sound side, the muscles occupying this region (the tensor vaginæ femoris and the gluteus medius) are tense, and offer to the hand a considerable feeling of resistance, they present on the affected side a deep, well marked depression,

a flaccidity and diminution of tension, from displacement upward of their points of insertion.

The Production of Quinine.—The United States Consul at Milan, reporting on the manufacture of quinine in Italy, introduces the following sentence referring to quinine and salts of quinine :—"The production of the world is estimated at from 230,000 to 260,000 lbs. per year as follows : Germany, 56,250 lbs.; Italy, 45,000 lbs.; France, 40,500 lbs.; England, 27,000 lbs. ; America, 63,000 lbs. ; India, 12,250 lbs." According to him efforts are being made to acclimatise the cinchona in Italy. Its successful culture in India and Ceylon encourages the belief that it will grow wherever the soil is dry, the rainfall large, and the climate temperate.

Vegetable Digestives.—The action of the *Carica papaya* on fibrin has of late attracted considerable attention. M. Bouchut has recently made some interesting experiments as to the action of the diluted juice of the plants on living animal tissue and finds that the effects produced are similar to those on dead tissue, adenomata and cancers being digested and converted into peptones. The solution used contained one-fifth of papaw juice. If this solvent action can be limited, it would seem as if papaw juice might become a valuable medicinal agent. The living plants are now obtainable in this country, and it may be hoped that the numerous investigations which have of late been made by various experimentalists may lead to some practical therapeutical result. M. Bouchut has also extended his researches on the digestive principle of the papaw tree to the common fig, and the result of his preliminary experiments (*Comptes Rendus*, vol xci., p. 67), carried out upon the milky juice collected from a fig tree in April last, seems to show that this juice contains a powerful ferment capable of digesting albumenoid matters. As much as 90 grams of fibrin, added in eight successive portions at intervals of one or two days to 5 grams of the milky juice, and kept at a temperature of 50° C., was for the greater part digested, leaving a small amount of a white homogeneous residue, and the solution having the odour of good broth.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

DR. UGHETTI, Catania.—The annual subscription to Italy is the same as advertised in our columns to other parts of the Continent—viz., £1 3s. 6d., payable in advance.

A THIRD YEAR'S MAN.—1. Either of the recognised text-books on Surgery. 2. Gray's "Anatomy," or Darling's "Essentials."

DR. J. JORDAN.—Our "Students' Number" will give you every information.

CLINICAL SOCIETY OF LONDON.—Friday, Oct. 22, at 8½ p.m., Mr. Clement Lucas, "On Cross-legged Progression (Scissor-legged Deformity), the result of Double Hip Anchylosis."—Dr. Greenhow, "On a Case of Intestinal Obstruction caused by a Hernia through the Mesentery of a Meckel's Diverticulum, which had retained its attachment to the Umbilicus."—Mr. H. Morris, "On Nephro-lithotomy, with a Case in which the Operation was successful."—Mr. Adams, "On a Case of Ligature of the Common Carotid and Subclavian Arteries for an Aneurism, supposed to be of the Innominate Artery."

DR. DARLING.—The couplet runs thus :—

Tender-handed, stroke a nettle,
And it stings you for your pains ;
Grasp it like a man of mettle,
And it soft as silk remains.
'Tis the same with common natures ;
Use 'em kindly they rebel ;
But be rough as nutmeg-graters,
And the rogues obey you well.

A PUZZLED DOCTOR.—The series of Analytical and Therapeutical Reports on the "Bottled Waters," now appearing in our columns will doubtless convince you. The questions you raise have been many times previously brought under our notice, and we started these Reports in order to give the profession a more reliable guide than the statements of importers.

HARVEIAN SOCIETY.—Thursday, Oct. 21, at 8½ p.m., Mr. Field: "Ivory Exostosis in both Ears successfully removed by Operation."—Dr. Milner Fothergill: "Some Practical Points in Digestion."

DR. SCOTT is thanked for his complimentary note.

THE HARVEIAN LECTURES will this year be delivered by Dr. James E. Pollock on Dec. 2, 9, 16; the subject chosen is, "The Prognosis and Treatment of Chronic Diseases of the Chest in Relation to Modern Pathology."

VACANCIES.

Charing Cross Hospital.—Assistant Physician and an Assistant Surgeon on the Staff. Applications to the care of the Secretary before Oct. 30.

Cork Fever Hospital and House of Recovery.—Resident Medical Officer and Apothecary. Salary, £100, and £20 for account, with apartments, &c. Election, Nov. 4. (See Advt.)

Edenderry Union, Rathangan Dispensary.—Medical Officer. Salary, £120, with fees, and £25 as Sanitary Officer. Election, Oct. 25.

Great Northern Hospital, London.—Physician for Out-patients. Applications to the Secretary before Oct. 30.

Royal Free Hospital, London.—Assistant Physician, with beds. Applications for further particulars to the Secretary. (See Advt.)

St. Thomas's Hospital, London.—Resident Medical Officer to the Paying Patient's Department. Salary, £400. Applications for particulars to the Treasurer.

APPOINTMENTS.

BODKIN, P. J. T., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to the No. 1 Dispensary, Tuam Union.

BRUCE, R. C., M.B., C.M., House Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

ESSON, W. R., L.F.P.S.G., Medical Officer for the Lindley-cum-Quarmby District of the Huddersfield Union.

HARRIS, F. W. H., M.R.C.S.E., Assistant Medical Officer to the Suffolk County Asylum.

HEATH, G. Y., M.B., L.R.C.P.Ed., M.R.C.S.E., Consulting Surgeon to the Newcastle-on-Tyne Infirmary.

HUNT, J., M.R.C.S.E., Acting Surgeon to the Children's Hospital, Birmingham.

KEMPE, J. A., M.R.C.S.E. & L.R.C.P.L., Assistant Demonstrator of Anatomy at University College Hospital.

MACDOWELL, F. V., L.R.C.S.I., Medical Officer to the Baltinglass Union Workhouse and Fever Hospital.

MAYLARD, A. E., M.B., B.Sc., Demonstrator of Anatomy at Guy's Hospital.

PALMER, H. L., M.R.C.S., Medical Officer to the Llanllwchairn District of the Newtown and Llanidloes Union.

PULLON, H., M.B., C.M., House Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

RUTHERFORD, R. L., Assistant Medical Officer to the Devon County Asylum.

STEELE, R., L.R.C.P.Ed., M.R.C.S., Honorary Medical Officer to the King's College Hospital Convalescent Home, Hemel Hempsted.

TURNER, J. E., L.R.C.P.Edin., L.R.C.S.Edin., Medical Officer to the Tuam Union Workhouse.

WATSON, C., L.K.Q.C.P.I., Medical Officer to the Kildare Dispensary District of the Naas Union.

WHITE, R. P., M.B., C.M., House Surgeon to the Halifax Infirmary.

NAVY MEDICAL SERVICE.—In accordance with the provisions of her Majesty's Orders in Council of Feb. 22, 1870, and Feb. 4, 1875, Staff Surgeon A. Crosbie, M.D., has been placed on the Retired List of his rank from the 8th October, 1880.

ARMY MEDICAL SERVICE.—The following were gazetted on Friday last :—Deputy Surgeon-General H. Kendall, M.D., to be Surgeon-General, vice H. G. Gordon, M.D., granted retired pay; Brigade Surgeon J. Ogilvy, M.D., to be Deputy Surgeon-General, vice H. Kendall, M.D. ; Surgeon-Major W. Skeen, M.D., to be Brigade Surgeon, vice J. Ogilvy, M.D. ; Surgeon-Major E. Becher, M.D., is granted retired pay, with the honorary rank of Brigade Surgeon ; Surgeon-Major T. A. Thornhill, M.B., is granted retired pay, with the honorary rank of Brigade Surgeon ; Surgeon-Major F. P. Staples has retired upon temporary half-pay ; Surgeon-Major A. Johnston, M.D., from half-pay, to be Surgeon-Major. The undermentioned Surgeons to be Surgeons-Major, dated Oct. 1, 1880 :—A. H. Stokes, M.B. ; G. R. Triphook, M.B. ; J. Scanlan, M.B. ; G. Corry ; F. A. Davy, M.D. ; A. W. Duke, M.D. ; R. M. Bradford ; H. Stannard ; R. D. Bennett ; T. Faris, M.B. ; H. B. White.

Births.

BOYLE.—Oct. 3, at Multyfarnham, Westmeath, the wife of Daniel O'Connell Boyle, L.R.C.S.I., of a daughter.

COATES.—Oct. 9, at Balmoral Terrace, Great Victoria Street, Belfast, the wife of Stanley Beresford Coates, L.R.C.P.Edin., of a son.

HUMPHRY.—Oct. 13, at Wisborough Green, Billingshurst, Sussex, the wife of R. Humphry, L.R.C.P.Ed., of a son.

HUTCHISON.—Oct. 10, at Chipping Norton, Oxon, the wife of G. Wright Hutchison, M.D. Aberd. & M.R.C.P.Edin., of a daughter.

Marriages.

MILWARD—LOCKHART.—Oct. 14, at Christ Church, Edinburgh, Wm. Clement Milward, M.B., Surgeon A.M.D., to Elizabeth, eldest daughter of Miles Lockhart, of Edinburgh.

Deaths.

BROWNE.—Oct. 11, at Renaragh, Fahan, co. Donegal, William Browne, M.D., aged 64.

IRVINE.—Oct. 15, at 3 Mansfield Street, Portland Place, London, James Pearson Irvine, M.D., F.R.C.P.Lond., Assistant Physician to Charing Cross Hospital, aged 33.

SMITH.—Sept. 29, at Stuttgart, Robert Smith, Deputy Inspector-General of Hospitals (retired), aged 72.

SPARKS.—Oct. 11, at the residence of his brother, Mistern Lodge, near Crewkerne, Edward Isaac Sparks, M.A., B.M. Oxon., F.R.C.P., aged 37.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 27, 1880.

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SOME OBSERVATIONS ON EPILEPSY. (a)

By Dr. L. WITKOWSKI.

All attacks that occur in epileptics, however distinct they may be, can be naturally divided into three great groups, which nevertheless pass into each other without a definite line of demarcation. The first group contains attacks of short duration—a few instants to a few minutes. Because only one morbid element often appears to be present in these cases (for example, only convulsions, dizziness, or loss of consciousness), I had denoted these attacks in my report by the term, elementary. But generally the attack is only apparently elementary; one symptom is predominant, others are feebly marked. Therefore the designation—rudimentary attacks—is rather to be recommended. They often precede for years the appearance of other forms of attack, but are also very frequent in the later course of the illness, and, as a general rule, resist obstinately both the bromide of potassium and other treatments. The majority of the cases heretofore described as *petit mal*, vertigo, absences, and the like, belong to this group. Rudimentary attacks are also frequent in organic brain diseases, but appear to be completely absent in hysteria. Russell Reynolds states, as characteristic of *petit mal*, that in that affection those movements only are lost which are in the narrowest sense voluntary, while on the other hand not only do the properly speaking automatic (as breathing) remain undisturbed, but also the acquired automatic (such as walking, writing, &c.). As a general rule this is quite correct and very indicative, but it does not exist in one species of attack belonging to this series, which I especially refer to on this account, and because it appears to me to be too little known. The patient falls suddenly down, gets up again immediately, and confidently asserts that he has neither lost consciousness nor felt giddy; that he has merely been unable to support himself on his legs. The cerebral grey matter, therefore, continues to perform its functions, only the conduction between it and the muscles is momentarily, but completely, interrupted. Here is presented a genuine and a very important single element of the epileptic malady. For this extreme impairment of the supremacy of the will over the bodily movements is always to be found amongst the characteristics of epilepsy. It forms a chief distinctive mark of epileptic as opposed to hysterical convulsive attacks, and is as clearly to be recognised in the peculiar dream like actions of psychical epilepsy.

The second group contains the regular attacks which may be designated truly epileptic in the narrow sense. The duration varies from some minutes to some hours (including the sopor or the mental aberration). Disturbances of consciousness and convulsions are always present, more or less marked—the latter often easy to overlook. Aura and sopor are frequent, but by no means constant. On the other hand dilatation of the pupils, and equal divergence of the eyes, are always found in the beginning—more rarely strabismus. In the rudimentary attacks both these symptoms, but especially dilatation of the pupils, may be absent. A striking one-sidedness of the convulsions is not rare, but it is often merely partial and apparent, as we may convince ourselves by a close examination if the patient is undressed. Very many variations besides, present themselves in mode, violence, and duration. The attack described by Romberg and others as typical, forms only one variety, though undoubtedly the most common. Very often the succession of phenomena is as follows:—First, unconsciousness appears, with tonic convulsions, then clonic convulsions (medulla oblongata), later on disorderly inco-ordinate muscular actions, which seem to correspond to indistinct conceptions (mesen-cephalon). Finally mental excitement appears (cerebrum proper). Thus the phenomena of excitement in the brain proceed successively from below upwards. However, as has been said, a great variability in the order of events takes place;

(a) Translated by Conolly Norman, F.R.C.S.I., Assist. Res. Med. Superintendent, Monaghan District Lunatic Asylum, from *Allgemeine Zeitschrift für Psychiatrie*, B. xxxvii. H. 2. The introductory sentences of Dr. Witkowski's paper have been omitted.—*Trans.*

exaltation may be the first symptom, or irregular gesticulatory movements may occur, or other similar phenomena. Paleness is often not observed at the commencement of the attack, and the inference founded on the supposed constancy of this symptom (that spasm of the vessels is the cause of the attack), is therefore fallacious. Spasm of the glottis and cyanosis are much more common, but are also not quite invariable, and so form no sure diagnostic mark from apoplexy, as many have thought. To the numerous transition forms between the epileptic and the apoplectic attack, belong especially a great part of the "paralytic attacks" (so called, for which it is therefore best to retain this appellation).

The third group finally consists of those acute affections in which attacks of the first or second (or both) kinds coalesce, and are generally united with symptoms of other sorts particularly psychical. These may be designated combined attacks. The duration varies from hours to weeks. Indications of fever are very frequent and have hitherto received attention from few authors (Bourneville, Binswanger). The febrile symptoms are sometimes slight, sometimes very severe, and have by no means that evil significance as a prognostic which is to be attributed to them according to Wunderlich in neurotic affections (tetanus and the like). An elevation of temperture is not associated with the individual attacks *per se*. A constant rise in temperature in the course of a series of attacks can often be postulated, but can frequently with as much certainty be rejected. Even with a great number of attacks fever is often quite absent or appears long before or after their occurrence. The notion that the fever is produced by a summing up of slight elevations in temperature corresponding to every individual attack (Bourneville) is not in accordance with facts. On the other hand, as far as my observations go an elevation of temperature is wanting in the regular epileptic attack, while, as is known, it is often present in the paralytic. High temperature among epileptics when it is not conditioned by other causes (pulmonary or intestinal troubles) always corresponds to a very extreme disturbance of consciousness, whether this expresses itself as sopor, deep stupor, or violent exaltation. Accordingly, we may conclude that in these cases the portion of the brain serving to regulate the temperature is deranged in its functions at the same time with the highest psychical centres. Albuminuria (Huppert) I have, as yet, found neither in individual nor in repeated attacks much as one would be disposed to expect it.

Combined attacks may be divided nearly as follows with special reference to the relations of temperature:—

1. Simple successions of individual attacks (of the first or second group) more or less numerous, lasting one hour to several days. In successions of rudimentary attacks I have never seen continuous sopor, but with regular attacks it is frequent, and may precede the oncome of the attacks by some hours. Psychical phenomena of other kinds are quite wanting or merely indicated (perhaps by bad dreams and the like). Promdromata also are the exception. In lengthened series of attacks with continuous sopor considerable elevation of temperature is often found, the rise being generally quite gradual. Thus a transition occurs to

2. Those affections truly febrile, with which delirious attacks are usually combined. To this class particularly belongs the *état de mal* of the French, which, however, is far too systematically treated in Bourneville's description. No doubt also the apoplectic congestion (sopor) and meningitic congestion (delirium) of Delasiauve belong in most cases at least to this group. The course is very variable. The order of events most usually met with is—a series of attacks between which occurs sopor with ascending temperature. After the cessation of the seizures sopor remains with increasing muscular restlessness; the temperature keeps up or oscillates, then delirium supervenes aud the temperature goes down or rises once more. Thus we observe here the same progressive advance of cerebral excitement as in the regular single attack. At other times the course of phenomena commences with sopor accompanied by fever, and several series of morbid events may follow each other; delirium alternating with deep stupor and various by-symptoms appearing as anæsthesia, paresis, amnesia, echolalia, &c. Profuse sweats are a constant symptom, and a very frequent and rapid change in the circulatory phenomena is also notable. Pallor, cyanosis, and flushes follow each other with unusual rapidity. Besides the severe febrile forms (reaching over 40° Cent.), there are milder ones (temp., at most, 39·5° Cent.), the course of which is also less acute. According to the height of temperature the duration varies from about five days to several weeks. The prognosis is always grave, but recovery is not rare, death mostly occurring from lung affections or injury. Necropsy reveals nothing characteristic. (Exactly the same affection appears, moreover, without other epileptic precursors and such cases seem very liable to recur.) The instances observed in this clinic up to 1877 have been reported by F. Hertz ("On Status Epilepticus").

3. Subacute affections lasting several weeks, quite without fever or with only very mild febrile symptoms—perhaps, at most, a temperature of 39° Cent. (designated by me status epilepticus afebrilis, *Archiv. f. Psych.*). The course generally is, numerous rudimentary attacks take place, are accompanied by general nervous disturbances: vertigo, anxiety, irritability, nausea, hippus, &c., and last for weeks till the illness "breaks out properly," as the patients say, *i.e.* till a regular attack or several of them close the scene, when considerable relief ensues. To these periods of attack belong, at any rate, a very great part of the habitual evil peculiarities of character which are charged against epileptics. This group cannot be accurately divided from the second, or from

4. The conditions in which psychical phenomena predominate, to which belong by far the greatest number of cases of epileptic insanity. Here also febrile symptoms are not rare, either of long duration (transition to form 2 or 3) or merely passing. In the latter case they are frequently only ascertainable for a short time and are then, more particularly when occurring at night, easily overlooked. The excellent descriptions of this form by Falret, Trousseau, Samt, Echeverria, and others are before the public, and I will, therefore, limit myself to some points in which I differ from current opinions.

Not only do the individual attacks come on before the delirium, which is most common, and more rarely after it (in both which cases the peculiar phenomenon is generally found of a period of comparative freedom, lasting a day or more, before or after the mental aberration), but they also not unfrequently occur in perfectly irregular sequence during the illness—a fact that has hitherto been little observed. It is very rarely that their occurrence cannot be certainly ascertained and in that case their place is taken by convulsive muscular disturbance lasting a longer time. To definitely reject their existence I consider very difficult, and quite impossible when, as in most of the cases recorded in the literature of the subject, the atttack has entirely or in great part run its course outside the asylum, and is only known from the statements on admission. Every experienced alienist knows how often we find unexpected wounds produced by the teeth on the tongue, lips, and inside of the mouth, while partial convulsions are often first discoverable on accidentally uncovering the patient. Further, there is an *ensemble* of psychical symptoms (exhaustively treated by Falret) which furnishes a strong presumption of epilepsy; nevertheless, according to my experience, an easy transition exists from this state to the delirium of drunkards, of paralytics, of women at the period of menstruation, and the like. Finally, the form of mental disturbance in epilepsy, with its alternation of stupor and exaltation — of the deepest depression with the most joyous and entirely maniacal condition, amounting even to the genuine constant discharge of incoherent ideas (Ideenflucht)—is by no means so entirely unified as is represented. I believe that many cases are set down as epilepsy that do not belong to

that disease, and I have come to the conclusion that the existence of the purely psychical "epileptic equivalent" (this name has been already used by Fr. Hoffmann in the 19th vol. of the *Zeitschrift f. Psych.*) has not been established with sufficient certainty. The single attacks, however, often stand much in the background, and in this fact partly lies the distinction between this group and the second. The whole attack may be over in a day or may endure for weeks.

In conclusion I will refer to two peculiarities of psychical epilepsy which have been inordinately dwelt upon. Failure of memory, particularly of that kind denoted by Samt partial failure, exists in many conditions of considerable exaltation and confusion of mind, and is, indeed, especially frequent in psychical epilepsy; but, as has been of late rightly stated by several authors, is by no means constant. This brings us to the second point—namely, that the photographic likeness of all attacks in the same epileptic (which has been particularly insisted upon among the French since the time of Fabret—witness the great debates at the Soc. Mèd. Psych. '73, '75) in reality does not exist. Certainly the return of certain kinds of ideas, especially those connected with religion, and the return of definite hallucinations, sensations, and particular emotional acts (as singing, whistling, &c.), and the like are very frequent and remarkable, both in the combined and in the other sorts of attack, but the return of similar symptoms is the rule in all kinds of relapsing insanity, and even in epilepsy, a close, and especially a long-continued, observation always shows a considerable deviation in the form, continuance, and severity of the attacks. This may be of practical value, inasmuch as one cannot, from the phenomena of one psychical attack in a patient, form exact conclusions as to the ensuing attacks without further study of the case.

I disclaim the intention of here treating in a connected way the position which the various forms of attack occupy in our conception of the epileptic malady, and will confine myself to a couple of remarks in relation to this matter. A disposition to the formation of combined attacks is always a sign of severe illness, and where it is prominent mostly shows itself early. At least, such patients in general get into asylums soon. Bromide of potassium often seems, at any rate for a time, to moderate the symptoms. I never saw any result worth naming from other means. When the combined attacks increase in frequency, as often happens in the prolonged course of the disease, the intervals finally become very short, and almost continuous mental disturbance results, sometimes approaching paralysis, sometimes chronic mania.

On the other hand, only the epilepsy of childhood and puberty, as far as I can see, appear to be accompanied by a tendency to the rapid oncome of imbecility. When the outbreak takes place later, most epileptics remain on a comparatively high mental level, contrary to an opinion widely spread, especially since the time of Griesinger.

The above attempt at a comprehensive grouping of the varieties of epileptic attacks appears to me to possess advantages over previous attempts on account of its greater simplicity. In so far as I have contributed anything new, or have argued against views which I must regard as incorrect, I may be allowed to add that the remarks here compressed into short space contain the result of a special occupation with this subject, almost uninterrupted, during five years. In consequence of this study I have acquired the conviction that in the exclusive attention to psychical phenomena which has become usual of late, and in their arbitrary classification, there is a danger lest the clinical conception of epilepsy, formerly so clear, should be lost—a loss for which unproven hypotheses (such as the supposed spasm of the vessels) would be no compensation. Only when this conception remains a comprehensible one is there any value to be attached to the diagnosis "epileptic insanity," which otherwise becomes nothing but an empty play upon names without further significance.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

A Case of Purpura Hæmorrhagica.

Under the care of Dr. DYCE DUCKWORTH.

Reported by Mr. SIDNEY DAVIES, B.A.

FREDERICK C., æt. 44, brushmaker. This case was admitted to St. Bartholomew's Hospital on the 16th of August. He presented the appearance of a well nourished man of moderate size.

The patient gave the following history: He had enjoyed very good health up to the last five years. About five years ago he became subject to gout, of which he has had, since then, several attacks in the feet, knees, and left hand respectively, the index, middle, and little finger had twice been the seat of the disease, the last occasion being only three weeks ago, and the pain in the index and little finger remains at the present time.

Contemporaneously with the last attack of gout (*i.e.* three weeks ago) he was seized with pain in the neck, which was followed at the end of a fortnight by a swelling in the right posterior cervical triangle. This swelling had increased progressively till the present time. The day before admission he noticed that he was covered all over the body with purpuric spots, but chiefly on the legs. Since the morning of the day on which he was admitted, he had had severe epistaxis. At the same time that the tumour disappeared in the neck, his voice became hoarse, and had remained so ever since. He had been unable to work for five weeks, and for the last three weeks had taken very little food. He had been an average drinker. The family history had been one of gout on the mother's side, herself, her father, and two sons having been affected with it.

On admission the patient had a sallow complexion, and a very hoarse voice. In the lower part of the posterior cervical triangle of the right side there was a firm, hard, immovable tumour, about the size of half an orange, and of a dark colour; the tumour was well defined, and exhibited fluctuation and pulsation; it was painful, even when not handled. His body was covered with purpuric spots, which were most numerous on the legs. The lungs and heart presented no marked abnormality. The urine was acid and contained a trace of phosphates, but no albumen. His evening temperatrue was 102°. Neither the liver nor spleen were found to be increased in size.

The following notes will best indicate the progress of the disease:—

Aug. 17th.—No pulsation and less pain in the cervical tumour; morning temp. 99·0, evening temp. 100·9°. The patient less feverish. Did not sleep well. Tongue fairly clean.

18th.—A few purpuric spots have appeared on the tongue, those on the body are fading. The patient has a good deal of irritation about the larynx, which kept him awake during the night. Pain and tenderness on percussion at a spot about two inches below the left clavicle. Pulse intermittent. Temp. 98·8 and 99·4 ° respectively. Hæmaturia; gums spongy.

19th.—Patient does not feel so well; more feverish. Soreness of throat and larynx increased. Tongue thickly coated with brown fur, oozing from gums. The tumour has assumed a dusky greenish hue. Strangury of urethra; urine nearly black with thick sediment, giving blood reaction; contains one-sixth albumen. Spots on legs fainter. Pulse very feeble. Morning temp. 98·8, evening 101·2°.

20th.—Hæmoptysis. Tongue cleaner; the purpuric spot is ulcerating; gums bleeding. Tumour less tender, greenish blue colour. Nausea, appetite worse, great thirst. Pain in testicles and bladder, more severe in the latter before and after making water. Hæmaturia increased. Pulse variable, very weak and frequently intermittent. Heart sounds very feeble. Morning temp. 99·2, evening 100·6°.

21st.—Feels very weak, appetite increased, voice clearer, less cough. Temp. morning 99·6, evening 100°.

22nd.—Temp. morning 99·4, evening 101·8°.

23rd.—No cough, voice improved. Hæmorrhage from gums less. Tongue clean. Sediment of urine seen under the microscope to contain red blood corpuscles. Some blood from the finger was also examined by the microscope, and found to

contain an excess of white blood cells. Temp. morning 102, evening 100·8.

24th.—Patient very pallid and weak, feverish, and thirsty. No hæmoptysis, and less hæmorrhage from the gums. The swelling in neck has become more diffluent. Hæmaturia has diminished, and albumen has disappeared from the urine. Temp. morning 102·6, evening 101·4°.

25th.—Pulse 124. Patient thirsty, and takes food well. Has passed eight pints of water in twenty-four hours. Temp. morning 100·6, evening 101·6°.

26th.—Pulse 134, regular. Patient feels better. Tongue coated, rather tremulous. Bowels closed; flatulent distension of abdomen. Takes food fairly well. Very anæmic. Has passed seven pints of urine, of natural colour. A few large petechiæ on the abdomen. Temp. morning 99, evening 100·6°.

27th.—Great dyspnœa; no cough; no pain in the chest. Tongue cleaner; bowels open twice. Abdomen distended, tympanitic. Vomiting. Pulse intermittent. Respirations 46. Morning temp. 99·6°.

The patient died in the middle of this day.

Treatment.—An ice bag was applied to the blood tumour in the neck, and appeared to stop its increase and cause its resolution. The general treatment included the use of fresh vegetables, of remedies such as ergot, ice, and other styptics, but no treatment appeared to materially influence the course of the disease.

A post-mortem examination was made and gave the following results:—

There were small subcutaneous hæmorrhages on the front of the thighs and abdomen. Hæmorrhages, about the size of half-a-crown, were found on the under surface of the dura mater, to the right of the median line near the vertex. There was a patch of dark staining on the anterior surface of the heart, and some small hæmorrhages beneath the endocardium of the left ventricle. The intestines were much distended with gas and contained greenish-black pultaceous fæces. No spots of hæmorrhage were seen in the stomach or intestines. Spleen and liver were normal. The pelves of both kidneys were darkly stained, and a little blood could be scraped from the mucous membrane. The bladder exhibited one or two spots of extravasated blood near the neck. The cervical tumour was found to contain an accumulation of reddish fluid matter, probably the result of altered blood extravasation.

Translations.

THE PHILOSOPHY OF SLEEP AND DREAMS.

By M. DELBOEUF.

Translated from the *Revue Philosophique*.

By EDWIN JACKSON, B.A., M.R.C.S.,
Manchester.

Continued from page 328.)

In the dream—and herein it differs from the reverie—the illusion is complete. The reason of this is simple; the waking sleeper, to use M. Dandet's happy expression, delights in the flights of his imagination; he consciously gives himself up to them, and often leads them on; but he knows that he is under the influence of a more or less voluntary illusion. This explicit consciousness proceeds solely from the fact that he is not separated from the world which surrounds him. M. Joyeuse sees houses, elbows passers-by, takes hold of words, cries, noises of every kind, and these impressions, though weakened by the absence of mind of the subject, still contrast by their vigour with the feeble impressions without any set off furnished in the tale by the imaginary laboratory of the pharmacist, the crowd which collects, and the reflections which he puts into the mouth of the people. There can be no mistake; the house, the mob, the voices, all are undoubtedly simply a creation of his inventive imagination.

In the dream this point of comparison is wanting; our wearied senses give us only vague and dull sensations; our most active organs, the eye especially, no longer work; and then the images floating on the surface of our brain produce for us an imaginary world to which we attribute a character of reality, in virtue of the inveterate habit of always seeing around us a world different from ourselves and opposed to us. It is natural, then, that in the dream, I consider as again objective my own ideas, which were originally objective, since real life itself is only a series of objective-workings. For let us not forget that we do not actually see things, we only perceive the impressions which they produce in us, and we conclude that they exist as the cause of these impressions. The dream, then, does not create an illusion; the illusion simply proceeds from the fact that we feel with but a considerably lessened force, the impressions which we receive from without. Side by side with the fancied scene put a real scene, with its brilliancy and its colours, and the fiction vanishes. If we have imagined that "our recollections appear with more vivacity during our dreams than in the waking state," it is because we have confused relative and absolute vivacity.

This we may observe every day; I have observed it in my own case a score of times. I have just dined; I feel little disposed to settle immediately to work, so I stretch myself in an arm-chair before a roaring fire, and take a novel in my hand. The children are playing, laughing, crying, and making a noise in the corridor. While reading my book, I imagine the scenes which are going on around me, and follow them in my mind. Little by little I allow myself to doze; the words and sounds become more and more indistinct. I continue my novel in a half dreamy state; then I most often end by playing a part in it.

Sleep has come over me; but this state does not last long; and at the end of five or ten minutes the cries and the laughs come afresh upon my ears; the personages of the story are slowly effaced. I sometimes make efforts to revive them and to fix them, but the images of the youngsters pile themselves up on the top of them, transparent at first, so that I see both of them at once; then they become more and more solid, their outlines are formed, the shadows and lights are filled in, the fiction disappears to give place to the imperious and jealous reality. I am awake again.

Thus, as a general rule, our conceptions are recognised as such when we are awake, owing to the preponderating vivacity of the perceptions on which they are built up; but in our dreams they deceive us because our perceptions are then blunted and dull. During the waking state they produce the effect of a spot on a light ground; during sleep they are light, because the ground is dark; and further, the pictures which dreams present us scarcely ever have a frame.

This simple explanation is found in Aristotle: "Dreams," says he, "are the ruins of sensations, for every sensation leaves in the soul a lasting impression. In the day, internal movements pass unperceived, because of the impressions which we receive, and the activity of thought; so a small fire disappears before an immense one, and slight ills and pleasures before greater. But during the night, our senses being inactive, because they are powerless, allow of the return to the centre of sensibility of these movements, insensible during waking hours, but which then become perfectly apparent.

In modern times Hobbes has most clearly set forth this theory. Just as the movement produced in still water by the fall of a stone does not stop when the stone is at the bottom, so the effect produced by an object on the brain still continues after the object has ceased to act; and although the feeling no longer exists, the conception remains. When we are awake, this conception is confused, because some object is always present to disturb and trouble the eyes or the ears; but in sleep, the images remaining from the sensations appear strong and clear, because there is no actual sensation; in effect, sleep is the absence of the act of sensation, and thus dreams are the imaginations of those who sleep.

This idea, fundamentally, has undoubtedly presented itself to all who have studied dreams; we have met with it in M. Radestock; but with the exception of the two authors just quoted I do not know any who have lingered over it and made it the pivot of their theories. I read, for example, in M. Alfred Maury: "Thus, in order that our mind may note the difference between ideas and external sensations, it must be able to compare the two kinds of sensations, and to place the reality side by side with that which is only a conception. If then . . . the senses of the man in an ecstacy were in the same state as those of a man who is awake, external impressions would recall him at once to the perception of the reality, and he would be in no danger of mistaking visions or facts: this then is what takes place."

Here, expressed better than I could do it, is the whole basis of the theory of the dream. But M. Maury thinks of it only in connection with ecstacy.

Maine de Biran says almost the same thing: "In the ordinary state, the momentary persuasion which is produced by the phantoms of the imagination is continually destroyed by the more lively impressions of real objects, which eclipse them as the light of day eclipses that of a lamp." This author unfortunately attributes to the will the disappearance of these vain images, and if they obtrude themselves upon us during sleep it is because we are completely passive, for sleep is characterised solely by the absence of will.

It is then the comparative absence of brilliancy and of set-off which distinguishes conception from perception, and we may say in a general way that conception in the dream has still less *absolute* brilliancy than in waking hours. It is the gradual enfeeblement of impressions that makes the distant past appear to us as a long dream, and sometimes the traces of events become so feeble that we ask if they really took place, or if we have not been dreaming.

Herein I depart from the generally received opinion. Let us hear the words of Garnier: "What we have said of reverie will assist us in considering the dream. . . The conceptions of the dream have always more relief and clearness than those of the reverie, because perception is still more absent from sleep than from the most profound performances of the waking state. At the very time when sleep comes over us our perceptions leave us little by little. . . The reign of the conception commences, its objects appear realities; no perception is there to make us by contrast recognise the conception as what it really is. But when the organs are naturally freed from the bonds of sleep, or when a powerful imagination suddenly delivers us from them, the perception is made, and the dream vanishes. It is, therefore, still by the contrast between perception and conception that we distinguish them one from the other."

This may almost be admitted, on condition that we do not grant to conception, even in dreams, the same intensity of colour as to perception. But the author previously teaches us that "the difference between perception and conception does not pertain to the vivacity of the two; it is not a difference of degree, but a difference of nature," and according to him the conceptions of dreams are so clear that, speaking of madness, he says: "All the time that madness lasts the conception possesses the same force, and, so to speak, the same pointedness as in dreams." These last words contain an evident error.

(To be continued.

OPHTHALMOLOGICAL EXCERPTS

Selected and Translated

By ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S.I.

Motor Nerves of the Eyes—their Origin.

In the *Gazette des Hospitaux* M. Math. Duval reports the following observations as to the origin of the oculo-motor nerves. The nuclei of the origin, fourth and sixth pairs of cranial nerves are connected together by bundles of fibres, the arrangement of which explains the complicated physiology of the associated ocular movements. A very marked bundle goes from the nucleus of the third pair to that of the sixth of the opposite side; thus we can understand the simultaneous contraction of the right internal rectus and the left external rectus and inversely. This bundle is double in the ape; one of its branches enters the nucleus of the patheticus. This nerve, therefore, takes its origin partly from the muscles of the external motor oculi; hence there is nothing astonishing that it enervates a muscle rotating outwards, such as the superior oblique. In movements of lateral inclination of the head, this nerve acts simultaneously with that of the inferior oblique of the opposite side, but in an inverse sense. But the nucleus of the patheticus blends itself with the posterior part of that of third pair, the point of origin of the motor oculi communis, which innervates the inferior oblique and the patheticus itself, decussating in the valve of Vieussens, passes to the superior oblique of the side opposite to that on which it seems to rise. The simultaneity of action of the two oblique muscles in question is thus explained by the community of origin of their different nerves.

The Chorda Tympani Nerve—Structure and Functions.

Dr. H. R. Bigelow summarises a paper in the *New York Medical Record* as follows:—

1. The chorda tympani nerve is distinct and integral throughout its entire length.
2. It is derived from the nerve of Wrisberg and not from the facial.
3. Its especial sensory function is derived from the ganglion upon the nerve of Wrisberg into the glanular protoplasm of which the ultimate fibrils may be traced.
4. The lingual branch of the fifth presides over general sensibility only. Isolation of the chorda tympani as completely as possible destroys the sense of taste in the anterior two-thirds of the tongue, the fibres undergoing degeneration.
5. Section of the lingual destroys sensibility but only modifies the sense of taste, this modification being due exclusively to the branches from the chorda tympani.
6. Section of the facial behind the origin of the chorda tympani destroys the sense of taste only after a lapse of time, and this not because the facial at this point contains gustatory filaments, but because the nerve is cut off suddenly from its supply and has received such a shock that it undergoes degeneration. If the chorda tympani be drawn out at the point where we first notice its filaments of origin and divided, the sense of taste will be almost entirely destroyed. If the nerve of Wrisberg be cut in the aqueduct behind the ganglion, the sense of taste is lost. From which it may be inferred that the intermediary nerve is continued in the chorda tympani and that this latter is a carrier of the sense of taste from the cells in the intumescentia gangliformis.

Iodide of Potassium and Calomel in Ophthalmology.

Dr. Schlæfke (*Græfe's Archiv*, vol. xxi, 2, p. 251) refers to the fact which has frequently been observed, that the external application of calomel may give rise to severe inflammation of the conjunctiva, if used simultaneously with the exhibition of KI internally. This he explains by the formation of iodate and iodide of mercury, which, in the presence of common salt, or KI, are soluble, and act as caustics. He finds that if KI be taken twice daily in 0·5 grain doses, its presence can be constantly detected in the conjunctival sac.

Conservative Treatment of Sympathetic Ophthalmia.

M. Bouchet in the *Gazette des Hopitaux* observes that sympathetic ophthalmia is most probably produced by transmission through the ciliary and optic nerves and proposes the section of these nerves as a substitute for the enucleating method. The operation was successfully performed on dogs, cats, and even rabbits, experimentally, the eye whose nerves had been cut, being retained.

The operation consists in making a slight incision in the conjunctiva, severing the tendon of the external rectus muscle, and passing behind the eyeball with scissors sharply curved on the flat. The eye being drawn forwards and turned inwardly, the optic nerve is put on the stretch, seized between the blades of the scissors and cut, together with the ciliary nerves. The eye is rotated still further in the same direction for examination to insure the section of all the nerves, then the muscle is replaced, sutured, and an antiseptic dressing employed.

Optico-ciliary neurotomy, as the author calls it has been performed in more that forty cases successfully, and is said to be an acquisition to conservative surgery.

Benzoate of Sodium in Gonorrhœal Ophthalmia.

It is said, in the *Lyon Médicale*, that Dr. Dor, who, for the last two years, has used the benzoate of sodium with great success in the purulent ophthalmia of infants, has recently had the opportunity of treating a well-marked case of gonorrhœal ophthalmia, recovery taking place in a few days, without any opacity being left. He kept iced compresses constantly to the eye. The benzoate of sodium was employed in a 20 per cent. solution, and tannin in a 10 per cent. solution, ten drops being instilled every three minutes. All secretion which issued from the eye was removed by means of a wash consisting of a 100 per cent. solution of the benzoate.

Atropine Eczema,

Dr. Julius Donath, of Baja, Hungary, records, in *Wiener Med. Wochenschrift*, a case where the introduction of a few

drops of a 1 per cent. solution of sulphate of atropia into the eye was invariably followed by severe eczema and pseudo-erysipelatous swelling and redness of the face and neck. The patient was a woman of forty-five, of good constitution, with chronic disease of the left eye giving rise to corneal opacity and synechiæ.

Special.

FRANCE.

[FROM OUR OWN CORRESPONDENT.]

An extraordinary scene occurred last week at the Academie de Medecine between M. Pasteur and Jules Guérin, in reference to the discovery by the former of the vaccine of the cholera of fowls. M. Guérin demanded of M. Pasteur what was his secret remedy, and the other replying vaguely, he was told by his adversary that he was not accustomed to medical language, and hence the reason of his being unable to express himself properly. Another member, M. Bouillaud, addressed M. Pasteur in the following terms :—"You ought to think yourself honoured to be able to obtain a hearing in an assembly of medical men, but believe me, remain in your laboratory that you have never quitted (this was sarcasm, for M. Pasteur is not a medical man legally), you can see many interesting things through your microscope, but that is no earthly use to us."

The meeting rose in disorder. On Wednesday last there was a repetition of the same scene. When the meeting opened a lively discussion took place between the members in question, and hot words were exchanged on each side. Baron Larrey demanded that the Académie should pass to the order of the day. M. Guérin, after the vote of the *ordre du jour*, stood up and demanded to be heard for a personal affair. The President refused the request, but the former persisted and commenced to speak, and then the President declared the meeting closed amidst a general commotion. M. Jules Guérin crossed rapidly the room and advanced towards M. Pasteur, but several of the members went between the adversaries. M. Guérin thus held, addressed M. Pasteur in these terms :—"You are a liar, sir, I will send you my seconds." The most curious part of the affair is that M. Pasteur, whose age is fifty-nine, is almost completely paralysed on the left side, while M. Guérin is an octogenarian.

At the International Congress of Laryngology held at Milan, M. Schmidt communicated his observations on the treatment of phthisical laryngitis. His conclusions were :—Laryngeal phthisis almost always occurs in the course of the pulmonary form. There are three kinds of inflammation of one cord usually ending in ulceration from the wasting of the opposite one. Superficial ulcerations, deep ulcerations. These three forms are to be met with in the same larynx ; tubercular infiltration and collateral œdema can be combined with these three forms. The diagnostic is only difficult *vis à vis* of syphilis. The best remedy to distinguish them is to give large doses of iodide of potassium for a week. Laryngeal phthisis can be cured. The treatment would be by the antiseptic method, inhalations of Peruvian balsam, carbolic acid, or the glycerole of creasote. Infiltration should be treated by free scarifications.

M. Caselli, an Italian, presented to the Congress a young girl on whom he performed extirpation of part of the base of the tongue and of the os hyoid, of the soft palate with the uvula, the posterior wall of the pharynx, a portion of the œsophagus, the whole larynx and the thyroid gland ! This formidable operation was performed a year ago, nevertheless, this young girl, who appeared in perfect health, was able to eat, drink, and even spoke with facility. She breathes through a large canula, which fills the trachea, and to speak she introduces from below upwards into the tracheal canula a musical apparatus having the form of a conical tube and articulated, which terminates in the mouth, where it can be plainly seen lying upon the tongue. A little tongue at the free end of this instrument is put in motion by a column of expired air which entered the apparatus through an orifice made at its junction with the large canula.

SUMMARY OF THE PRESENT GRIEVANCES OF THE INDIAN MEDICAL SERVICE.

The papers which have been issued from time to time by the Committee have shown in detail the disadvantages under which the Indian Medical Service at present labours ; necessarily, however, much of the information therein contained must be difficult of comprehension to those not actually belonging to the public services, and the Committee therefore conceive that a brief summary of the grievances still existing, uncomplicated by statistics and stripped as far as possible of technicalities, may serve a useful purpose, by rendering the real state of things more clear to outside sympathisers, and thus enabling them to realise the direction which reform and redress *must* take, if the Indian Service is to be rescued from degradation, and to continue to attract men of energy and ability to its ranks.

The Indian Medical Department has been and is an essentially military medical department, although many of its officers have their services temporarily placed at the disposal of the Imperial and Local Governments, for the performance of important civil duties ; now one of the greatest grievances the department has to complain of is, that by the recent orders, it has, as a military service, been practically annihilated ; for the head of the Military Medical Service in India in each of the three Presidencies, is to be chosen from the Army Medical Department, and the best and healthiest circles of administration are to be permanently allotted to their Staff, and thus the Indian Service has been subordinated in all respects to the Army Medical Service, whose numerical strength in India is less than half its own ; at the same time the prospects of promotion for each individual officer have been seriously deteriorated by the reduction of administrative appointments, the strength of the service remaining unaltered, and indeed, for many, promotion has become an impossibility, for under the superannuation rule, which limits service in the executive ranks to a maximum age of fifty-five years, a majority will have to retire ere their turn for promotion arrives. The injurious effects of these changes might have been somewhat softened by the extension to Indian medical officers of the boons conferred upon the Army Medical Department by the Royal Warrant of November last, but such extension has not been granted, and hence in respect of pay, pensions, honorary rank, opportunities for earning decorations and distinctions, sick leave privileges, and rates of invalid pay, the Indian medical officer now labours under a hopeless inferiority. The evil influence of these changes has already shown itself, for in the present Afghan campaign, although fully two-thirds of the force in the field consists of native troops, the administrative medical appointments have been filled almost exclusively from the British service, and although many Indian medical officers have, it is well known, exceptionally distinguished themselves, their names have been studiously withheld from the Gazettes, whilst the Committee have been inundated with complaints from the junior officers serving in the field, that they have continually arduous and responsible charges entrusted to them, for which they are permitted to draw only *unemployed* rates of pay, whilst the juniors of the British service, merely doing duty with their regiments, draw the full allowance of their rank.

The widespread feeling of discontent to which the recent changes have given rise has been very wrongly and unfairly attributed to unworthy sentiments of jealousy of the sister service, and to a dog-in-the-manger-like disinclination to allow its members to share in the somewhat problematical loaves and fishes of an Indian career ; all, however, that the Indian medical officer claims, and the claim is undoubtedly a just one, is, that having entered upon a lifelong service in the tropics, he ought in justice to be placed upon, at least, an equality as regards rank, privileges, prospects of promotion, chances of distinction, pensions, pay, &c., with the members of the sister service, whose residence and interests in India are comparatively temporary and evanescent.

The changes which have been introduced into the civil department of the service are some of them undoubtedly beneficial, but their good effect has been ingeniously neutralised by the introduction of ill considered alterations in the mode of promotion and the accordance of exceptional privileges to a few favoured individuals ; the result can only be a serious retardation of promotion for the majority, and a gain only for those who can condescend to undertake the *rôle* of the sycophant.

If the Indian Service is to maintain its prestige and efficiency, and if those now in its ranks are to be saved from manifest injustice and injury, reform and redress must be accorded on the following lines :—

The military surgeon generalship in each Presidency to be given alternately to the two services.

The most favourable circles of administration to be more fairly allotted, by being given alternately to the two services as vacancies accrue.

The privileges conferred by the Royal Warrant of November last to be extended to the Indian Service, with, at least, equality in all respects in matters of pay, pension, rank, &c.

A modification of the furlough rules, allowing leave for sickness contracted in and by the Service to count towards pension, and

Such a reconsideration and reform of the recent alterations in the mode of promotion as shall effectually obviate undue favouritism and protect the senior members of the Service from *unmerited* supercession by their juniors.

Department of Lunacy.

THE STIRLING DISTRICT ASYLUM.

The Annual Report of the Stirling District Asylum for 1879 reflects much credit, not only on Dr. Maclaren's management of that institution, but on his philosophical breadth of view and literary attainments. In it he takes a broad and comprehensive view of the facts, social and scientific, which have fallen under his official cognisance during the twelve months with which it is concerned, and sets forth in a clear and forcible style the suggestions which he has to offer. The innovation which he has introduced of representing in the form of charts the monthly variations in the number of admissions, discharges, and deaths, in the Stirling District Asylum, is perhaps scarcely justifiable in the case of an institution in which the figures are so small that they would be equally intelligible if arranged in the ordinary tabular form. Such an appeal to the eye would, however, be valuable in a large establishment where great numbers have to be dealt with. Dr. Maclaren is of opinion that the types of insanity now met with are not the same as those which formerly existed. There is no variety of insanity, he remarks, so constantly referred to in older writings, as that of acute, dangerous, delirious mania. Indeed, the furious madman, with corrugated brow, staring eyes, matted hair, and torn raiment is constantly met with, both in scientific works, and in the books of the poets and dramatists, as the characteristic type of the person of unsound mind ; or failing this, the victim is described as a prey to black despair. But in modern times the acute delirious maniac is becoming rarer and rarer. Were many such cases sent to asylums with the murderous tendencies ascribed to them, and their sleepless ingenuity for evil, it is difficult to see, Dr. Maclaren maintains, how anything else could be done for them than was done for them of yore, when they were subjected to restraint. On the other hand varieties of insanity representing mental enfeeblement are, it is alleged, becoming more common. Probably, at the very head of these is that dread disease, general paralysis of the insane, which is entirely a product of modern times, of the fierce struggle for wealth and power, and the enormous weight, not of mere work, but of high pressure, worry, and strain, which is entailed on those who compete in the race. There are too many subtle varieties of melancholia brought on in the same way. To those whose practice lies more especially in mental diseases, the mere mention of these will recall instances of overworked lawyers, medical men, or merchants who have succumbed in the course of brilliant careers to intolerable depression and mental pain, and in whom these symptoms have been entirely induced by the enormous pressure at which they have had to work to maintain a foremost place in the crowd of eager aspirants.

In a report of this ability we are surprised to find it made a subject of boast that no stimulants and no narcotic medicines are employed in the asylum.

THE ROYAL DUNDEE ASYLUM.

The ancient structure long and favourably known as the Dundee Royal Asylum is about to be abandoned, a new hospital replete with all modern improvements being in course of erection. The asylum is, therefore, at present in a transitional state. The management, however, continues to be conducted with as much efficiency and success as heretofore. "The structural and situational defects of the asylum and its crowded state," says the Visiting Commissioner in Lunacy, "increase the difficulties of the management, but they are to a large extent overcome by a constant and careful supervision on the part of Dr. Rorie."

THE EAST RIDING ASYLUM.

An asylum like a country is probably most prosperous at the times when its annals are least interesting, and we conclude, therefore, that the East Riding Asylum at Beverley is enjoying halcyon days under the superintendence of Dr. Whitcombe, for we have read through its annual report without finding in it any stirring incidents or startling novelties. The asylum contained 261 patients on the 1st of January last. The death-rate during 1879 was 10·07 on the average number resident, and the recovery rate 47·88 calculated on the admissions.

BARNWOOD HOUSE HOSPITAL FOR THE INSANE.

This registered lunatic hospital, which is under the medical care of Dr. Needham, accommodates 107 patients of the upper and middle classes, who are received at rates of board varying from ten shillings to seven guineas a week. It is pleasantly situated in the vicinity of Gloucester, and appears to be conducted in a liberal spirit, the amusements of the patients being diligently catered for, and including concerts, lectures, readings, theatrical entertainments, garden parties, cricket matches, and picnics. In all institutions for the insane of the higher classes of society, much difficulty is necessarily experienced in providing suitable employment in which the inmates can be induced to engage regularly. But at Barnwood House there are comparatively few patients who do not avail themselves of some means of occupation. Gardening is extensively resorted to, and the extensive library which is possessed by the hospital is an unfailing source of interest and occupation. The patients in the hospital who are deemed likely to benefit by change of air and scene are sent to Scarborough during the summer months.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, OCTOBER 22ND.

Dr. E. HEADLAM GREENHOW, F.R.S., in the chair.

Mr. CLEMENT LUCAS on

CROSS-LEGGED PROGRESSION (SCISSOR-LEGGED DEFORMITIES) THE RESULT OF DOUBLE HIP-ANCHYLOSIS

The object of the paper was to direct attention to a peculiar and characteristic gait brought about by anchylosis of both hip-joints, and hitherto undescribed. Two patients were exhibited to illustrate the cross-legged mode of walking, one a boy, æt. 10, and the other a man, æt. 47. In each case the disease had existed for some time in one hip-joint before the other had become affected. Gradually, as the patient walked with the aid of sticks or crutches, the limb last attacked was carried across the other, and becoming anchylosed in this position compelled the patient to walk permanently cross-legged. The legs placed in this position suggest in their crossing the appearance of a pair of scissors. The author left it open to discussion how this position was acquired, whether as the simple result of the adduction which is so common a sequence of hip disease, or as the gradually developed, perhaps unconscious, action on the part of the patient to place his limbs in the position most favourable for progression. Mr. Lucas gave the following explanation as the most practicable. The patient when commencing to walk on the convalescent limb finds that by resting the other limb upon it he can steady the inflamed hip and prevent the movements which cause him pain. At the same time, by the oblique position, the limb is shortened and rendered less liable to touch the ground. As recovery goes on in the hip last attacked, the patient from time to time tests its condition by dropping the supported foot to the ground and leaning a little weight upon it. Gradually he takes more and more weight from the crutches, still retaining the limb in the oblique position, and finally, the second hip having become anchylosed, he is able to throw aside his crutches and walk in the peculiar manner illustrated by these two patients. The author showed that in ordinary walking the forward movement takes place entirely from the hip, the knee-movement being of service only to shorten the limb and prevent the feet touching the ground when in the act of being advanced. Hence, should both hips become fixed when the limbs are parallel, progression could only take place by twisting first one side of the body then the other to the front. The patient finds out for himself that by carrying one limb across the other so as to render the knees oblique, the knee-movement can be made to take the place of hip-movement, and knee-walking is thus substituted for hip-walking. In both the patients exhibited the right leg, that last attacked, was in advance of the other. The first patient, a boy, æt. 10, began to suffer from disease of the left hip when four and a-half years of age, and attended as an out-patient at the Evelina Hospital under Mr. Lucas's care. Fifteen months later, after a fall, the right hip became diseased. He continued under Mr. Lucas's care till June, 1877, when he was admitted into the hospital under the care of Mr. Morrant Baker. After resting in the hospital three months he was discharged, and again attended as an out-patient. For twelve months after his discharge he was kept lying during the greater part of the time; he was then allowed to walk with crutches, the left hip being however anchylosed. He was then sent into the country, and on his return it was found that he had learnt to walk with both legs, and that they were fixed in the scissor-like position. The second patient exhibited, Mr. Lucas saw walking in the street, and diagnosed his condition by the light of the other case. A man, æt. 47, first began to suffer pain in the left hip in the year 1870. He was at this time employed as a coal-heaver. He sought advice at St. Thomas's Hospital, and afterwards at St. Bartholomew's. Subsequently he spent thirteen months in the Dalston Infirmary. After this, for a year, he tried to work a little, but remained lame. Since that time he has gained his living by hawking trifles in the streets. In September, 1879, he began to suffer pain in his right hip. Up to this time it had been his custom to rest most of his weight on this limb, but the pain now caused him to stand chiefly on the left leg. In the course of the winter he got into the habit of crossing his legs, but at first was able to unlock them at will. Later he used to unlock them at night time, when he retired to sleep; but gradually this became more difficult, and they are now firmly fixed in the cross-legged position.

Mr. CROFT said amongst the cases exhibited by him last Session was a girl, in which anchylosis of both hip joints had occurred; the condition of this patient, however, was different from that of Mr. Lucas's cases, the displacement being less. The girl, through intermission of treatment, grew worse, and her progression much impeded; motion being made from right to left alternately, and *vice versa*. He had cut through the femur below the great trochanter on the left side, in this case, and by this means, and by breaking down the union on the right side, the motion was much improved. It must not be inferred, said Mr. Croft, that all cases of double hip-joint disease result in the scissor-like condition of limbs. He observed in the younger case, exhibited by Mr. Lucas, that there was dislocation on each side, with eversion and extreme adduction. The history of the case proved that the present condition was gradually attained. The theory advanced by Mr. Lucas he considered a satisfatory explanation in both cases; and he would suggest the advisability of cutting through the femur below the trochanter, in the boy, on one side first, and then on the other. The walking powers, he thought, might thereby be much improved. All such cases ought to be kept carefully in view; he knew a postman who, he believed, once suffered from double anchylosis of the hip. His progression now was a sort of short hobble.

Mr. MARSH considered these cases showed the importance of never permitting adduction to occur during the treatment. The anchylosis preserves the limbs in an adducted state, which should be remedied by the employment of a splint adjusted to the limb's unaffected side, and weighted to overcome the adducting force. Cases, he insisted, *do* occur in which recovery from double hip-joint disease takes place with only a slight impairment of walking power. He thought osteotomy an advisable operation in the case of the boy exhibited by Mr. Lucas.

Mr. LUCAS concurred in the suggestions made by Mr. Croft and Mr. Marsh. The peculiar progression of his patient, he said, to be due to the mode of anchylosis of their joints. He agreed that osteotomy might be justifiable for the boy, but doubted whether it would materially improve his gait. He could now walk, run, play cricket, &c., with agility.

Mr. HEATH having inquired whether the dislocation observable in the boy was noticeable also in the man; a committee was appointed to settle the point, consisting of Messrs. Croft, Lucas, and Heath.

Dr. GREENHOW on

A CASE OF INTESTINAL OBSTRUCTION CAUSED BY A HERNIA THROUGH THE MESENTERY OF A MECKEL'S DIVERTICULUM, WHICH HAD RETAINED ITS ATTACHMENT TO THE UMBILICUS.

The patient was a boy, æt. 7, who was seized with severe pain in the abdomen in the evening of May 31st, 1880. The pain was referred to the umbilicus, and was relieved by the sitting posture. He had occasionally suffered from attacks of pain previously, but the bowels had been opened freely the day before the fatal seizure. Examination of the belly yielding negative results, a poultice containing laudanum was applied, and small doses of opium were given by the mouth. Vomiting set in on June 2nd, and recurred with varying severity several times in the course of the illness. The urine was scanty, and of high specific gravity. Paroxysms of pain continued at intervals; and enemata administered daily brought away fæcal masses almost to the last. The pain was less on the 4th and 5th, but it recurred severely on the 6th, with increased distension of the belly, and the child rather rapidly sank on the evening of that day. The vomiting was rather fæcal. The treatment consisted in sedative applications, and the internal administration of opium and belladonna, as well as enemata. The post-mortem examination by Dr. Coupland revealed commencing peritonitis; and about two feet of the lower part of the ileum were found depending in a collapsed condition on each side of a cord-like loop. This loop was formed in the mesentery of a well-developed diverticulum ilei; the upper end of which was attached to the umbilicus by an impervious cord half an inch long; the diverticulum itself being four inches in length. The gut, when it passed through the loop, was

constricted and pale, but a small projecting portion at the origin of the diverticulum was of a deep purple colour. Above the constriction the bowel was distended with fluid fæces; beyond, it was empty. Dr. Greenhow remarked that he had been unable to find on record an exactly similar case to the above. When he first saw the case he was led to exclude intussusception and inflammation of the appendix cæci; nor did evidence of peritonitis supervene until the day before death. Complete obstruction did not take place until 24 hours before death; although the ileal evils might have been partially included in the loop for some time. The great relief obtained in the sitting posture was probably due to the fact that in that position the viscera were thrown forward towards the abdominal parietes. Abdominal section was entertained, but dismissed in the early days of the illness, and collapse supervened too rapidly upon the serious symptoms for operative interference. Even had this been attempted it is likely that the diverticular attachment would alone have been recognised and divided. The existence of the loop not permitting of recognition.

At the request of Dr. Greenhow, Dr. COUPLAND explained that the constricting cord which passed from the upper part of the diverticulum to the true mesentery to the origin of the diverticulum, was formed, probably by relics of the emphalo-mesenteric vessels, which had been torn away from their connections in the free border of triangular fold of serous membrane, forming the mesentery of the diverticulum.

Dr. SILVER thought this case indicated the importance of deciding on the question of operation under such circumstances, the physician rather than the surgeon having to exercise the necessary judgment. He felt uncertain whether puncture with a fine needle would be justifiable with the existence of peritonitis; but when there was no such inflammation the proceeding would be entirely useful.

Dr. GREENHOW replied that the question proposed was a difficult one to answer. It was not always possible to make out all the actual conditions, so that hard and fast rules could not be laid down for constant guidance. In his case distension only shortly preceded death; consequently, there could have been no question of acupuncture, and he should hesitate to advise any such proceeding.

Mr. HENRY MORRIS, F.R.C.S., on

NEPHRO-LITHOTOMY, WITH A CASE IN WHICH THE OPERATION WAS SUCCESSFUL.

By the term "nephro-lithotomy" is meant the removal through a lumbar incision of a renal calculus from a kidney in which the pelvis is not dilated, and which, but for the presence of the stone, is presumably healthy. It is to be distinguished from the numerous cases in which the kidney is cut for the evacuation of fluid accumulated within it, whether as the result of a renal calculus, of tuberculous disease, or some other cause, and to which, from very ancient times, the name "nephrotomy" has been applied; as well as from those cases, also numerous, in which a stone has been removed after it has been detected through a sinus in the loin. The opinion of writers upon the subject has been universally adverse to the attempt to remove a stone from the kidney unless it could be reached through a distended pelvis, the chief reason urged being the danger of fatal hæmorrhage if the existing substance of the organ was cut or torn. The case described in the paper conclusively proves the feasibility of the operation; and in answer to the question—Is nephro-lithotomy feasible, and, if feasible, is it safe? the author stated "that it is entirely due to his friend and colleague Dr. Coupland, who advised the patient to undergo the operation, that an affirmative answer can now, for the first time in the history of surgery, be given with certainty to this question." The position of the question before this case occurred was reviewed; Marchetti's operation on the English Consul Hobson was referred to, and six cases in which the operation was planned, but in which it proved abortive, were mentioned. These six cases were considered encouraging because all the patients recovered from the operation of exposing the kidney, and, curiously enough, obtained, at least for a time, relief from their symptoms.—CASE:—Maria M., æt. 19, a servant-girl, of short stout stature, and with a remarkably rough, scaly skin, had for eight years been subject at times to pain in her right side, accompanied occasionally with a feeling of sickness, and even actual vomiting. In September, 1878, these symptoms became more pronounced; her urine became dark-coloured, and the pains so severe that she had to give up her situation and go under medical treatment. In April, 1879, she was admitted, under Dr. Thompson, into the Middlesex Hospital, and after treatment and rest so far improved that she went again into service. A life of activity, however, brought back the old symptoms, and she was re-admitted (this time under Dr. Greenhow) into the hospital. In less than a month she was again able to go out, but only to return a third time, with urine as dark as porter, and with the pains in the right loin and groin as severe as ever. When she was admitted, under Dr. Coupland, on December 29, 1879, her urine was acid, and contained no other abnormal constituents than blood; there was some tenderness, but no swelling in the right loin. Again the urine cleared up, but the nephralgia was not relieved; consequently, on February 11th chloroform was administered, and the right kidney exposed through an oblique lumbar incision. The right index finger was then passed over the posterior surface of the kidney, and at once detected something faintly projecting over the renal substance near the hilus. The renal substance was incised at this spot with a probe-ended bistoury, and a mulberry calculus, of triangular shape, and weighing 31 grains, was extracted by means of a scooping movement of the finger-tip. There was no hæmorrhage at any stage of the operation. The upper end of the ureter was not dilated in the least, and as the stone could not be felt there, it was consequently not interfered with. No attempt was made to examine the front surface of the kidney. The wound was brought together with three sutures, and a drainage tube was introduced between two of them. The patient made a good recovery; urine ceased to flow through the wound on May 4th, and at the present time there is nothing whatever the matter with the patient, excepting that a sinus of 1¾ in. still remains in the loin, and discharges about a drachm of pus daily. *Remarks:*—Thus the case shows that a calculus can be extracted from an *undilated kidney* by surgical operation without more risk than is amply warranted by the sufferings and general disability which the operation is designed to remove. But before the success of one case is allowed to influence treatment in others four questions require consideration. 1st. Can the diagnosis as to the disease, and the organ affected, be made with certainty? 2nd. What are the prospects of being able to complete the operation when a stone is found? 3rd. What are the dangers of the operation? 4th. What is the best result which can be hoped for from the operation if successful? Mr. Morris, in answering each of these questions, gave arguments in favour of nephro-lithotomy, and finally expressed his agreement with Mr. Charles Bernard, the author of an account of Marchetti's operation described in the Philosophical Transactions of 1696, that many of the writers upon the subject of wounds of the kidney "ought not to have so magisterally exploded the operation," and hoped the operation would once again receive the consideration of the profession.

Mr. CLEMENT LUCAS thought the success of nephrectomy proved the practicability and reliability of Mr. Morris's operation.

Mr. GOLDING BIRD narrated the particulars of a seventh case, to go with the six described by Mr. Morris. The patient presented for treatment on account of an impacted urethral calculus, after removal of which he complained of severe neuralgic pains in the bladder and kidney. This latter was cut down upon, little or no hæmorrhage occurring, and the organ was found quite healthy, with the exception of a small hard body like a millet-seed, possibly pus. The wound healed quickly and well.

Mr. ALF. BARKER recalled an instance where a fine trocar and canula were passed for exploratory purposes into a kidney, and struck a stone within it. He thought the danger likely to result from the operation, which in this case was refrained from because of it, much exaggerated. The canula was left in and antiseptic dressings applied. Subsequently, the stone was crushed with the lithotrite. The wound healed rapidly and completely. During the month he had incised a kidney and removed part of a calculus from it, but a larger portion remaining behind, an attempt to remove the whole kidney was made. The enucleation of the organ was not completed, and the patient succumbed from the shock experienced. Diagnosis of stone in the kidney may, Mr. Barker considered, be much aided by means of acupuncture, even to the extent of being positively confirmed.

Mr. BRYANT agreed with Mr. Morris that the operation presents no considerable difficulties, still he thought its advisability should be the subject of careful consideration, since patients may often pass a quiet life, spite of the possession of a renal calculus. He could not but think indis-

criminate exploration, even by a fine needle, a dangerous proceeding.

Dr. GLOVER inquired whether the desquamation mentioned might have been due to the use of turpentine in the case.

Mr. HEATH thought the case an unusually favourable one for operation, but congratulated Mr. Morris on the excellence of his method and results. He thought Mr. Bryant overrated the dangers of exploratory puncturing.

Mr. MORRIS, in replying, said that renal colic is often relieved by operation, even when no stone can be discovered, or exists. In 1872 Dr. Dawson had found acupuncture serviceable in detecting a stone in a kidney, and he (Mr. Morris) considered that if this mode of exploring were adopted it would yield much better results after exposure of the kidney by an incision through the loin. He was unable to answer Dr. Glover's inquiry. He agreed that the case was a favourable one for operation, but notwithstanding, this did not explain the freedom from bleeding. A considerable opening *into* the kidney was necessitated by the shape of the extracted stone, this being triangular, the apex presenting externally, and thus requiring for its removal a slit that would admit the passage of its base.

HARVEIAN SOCIETY.

OCTOBER 21ST, 1880.

The President, HENRY POWER, Esq., in the Chair.

THE Session commenced by a communication from GEO. FIELD, Esq., on

CASES OF IVORY EXOSTOSIS OF THE EARS SUCCESSFULLY OPERATED UPON.

In consequence of their density and hardness, these growths from the petrous portion of the temporal bone are only to be bored by the American dental drill. They have been held associated with gout, rheumatism and syphilis; but he had found them in persons who were greatly given to sea bathing. Sometimes the growths are very painful to the touch. They are usually bi-lateral, and at the meatus. At other times failure of the hearing is the first symptom. When multiple they are small and further into the canal. In one case, where the growth sprang from the anterior surface of the meatus, it was like a snail-shell in size and shape, and was of soft bone and easily removed. In a second case the growth was hard and bi-lateral. The growths were removed by lengthy operations, and the hearing had been perfectly restored. In a third like case the growths were removed successfully by the drill. A steel guard was necessary to prevent accidents. It was necessary to work the drill slowly as the blood welled freely. Several assistants were absolutely requisite. It was an operation of extreme difficulty.

The President, Dr. Cleveland, Mr. Ed. Owen, Mr. Hy. Sewill, and Dr. Woakes spoke, after which Mr. Field replied.

Dr. MILNER FOTHERGILL then read the paper of the evening, on

SOME PRACTICAL POINTS IN DIGESTION.

He showed that all digestion was a process of solution by hydration, that is by the chemical addition of a molecule of water under the influence of the digestive ferments. He first reviewed the conversion of starch into sugar under the action of the saliva, and then showed how this could be done artificially by the use of maltine—the principle which acts upon the starch in malting barley. He next described the digestion of albuminoids in the stomach, and the indigestion of imperfect "disintegration." Next the indigestion of imperfect "solution," and the means of acting upon the stomach by stimulants to the gastric secreting organs and the resort to artificial pepsine. Finally, he pointed out the digestion of starch and of albuminoids in an alkaline medium by the pancreatic secretion, and the emulsionising of fats. He pointed out that free fats are much more digestible than animal fats enclosed in an albuminoid capsule. The use of artificial pancreatic extract at the tail of the digestive act, and the digested milk and milk gruel of Dr. Wm. Roberts, of Manchester, were then referred to, and their utility pointed out.

The President, Drs. T. Symes, Thompson, and Cleveland, spoke, after which Dr. Fothergill replied; and the meeting adjourned.

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,
President of the Pharmaceutical Society of Ireland, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,
Lecturer on Materia Medica and Therapeutics at the London Hospital.

(*Continued from page* 330.

Marienbad Waters.

IN all the previous purgative waters which we have described, their activity might be said to be due equally to the magnesium and sodium salts. The honors were equally divided between Epsom and Glaubers' salts. But in the waters we are now about to consider we shall demonstrate that the activity rests chiefly upon one ingredient. Such distinctions are well worth the careful consideration of our medical readers, and are points which hitherto have not received the nice discrimination which should be made in the use of mineral springs.

The Marienbad waters are of this class and contains little or no sulphate of magnesium (some analyses give none).

The springs, although comparatively new, seem to rival their more ancient friends at Carlsbad. They are situated about twenty-five miles from Carlsbad, and belong to the interesting Abbey of Tepl. Owing mainly to the springs and their romantic situation, Marienbad has grown into an important town. The waters are Ambrosiusbrunnen, Waldquelle, Kreuzbrunnen, and Ferdinandsbrunnen. We only give the analyses of the two last as they are those which are most frequently imported in the bottled form. The other two are not used as aperients. All the Marienbad waters contain traces of lithia and strontia, and are slightly chalybeate.

Ferdinandsbrunnen.

Sulphate of sodium	349·96
Bicarbonate of sodium	141·44
Carbonate of lithium	0·63
Carbonate of calcium	75·49
Carbonate of magnesium ...	69·53
Carbonate of iron	3·87
Carbonate of manganese ...	5·70
Carbonate of strontium ...	0·08
Chloride of sodium	13·12
Sulphate of potassium	5·27
Phosphates of alumina, &c. ...	0·31
Silica	7·53
Total	672·93

Carbonic acid gas not determined.

Skeleton analysis of half-a-pint (10 *ounces fluid*):—

Solids.	Purgatives.	Antacids.	Salines.
42 grains.	22 grains.	18½ grains.	1 grain.

This water gives no colouration with phenol phthalein in the cold, but becomes very faintly alkaline on heating.

The Kreuzbrunner water hardly give any indication of alkalinity with phenol-phthalein, even after prolonged boiling, and the slight alkaline condition induced thereby

disappears on the water regaining its normal temperature; therefore, we may say that the water is almost practical a neutral water, it is not acted upon by treopeoline.

Kreuzbrunnen.

Sulphate of sodium	320·86
Bicarbonate of sodium	114·30
Carbonate of lithium	0·88
Carbonate of calcium	30·20
Carbonate of magnesium ...	20·60
Carbonate of iron	1·33
Carbonate of manganese ...	0·30
Carbonate of strontium, trace ...	
Chloride of sodium	101·59
Sulphate of potassium	2·44
Phosphate of aluminium and iron	0·57
Silica	4·05
Total solids	598·17

Skeleton Analysis of 10 *ounces fluid,* ½ *an imperial pint.*

Solids.	Purgatives.	Antacids.	Salines.
37 grains.	20 grains.	14¼ grains.	6½ grains.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, OCTOBER 27, 1880.

THE GUY'S HOSPITAL DISASTER.

The latest events that have marked the progress of Guy's Hospital to ultimate ruin, are not of a kind to encourage the hopes, already expressed in certain quarters, that we had heard the last of the lengthy and unpleasant disputes. However much the pessimist's views may be deprecated, we cannot deny that, regarded in the light of prophecies, they have been only too amply fulfilled. From the outset of the disagreements which have served to render Guy's Hospital the object of regretful reproach from every quarter in which interest on its behalf was felt, there has been a vague sense of uneasiness lest the dissensions created by the unwise pretensions of the lay over the medical officers, should result in the commission of faults of irretrievable magnitude. How truly these fears have been verified it were needless now to insist; instance after instance of tremendous mischief have followed in quick succession within the past months, and the certain loss of prestige has now culminated in a disgrace from which it will require long years of steadfast endeavour to rescue the fame of the ill-fated charity. The disclosures that ensued at the trial of a nurse for manslaughter might have been deemed a sufficient warning against the repetition of anything having a similar relation to that which led to them; but, notwithstanding, it has been wholly in vain, and we are now treated to a spectacle of degradation, before the reality of which the most fanciful imagination must be dwarfed in it attempts In a public court of inquiry, by a public officer of the law, a summons has been issued demanding the attendance of several of the hospital officers, to the end that public inquisition may take place concerning the mode in which their duties are discharged. The occurrence which has rendered this course necessary in the opinion of the coroner for Southwark, is one reflecting most severely on the regulations in accordance with which it could happen. From evidence tendered at an inquest on Friday last, before Mr. W. J. Payne, the coroner in question, it appears that a patient recently went to the receiving room at Guy's Hospital suffering from injuries inflicted by a mail cart, and was there attended to by a nurse only. This official, after examination of the man's condition, declared, it is said, that the only injury he presented was a scalp wound; and having dressed the laceration as she judged it to be, dismissed the man to his home. During the succeeding night alarming symptoms supervened, and the man was again conveyed to the hospital. On the second occasion a house surgeon saw the patient, and at once discovered a formidable fracture, the consequence of the accident. The case proceeded rapidly to a fatal termination, trephining of the skull for extravasation within it being resorted to in vain. The post-mortem examination revealed a serious injury of the bone at the back part of the head, immediately beneath the scalp wound which the nurse, in her self-sufficiency, had dressed. The question was not unnaturally put by Mr. Payne, whether this person had not exceeded her duties in pursuing the course she had adopted, and elicited the explanation that it was the "duty of the nurse to dress scalp wounds, and as this appeared to be a small one, she dressed it without calling the attention of any of the dressers or surgeons to the case." If it be indeed true that the rules in force at Guy's permit this transference of responsibility from trained to untrained officers, it may well be asked, what trust can be reposed in a system that thus affords encouragement to what most of us are in the habit of regarding as the gravest dereliction? We know of no other institution where the surgeon in charge would not incur severe censure by omitting to give direct attention to any accident, however seemingly trivial it might at first sight appear. It no doubt frequently happens that a mere cursory inspection enables a rapid diagnosis to be formed, favourable to the opinion that an injury requires only such immediate treatment as a competent nurse may contribute. But we cannot conceive that anyone other than the house surgeon or his acting deputy, should even in those instances, be permitted to decide on the nature of such a case. If it be a fact that the "innovating policy" permits irregularities —they can be called by no other name—of this kind, there is surely in their existence proof sufficient of the destructive tendency they must exert. It is a matter of extreme importance to the poor who regard the hospital as their only refuge in time of accident and sickness, that the arrangements made in their behalf shall be of the kind most perfect for securing to them the best chances of a speedy recovery. Were many cases like that most recently recorded as the consequence of mis-treatment at Guy's, to be published to the world, they might with justice excite an indignant outcry against the lax administration through which alone they could arise.

As things are at present, it is perhaps for the best that the inquiry instituted at the coroner's demand should be made; but none the less it will be regarded with sincere regret, in spite of its urgent necessity, by the well-minded of all classes. We cannot forbear, in this connection, once more reverting to the suggestion we have already made more than once, viz., that, the staff of Guy's Hospital have pursued an unwise course in permitting matters thus far to progress, without themselves assuming the lead in the way of reform. Again and again it has been insisted on that united action on their part might have brought about the only change possible to avert the ruin that is looming distressingly close to a time-honoured charity. Not by single-voiced protest, but by the determined opposition of the whole body of physicians and surgeons can the necessary steps be taken. Our contemporary, the *Students' Journal*, announces the resignation of Dr. Habershon, the senior physician to the hospital, and although we believe the news to be somewhat premature, still the dissatisfaction experienced by every member of the staff may not unreasonably be expected to culminate in the manner already asserted to have been followed by the senior physician. It is impossible to suppose that any gentleman of the eminence enjoyed by everyone who is at present connected with Guy's in a professional capacity, can consent to the degradation he is submitted to, in common with his *confrères*, by the repetition of occurrences of which the tendency is to reduce to a minimum the estimation in which the institution he serves is held by the public generally. Now, at least, we may hope that a permanent solution of the whole question is at hand; but once more we would emphatically insist on the necessity of combined action. In this last strait of a noble hospital, combined influence is more than ever essential to secure a re-adjustment of the distorted fabric. There are great interests at stake, but, one and all, they are ultimately dependent for their preservation on the final stand made against the overweening pretensions that are converting the best traditions of Guy's into a hollow mockery of good.

THE CREDIT FEE SYSTEM OF IRISH MEDICAL EDUCATION.

At the close of the year of medical study of the present year we devoted a leading article to the purpose of pointing out the differences of educational systems between London and Dublin in regard to the payment of fees, and the monstrous abuses to which the prevalence of the credit fee system in Dublin has given origin. As we are now entering upon another *annus medicus*, and as in the Dublin schools the payment of lecture and hospital fees commences in the present week, we think the time appropriate to re-open the subject in the earnest hope that the exposure of the Dublin system and its effects may awake to action the somewhat lethargic consciences of Dublin teachers and medico-educational administrators. Our objurgations upon the disastrous results of the "tick" system in Dublin would not now be comprehensible if we did not recapitulate now the comparison between London and Dublin which we drew last June:—

In London, as our readers probably know, medical schools are, in almost all cases, attached to hospitals, and a student who enters for his medical study adheres to the hospital and school which he has selected until his entire period of teaching is completed. He is induced to stick to his original place of study by receiving a discount upon the payments for his second and third year. In fact, in London, the system of "perpetualism" is universal, and it is very unusual for a student to shift to another school or hospital after he has once begun work.

In Dublin the system is the direct reverse of this. "Perpetualism" in hospitals is tabooed, and, in fact, is definitely forbidden by a resolution of the whole body of teachers, so that every facility and inducement is afforded to the student to take his three years of study at different hospitals or schools. Moreover, not one of the seventeen clinical hospitals in Dublin has now a school immediately connected with it, and the great majority of the schools receive pupils from all hospitals without distinction.

But there is a much more important diversity than this between the medico-educational systems of the two cities. In London, the parent brings his son to the Dean of the selected school and enters his name, either for the whole three years of study, or for the first year—with option of going on to the second and third year on easier terms. At this interview he pays, *cash down*, the entire fee for all the lectures, dissections, and hospital attendance comprised within the first year of study, and for this payment, the student receives, practically, one-third of his medical education.

In Dublin the system is quite different—the parent or pupil may enter for one, two, or any number of courses of lectures he pleases—he may cause his name to be inscribed for every lecture which is delivered in the school within the session (to the number of eleven, besides dissections, demonstrations, hospital attendance, and "grinding"), or he may enter for a single course, or for dissections, *et preterea nihil*.

As to payment, the arrangement is still less definite. The pupil in Dublin *may* pay cash down a lump sum for the three years of study, but hardly ever does so. On the other hand, he may, in some schools, at least, pay a nominal sum on account, say a guinea on each course for which he is entered, and defer all further payments until he comes to seek his certificates on the eve of his presenting himself for examination.

We may thus epitomise the differences of medico-educational system in London and Dublin. In London, the student enters for one-third of his whole curriculum of study at the beginning of each session and pays for that third in advance. In Dublin, the student may enter for as much or as little as he pleases, and pay whatever proportion of the fees pleases him.

The outcome of this system ought to be considered by its influence upon *a*. The student. *b*. The parent. *c*. The teacher.

Discussing the Dublin "tick" system in the interest of the student we may point out how fatally injurious it is to his educational prospects that he should be induced or permitted to defer his payments until the end of his term of study.

In London, the pupil is practically obliged to take one-

third of his course of study *in each year*, and the subjects to be learned in that third are, to all intents, fixed by the teachers in the school. He is thus encouraged to pursue his study *gradatim*, giving to each year its due share of work, and advancing by degrees from preparatory subjects to those more advanced. He is kept steadily at work at the subjects suitable for his class, and can neither enter prematurely upon the more difficult or the practical branches of his study, nor defer the elementary branches to a later period. Is it necessary for us to point out that such a system as this is not only advantageous but absolutely indispensable? By it the teachers, and not the students themselves or their parents, are the judges as to what courses of study shall be pursued in successive years, and the learner is afforded every temptation to follow his work from its most elementary to its most mature stage. He must enter for a third part of his curriculum, and has no discretion whatever as to the nature of his work, and as his first year is devoted exclusively to elementary subjects, he is able to understand and appreciate his business, and may be expected to take in it an interest which lasts through the whole of his medical study, and accompanies him into the practice of his profession.

How different is all this in Dublin? Under the Dublin system, on the contrary, it is the present pocket-interest of the student, and often of those who advise him, that he shall neglect his first year of study altogether, and crush his entire lecture-curriculum and his whole study for examination into his last year.

Naturally, neither will the Dublin student nor his parent see the advantage of paying out a shilling more than they must, or one moment sooner than they must; and when they come to learn that it will serve their purpose quite as well to take the great majority of their courses of lectures in the last year of study, it is but human nature that they should keep their fee-money in their pockets, or turn it over in the parents' trade for a couple of years; feeling that it will then be quite time enough to come in and buy up the requisite certificates. Thus it happens that those who look at the matter in a business light are wont to enter the pupil, in the first year, only for those courses of which *three* are requisite for the diploma, *i.e.*, for anatomy, physiology, dissections, and surgery, and for hospital attendance. In the second year the pupil is entered again for these courses, and, in addition, for those of which *two* are wanted, *e.g.*, chemistry (theoretical and practical), and in the third year the student's name is put down for all the single courses, *i.e.*, botany, materia medica, midwifery, medical jurisprudence, &c., &c. Upon each of these courses a small payment on account (say a guinea) will be accepted, we believe, in most schools. So that the parent may escape with payment in the first year of about ten guineas (which includes hospital), and in the second year, about twenty guineas; but in the third, he must book up, not only for the courses which have been postponed until then, but for the arrears which have been accumulated on former years, and finds himself called upon for at least seventy pounds, and if he fails to pay, his son must remain out as a student, and be gathered into the expansive fold of the chronics."

To the student this system plainly offers the strongest inducements to idleness during his first years of study. In the first place, if the system we have described be pursued, he will be entered for his first year, *not* in the elementary subjects which he wants, such as chemistry, botany, and elementary anatomy, and physiology, but in the subjects of which three courses are requisite. Probably, he as a "gib" will be the victim of a vigorous competition amongst the grinding touts, and will be bored to enter at once for "grind," for whoever can first book him and take the enlistment shilling from him will have him for the rest of his career, both at hospital and at school. Not being entered for lectures in the preparatory subjects, the student will, of course, not attend them, and will have nothing to do but walk the wards of the hospital in blank ignorance of all that he sees—sit out courses of advanced lectures suited for third year's men—and fill a place at "grind."

Thus idleness is inculcated at the very outset of the student's career, and the lesson so learned is, we may be perfectly certain not readily unlearned.

But the effect upon the parent is nearly as bad. In his innocence of the *arcana* of medical education, he brings his son to town to start him at work prepared, probably, with his payment for the first year. Speedily he ascertains that he can enter his son at any hospital or school by paying only a nominal sum on account; and very naturally, recollecting that it is by no means certain that his son will ever take out the certificates, and that, if he does, the money will then be gratefully accepted by the teacher, he restores the money to his pocket to be used in his business until the date for purchasing the certificates arrives. But when that *dies iræ* arrives, he finds himself called upon to pay, not the third part of the total cost which he originally intended, but the whole sum, *plus* diploma fees, *plus* grinding fees. In many instances the money is *non est inventus*, being invested perhaps in standing crops, or in cattle, or some such unnegotiable security, and thus, while the student in Dublin is straining every nerve to make up for the idleness of his first years, and for the absence of elementary training, the Father is scraping every shilling together for the certificate and diploma fees, which ought to have been paid two years previously. How often does it happen that either the student lacks the education, or his parent lacks the cash, and consequently, the professional life of the young man is wrecked by his being kept loitering about the Dublin hospitals long after the time when he should have been earning his bread. But this pernicious system touches the interests of the teacher as vitally as those of anyone else. When the books of the school close on the 25th of November, he finds himself the appointed teacher of a goodly number of students. But where are they? and where are their fees? They have, it is true, put down their names for the course of lectures, but they have paid nothing, or only an insignificant instalment of the professor's honorarium. Suppose they think it worth their while to attend his teaching, he has the pleasure of lecturing them for many months with the disappointment of finding that, after all, the certificate is not wanted, and the fee is not paid, the student having meanwhile died, or retired from doctoring to the more congenial employment of farming.

We strongly suspect that an examination of Dublin

class lists would reveal the fact that a large proportion of the students whose names are entered are never afterwards seen save on paper, and we base our suspicion upon the fact which we have proved by investigation that, through the influence of the credit fee system, very nearly one-half of the students who commence the study of medicine in Ireland never complete that study, or take any qualification whatever.

But let us suppose that the student turns up at the end of his third year to claim and pay for his certificate. Has he ever attended a single lecture of the course? Very likely not; very likely the Professor has never seen his face, and yet he is called upon to certify that the lectures were "diligently" attended.

In a London school no teacher would dream of giving such a certificate to such a student. He would have already received his fee for the course, and it being a matter of indifference to him whether or not he signs the certificate, he unhesitatingly refuses to "sign up" unless a *bona fide* attendance has been put in. How different is the system in Dublin. True! the lecturer has never seen the face of his pupil, who perhaps has occupied the apex of a stool behind a bank counter during the lecture hours each day. But is he to refuse to sign the certificate of "diligent" attendance when he well knows that no signature means no fee, and that he is just three guineas poorer for every time that he allows latitude to his conscience? Certainly not! Lecturers are but men, and the baker must be paid so he signs, with qualms possibly, but still he signs. Hence the notorious Irish sham certificate system.

In view of the facts which we have narrated, is it unreasonable in us to ask the medical teachers of Dublin, once and for all, to reinstate the medical teaching of Ireland in the position which it once occupied, and to free themselves from participation in the discreditable system of certificate vending. They can do so by the simple expedient of a mutual agreement to insist upon the assimilation of the system to that of London, and we confidently hope that they will not hesitate to adopt a course so beneficial to all concerned.

Notes on Current Topics.

Dublin Sanitation and its Tenement Dwellings.

THE report of Dr. Cameron, the superintendent medical officer of health for Dublin, with reference to the condition of the city during the month of September is especially interesting. He reports a monthly death-rate of 38·5 per 1,000; a truly monstrous figure, and one which, placed beside the ratios for other large cities, ought to make even a Dublin corporator blush.

The death-rate, says Dr. Cameron, was very high during the month, though at this season a moderate mortality is expected in towns in the United Kingdom. The zymotic death-rate was excessive. Nearly 40 per cent. of the deaths resulted from zymotic diseases. The mortality from these diseases stood in the following order:—Diarrhœa, scarlet fever, whooping-cough, measles, fevers, small-pox. The latter disease appears to be slowly dying out, though it is not unlikely it may increase during the winter. Diarrhœa was unusually prevalent, and caused nearly as many deaths as all the other zymotic diseases together.

The high death-rate in the city, and indeed I may say in the suburbs, is remarkable, and it is difficult to believe that it is nearly altogether due to the insanitary condition of the tenemental dwellings. At the same time a great improvement in the latter is imperatively demanded; this improvement is taking place, but of course requires time to produce tangible results. I have no doubt but that the improvements which have been made in the dwellings of the humbler classes, especially within the last twelve months, will bear good fruit in an alteration for the better in the public health; but we cannot expect to find that sanitary improvements are all at once attended by a large reduction of the bills of mortality. I may here remark that these bills are based upon the number of inhabitants of Dublin, ascertained nine and a-half years ago, it is therefore quite possible that the population of the city has increased substantially since 1871. It is certain that a large number of new streets have been added to the city within the last decade.

The inspection of the tenemental dwellings is being carried on vigorously; 27 were closed during the month, and will remain so until put into a proper state for human occupation.

The insanitary conditions of a large number of tenemental dwellings in Dublin arise from the circumstance that they have been built on the sites of the gardens and yards of the houses of an earlier erection. The stables attached to houses which once were inhabited by a comparatively well-to-do class, are now dwellings within cramped spaces, and with most defective sanitary accommodation. The number of narrow alleys and courts is very large, and it is quite impossible to render the houses in them healthy dwellings. I am strongly of opinion that a large number of courts must be done away with before the city death-rate can be lowered to a normal standard. Many of these courts have been closed up; but it is impossible to utterly get rid of these purlieus, except by some such plan as that adopted in reference to the clearance of ground for the purposes of the Artizans' Dwellings Act.

We readily acknowledge that the Public Health Committee of the Corporation has a most arduous, tedious, and difficult task in hand, and that, since the appointment of Dr. Cameron, a most manifest waking-up has taken place in the department. It is, exactly, because the work to be done is so vast that we are obliged to clamour for still more energy. The conviction of 289 persons in a month for breaches of sanitary law is something, but what is it out of 24,000 families, each and all of whom may be presumed to be in flagrant breach of every law of cleanliness? Closing of 29 uninhabitable houses is an instalment of reform; but, alas! how small an instalment out of the 2,300 houses declared by the sanitary Commissioners to be unfit for human abode, for at the current rate of progress the closing of all such houses will occupy about nine years. We have never been able to elicit any reason why a systematic and thorough inspection of every tenement house has not been undertaken, and, if such inspection were carried out, we know of no reason why the Public Health Committee should not within six months make every house fairly fit for occupation or else close it altogether.

DR. D. B. DUNNE, Professor of Logic in the Catholic University, has been appointed joint Secretary to the Royal University of Ireland.

The Indian Medical Service.

Once again we advert to the "grievances" expressed by the officers of the Indian Medical Service in regard to the effects upon their position and prospects produced by the recent Royal Warrant having reference more directly to the corresponding department of the British army. The committee of the Indian Medical Defence Fund has just circulated a further report, in which the principal grievances of the body it represents are summarised. With the great majority of those grievances we have already expressed our cordial sympathy; with regard to a few, we have been led to believe that the disadvantages complained of are in reality considerably less than what they at first sight appear to be; and now, in order that our readers may judge for themselves as to the nature and extent of those enumerated by the committee of the Defence Fund, we reprint in another column the "Statement" by that body.

Those of our readers who have served in India have doubtless a recollection of the circumstance that in bygone days the ambition of medical officers of the Indian service was not, as a rule, to remain with regiments of native troops, but to obtain civil appointments of various kinds, such as were then open to them, these being of extreme variety, from professorships in colleges and presidency surgeoncies to those of civil surgeoncies, opium examiners, assay masters, superintendents of jails, and even appointments as post-masters—each and all honourable in their several ways, although of a nature scarcely such as pertains to "an essentially military department." We are also aware that in Algeria the officers of what is there termed the "indigenous" service are limited, unless very exceptionally, to the performance of "civil" duties, as are the members of our own colonial medical service in the several foreign possessions of Great Britain. In these respects, then, with every desire to represent what we consider the real "grievances" of the members of the Indian Medical Service, we readily believe that they more completely fulfil the purpose for which that service exists by retaining the charge of all civil medical duties in our vast Indian empire, while those belonging to the whole army are performed by the department which is solely and entirely military, and nothing else—namely, the Army Medical Department. But we altogether refuse to look upon the duties of medical service as of greater or less importance to the State according as to whether they are civil or military, performed in India, on the West Coast of Africa, in the West Indies, or elsewhere in "Greater" Britain. On this ground, therefore, and with a view to maintain the one branch of the public service in that state of efficiency which the well-being of the individual sick, and the general interests of the public alike demand, we are in complete accord with the representations of the committee now before us, that in respect to pay, pensions, honorary rank, decorations, sick leave privileges, and rates of invalid's pay, the conditions of the Indian medical officers should be in no one respect inferior to those of their brethren of the Army Medical Department. As to the *principle* upon which some recent promotions in the Indian Medical Service have been made, we are not surprised to read the expressions applied to it in the "Summary" itself.

The Irish College of Physicians.

The St. Luke's day annual election of officers of the College closed on Monday week last at too late an hour to admit of our recording the result in our last. The election was looked forward to with some interest because of an expected contest for the presidency between Dr. G. Johnston—sometime Master of the Rotundo Hospital, and Dr. Hayden, Physician to the Mater Misericordiæ Hospital, and a well-known and much esteemed contributor to medical literature. The anticipated contest did not, however, come to anything, because of Dr. Hayden's withdrawal of his candidature before the ballot commenced. The two senior censors elected were Dr. Walter Smith and Dr. Hawtrey Benson, and the two junior—Dr. Arthur Macan and Dr. Reuben Harvey. In accordance with the rule which empowers the President to nominate the Vice-President from amongst the four censors, Dr. Smith was selected for that dignity. For the Court of Examiners in Midwifery, Drs. Kirkpatrick, Churchill, and MacSwiney were candidates, the two former gentlemen—who had held office for the past year—being re-elected. Dr. G. Duffey was chosen Examiner in Medicine. Three licentiates of the College offered themselves for admission to the Fellowship—Surgeon-Major Sibthorpe; Dr. G. Hatchell, Inspector of Lunatic Asylums; and Dr. J. Hatchell, Resident Medical Superintendent of the Maryboro' District Asylum. Dr. Sibthorpe and Dr. J. Hatchell were admitted, the name of Dr. George Hatchell being withdrawn before the ballot, it being understood that a contemplated change of residence would make it impossible for that gentleman to attend the meetings of the College.

The College has resolved to require from the candidates for its license a certificate of proficiency in vaccination, and we respectfully suggest that the granting of such certificate ought not to be made a monopoly for any one institution or person.

Employment of Discharged Hospital Patients.

A few months since we referred to the movement on foot by which a certain class of deserving patients may, after their discharge from the hospitals, receive some practical aid to enable them to earn a respectable livelihood. Through the indefatigable exertions of Dr. Sieveking, the Order of St. John of Jerusalem in London has taken it up, and it is intended to bring the subject more prominently before the general public, and particularly to interest employers of labour in a scheme which, without their co-operation, cannot be brought to a satisfactory issue. To meet such a want as that indicated—one well known by the medical profession to be a real and not a sentimental one—it has been suggested that there are, doubtless, many firms, companies, and offices, &c., which would be both able and willing to assist in supplying a remedy by employing such discharged patients, of established character, in various light capacities, as messengers, hall-porters, gate-keepers, or in charge of chambers, and the like, for instance, for which their services would be especially available. It has been decided that the organisation of details shall be placed under the control of the Central Executive Committee of the St. John's Ambulance Association; the best

prospect of success being offered by the agency of its numerous centres and local committees. As soon as sufficient means, which the numerous other calls upon the Order's Funds prevent it at present supplying, shall be forthcoming, it is intended to open a Register for the enrolment of the names of those who may be willing to employ discharged hospital patients, and communications from such firms or gentlemen will be gladly received by the Secretary of the Order of St. John, Sir Edmund Lechmere, Bart., M.P., St. John's Gate, Clerkenwell, E.C.

Employment for Retired Medical Officers of the Royal Navy and Army.

THE large number of medical officers in the prime of life, fit and willing to serve, who under the operation of the recent Warrant have been placed in compulsory retirement threatens to be increased by members of the corresponding department of the Royal Navy, under the operation of the expected Warrant for that branch of the service. Thus the general interests of the State will unnecessarily suffer, unless some means are discovered of utilising men who, in the meantime are, against their own will, forced into idleness, and upon the already much over burdened taxpayer of this realm.

It appears to us that inasmuch as a great part of the duties of medical officers in both services has reference to hygienic management of large bodies of men they require a great deal of knowledge of that precise nature which is of especial value to Medical Officers of Health in cities and towns. In some other respects also the training they have undergone while serving would be of great value in the latter capacity, not the least in this respect being the facility they acquire in the arrangement of subjects of observation, and in preparing reports with clearness and exactness. We should accordingly be glad to see retired medical officers filling appointments under the Public Health Act.

Revision of the German Pharmacopœia.

A COMMISSION is at the present time sitting in Berlin, charged by the Imperial Government with the revision of the German Pharmacopœia. The Commission consists of thirty members, being a larger number than originally intended, and also than sat on the Commission which drew up the first edition in 1872. Of the thirty members, five are medical officials; six are pharmacologists; six are chemists, the last being a Professor of Medical Chemistry; seven are clinical physicians; and six are pharmacists. Besides these, the Prussian War Office has deputed two military physicians and a military dispenser to attend the sittings. Dr. Schmidt, Professor of Pharmacy at Halle, is acting as secretary to the Commission.

The *Pharmaceutical Journal* considers that "chemistry and pharmacy are well represented on the Commission, and to an extent in striking contrast to that which obtains in respect to the British Pharmacopœia. But the present arrangements for the production of the British Pharmacopœia have become a reproach and a source of considerable dissatisfaction to the pharmacists of this country, a dissatisfaction that is justified as well as intensified by the fact that the three other most important pharmacopœias in the world, those of the United States, France, and Germany, are at the present time being revised by committees in which pharmacists are properly represented."

The British Medical Association Meeting for 1881.

THE Committee of Council of the Association has decided to decline the invitation from Blackpool on the ground that the Isle of Wight will be more accessible to the distinguished foreigners who may attend the International Medical Congress in London in 1881, and has accepted the invitation to Ryde. Mr. Barrow, of Ryde, is to be President-Elect, and Dr. Bristowe, Mr. Husband, and Dr. Sinclair Coghill are to give the Addresses in Medicine, Surgery, and Obstetrics, respectively. Dr. Norman Kerr's resolution with reference to the dinner ticket not including wine has been referred to the Arrangement Committee to carry it into effect.

The Paignton Water Supply.

SEVERAL unfounded and exaggerated statements relative to the alleged impurity of the water supply of Paignton, Devonshire, having appeared in the London, as well as the local, papers, we think it right, in the interests of Paignton as a health resort, to give them the most unqualified contradiction, observing, also, that a considerable portion of the water for the town and district is supplied from wells, the purity of which is above suspicion. Samples of the water have been submitted to the well-known analyst, Mr. Ed. Smith, by order of the Paignton local board, and we learn, upon reliable authority, that no contamination exists, and that Paignton continues in the same healthy state as it has been for years past, not a case of typhoid fever, and no epidemic such as would arise from impure water, having occurred there.

The Entries for 1880-81.

THE most remarkable fact in connection with the entries at the medical schools during the present session is the great popularity attained to by the London Hospital, as evidenced by the position it holds in this respect, being second only to St. Bartholomew's. The total number of new students at the London is 137, 84 being full, and 53 partial students. It is probable that the improved facilities for getting to and from the East End has contributed to this result, but it is chiefly due to the efforts being constantly made to render the school worthy of the place it is evidently destined to take as the most important Metropolitan centre of medical instruction. In the provinces, Newcastle-on-Tyne returns the number of its new entries at 29, a very considerable increase, testifying to the growing estimation in which it is held as a school. We hope next week to publish a full list of the numbers at each hospital.

Death of Dr. E. T. Sparks.

WE regret to have to record the death of Dr. E. T. Sparks, F.R.C.P., of Mentone, the author of the excellent work lately published on "Health Resorts of the Riviera." Dr. Sparks had been in failing health for some consider-

able period, and at the time of his decease was staying at Crewkerne. He was also the translator of Dr. King's "Therapeutics," a work on which he bestowed much careful attention, the nature of the undertaking requiring the nicest discrimination in reproducing the German equivalents in accordance with English and American pharmacopœias. The book, moreover, was enriched by a large amount of added material collected by Dr. Sparks from original sources, and from multifarious periodicals. This work was printed in America, and had a successful sale. Dr. Sparks will be long remembered by a numerous body of friends for his excellent and amiable qualities.

A New Physical Sign of Thoracic Aneurism.

At a recent meeting of the Northumberland and Durham Medical Society, Dr. Drummond, of Newcastle, demonstrated a new physical sign which is likely to be of great diagnostic importance in thoracic aneurism. When a patient suffering from aneurism of the thoracic aorta is made to draw a long breath (inspire deeply), and then close the mouth and expire slowly through the nose, short puffing expiratory sounds are heard—synchronous with the systole of the heart—on auscultation of the trachea. Dr. Drummond believes this phenomenon to be due to the sudden systolic expansion of the sac expelling air from the chest. He has found it absent in cases of aortic valvular disease simulating aneurism, but has not yet thoroughly worked out the significance of the sign.

The Poro-plastic Jacket.

Mr. Paul Swain, F.R.C.S., has just issued a valuable little pamphlet dealing with the method of applying Cocking's poro-plastic jacket in curvature of the spine. Mr. Swain, by working in conjunction with the inventor of the material used in constructing the splints and spinal jackets, has been enabled to effect many improvements of detail in the employment of these assistants to recovery, and to considerably perfect the arrangements for securing a good result. As so much depends on the manner in which the jacket is fixed and fitted, the plain practical directions contained in the little work referred to will materially aid in extending the benefits to be derived from a proper use of this jacket. It is, moreover, published in a cheap form, and may be obtained from Messrs. Churchill.

Rickets.

The question of rickets is to be made a subject for exhaustive debate at the Pathological Society, the discussion being fixed to commence on November 16th. Dr. Hilton Fagge, of Guy's Hospital, will introduce the matter, and already it is understood that several gentlemen, who cannot fail to impart much valuable information, will take part in the proceedings. A request has been officially made that intending speakers will communicate their desire to the secretaries, in order that arrangements may be made to secure the greatest possible good out of the discussion. It must be understood that this is not essential, but only as being desirable. There is every indication that a valuable and fruitful debate will result.

Cæsarean Section on a Dwarf.

The *New York Medical Record* reports that "The operation of Cæsarean section was successfully performed on a dwarf, Mrs. Wm. Burwell, in Philadelphia recently. The dwarf is thirty-two years old, and forty-two inches high. Her father was a dwarf about the same size as herself, while her mother, who died when she was a baby, was a woman of ordinary size. About nine months ago she married Wm. Burwell, a negro minstrel then connected with the same show. Mr. Burwell is not a dwarf, but a full-grown man. Such marriages are unequal to the last degree, and ought not to be allowed in civilised and presumably intelligent communities."

The Commission of the Peace.

John William Busteed, L.R.C.S.I., medical officer Castlegregory Dispensary, co. Kerry, and John Ireland Donovan, M.D., medical officer Skibbereen Dispensary, co. Cork, have been appointed to the Commission of the Peace for their respective counties.

Colour Blindness.

Dr. Joy Jeffries, of Boston, in his most recent publication gives the result of 28,000 examinations of eyes for colour blindness. He finds that of 14,469 male students, 608 were colour blind, or 4·202 per cent. Of 13,458 female students, 9 were colour blind, or 0·066 per cent.

Tall Men.

In the Tyrone journals a dispute is in progress as to who shall have the honour of being the tallest man in the county. Three competitors put in their claims—one of the height of 6 ft. 4½ in., who is 18 stone in weight; another of 6 ft. 3½ in., aged only 21; and a third who claims to be 6 ft. 7 in., and only twenty-two years of age.

H.M. the Queen has sent to several of the London hospitals parcels of linen for the benefit of the patients.

Sir W. Muir, K.C.B., Director-General of the Army Medical Department has joined the Council interested in establishing army coffee taverns in camps and garrison towns.

The Executive Committee of the General Medical Council meets this week. It will be employed chiefly in dealing with the question of the expurgation of the Dental Register, which work we hope it will perform with vigour.

Mr. Arthur Shield has obtained both the William Brown Exhibitions of £100 per annum, tenable for two years, and £40 per annum, tenable for three years, and Mr. Bradshaw and Mr. Taylor have obtained the Brackenbury prizes in medicine and surgery, value about £30 each, attached to the St. George's Hospital Medical School.

The annual rates of mortality per 1,000 last week in the 23 large towns of the United Kingdom were—Bristol 15, Wolverhampton 19, Sheffield 19, Manchester 20,

London 20, Birmingham 20, Glasgow 21, Norwich 21, Newcastle-upon-Tyne 21, Nottingham 22, Leeds 22, Plymouth 22, Bradford 23, Brighton 24, Liverpool 25, Portsmouth 25, Sunderland 25, Edinburgh 27, Oldham 27, Hull 29, Leicester 30, Salford 31, and Dublin 33.

An appeal for funds for that deserving charity, the Hospital for Consumption, Brompton, is being made for the purpose of completing the extension of the building by which 137 additional beds will be available for the poor of the metropolis suffering from chest affections. We hope the committee of management will be enabled to carry on their laudable work by the subscriptions of a generous public.

On Saturday last the foundation stone of a new building for consumptive patients in the north of London was laid by their Royal Highnesses the Duke and Duchess of Connaught. Present requirements have far outgrown the old building, and the new building will be a much more spacious structure upon a site contiguous. A good deal of public interest was manifest in the ceremony, and the day being fine, there was a considerable crowd to do honour to their Royal Highnesses on the occasion of their visit to Hampstead.

The death-rate last week from the seven principal zymotic diseases in the large towns ranged from 1·7 and 2·8 in Newcastle-upon-Tyne and Plymouth, to 7·6, 8·3, and 8·7 in Sunderland, Dublin, and Salford. Scarlet fever showed the largest proportional fatality in Sunderland, Salford, Oldham, and Liverpool; and measles in Leicester. The death-rate from enteric fever was highest in Liverpool and Bradford. The fatality of diarrhœa showed a further general decline over the whole kingdom. Small-pox caused 6 deaths in London, 4 in Dublin, but not one in any of the other large towns.

In the principal large foreign cities the rates of mortality according to the most recent weekly official returns were, in Calcutta, 22; Bombay, 30; Madras, 35; Paris, 24; Geneva, 18; Brussels, 28; Amsterdam, 25; Rotterdam, 21; The Hague, 19; Copenhagen, 18; Stockholm, 29; Christiania, 16; Berlin, 30; Hamburgh, 24; Dresden, 22; Breslau, 22; Munich, 33; Vienna, 23; Buda-Pesth, 34; Rome 31; Naples 26; Venice, 22; Lisbon, 25; New York, 25; Brooklyn, 23: Philadelphia, 15; and Baltimore 17, per 1,000 of the population. Small-pox caused 28, and typhoid fever 38, deaths in Paris.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Another Death from Hydrophobia.—The alarming increase of this terrible disease is further testified to by the recent death of a child at Bearsden, near Glasgow. Some time ago a mad dog bit two children at New Kilpatrick, and afterwards came into Glasgow, where, after occasioning considerable alarm to the inhabitants of the East End, it was driven into an apartment of a house, through a hole the door of which it was shot by the police. The carcase of the animal was subsequently recognised at the police office as that of the dog which attacked the children at Bearsden. Both children belonged to Mr. Andrew Harvey, of Janefield there. The elder was only slightly hurt, but the other, a boy of five or six years of age, had the half of one of his legs severely torn. The little fellow was confined to his bed for weeks, but latterly the leg had healed so satisfactorily that he was permitted to go about, and appeared to be in good health. On the 16th inst., however, the child was seized with illness, and rapidly became worse. A medical man from Maryhill was called, symptoms of hydrophobia soon developed themselves, and the boy died on the following night in great agony.

The Hoax on the Glasgow University Independent Club.—Mr. Irving, says a London correspondent, has not taken the trouble to contradict the story that he has been invited to stand for the Lord Rectorship of the Glasgow University, and had returned an answer which was "not unsatisfactory," so the Secretary of the Independent Club has done it for him. The report was evidently nothing but a stupid hoax. Few men understand the fitness of things better than Mr. Irving, and had he received such an invitation his answer would in all probability have to be described as anything but "not unsatisfactory."

Royal Edinburgh Hospital for Sick Children.—The directors of this hospital have elected Dr. William Fligg to be Resident Physician, in room of Dr. J. Arthur Brodie, whose period of office expires on the 15th proximo.

School of Medicine, Minto House.—At the general meeting of the lecturers in Minto House Medical School, held on the 21st inst., Dr. Adolf Schulz was unanimously elected teacher of the German language and literature for the benefit of medical students in Edinburgh.

Royal College of Surgeons of Edinburgh.—At the annual meeting of this College held on the 20th inst., Mr. Francis Imlach was unanimously re-elected President for the ensuing year.

Forfar.—The Factory Workers and the Infirmary.—A special meeting of the directors of the Forfar Infirmary was held on the 20th inst., Provost Lowson in the chair. A committee appointed to consider as to the increasing of the revenue of the infirmary from the factories in the town, reported that they had a meeting with the representatives of the various factories, at which it had been agreed that the factory owners add to the bye-laws of their respective factories a rule providing that each worker with a weekly wage exceeding five shillings shall contribute one penny per month towards the funds of the infirmary, and that each factory receive a ticket of admission to the infirmary for each £1 contributed. The meeting adopted this arrangement, and the subscriptions will commence during next month.

Professional Disputes.—"Non amo te, Zabidi, nec possum discere quare; Hoc tantum possum discere, non amo te." This celebrated epigram of Martial expresses, unfortunately too frequently, the relations of medical men towards one another. To find two village doctors act in harmony, or manifest towards one another the courtesies which should be expected from members of their profession is so rare as almost to have become regarded as *abnormal*. Petty jealousies, and ungenerous treatment of one another do not tend to raise the profession in public esteem, and certainly not to make life happier. We regret to notice that a northern contemporary has been

called upon to devote a "leader" to "Doctors and Hospitals," in reference to a dispute between two medical men in Dingwall in relation to an hospital—the Ross Memorial Hospital—a memorial, if we mistake not, of a respected deceased medical man. In Dingwall there are two medical men—Dr. Bruce, a well-known practitioner, and Dr. Adam, a much younger man, whose reputation consequently, it is no unfairness to him to say, has yet to be made. When the Ross Memorial Hospital was founded, Dr. Bruce was the only practitioner in Dingwall, and consequently the only one available for appointment to the hospital, which we understand to be a cottage hospital. Dr. Adam has recently taken up his abode in Dingwall, and he is anxious naturally to attend such of his own patients as are admitted into the hospital. Dr. Bruce intimated his intention of resigning if any such concession were made to Dr. Adam. However much the Rev. Dr. Kennedy may be regarded as at sea in matters ecclesiastical, himself and his only supporter have obviously enough espoused (in supporting Dr. Adam's contention), the cause of justice, and the best interests of the public; and in the absence of weighty reasons to justify it, we confess that Dr. Bruce's attitude in the matter is such as we would not have expected of him.

New Edict as to Infectious Diseases in Aberdeen.—The Aberdeen Town Council on the 18th inst. adopted a clause for the new municipal bill they are preparing, ordering that all medical practitioners shall give notice to the local authority of every case of the occurrence of infectious disease coming under their observation, a fee of 2s. 6d. being paid for each, and when the report shall be found correct, and a penalty of 40s. being exigible for every case known to a doctor, but not reported.

St. Andrews University Rectorship.—It is to be hoped that the students of the University of St. Andrews, in their election of Lord Rector, will be able to avoid strife engendered by hasty allusions on the part of any of their candidates, to the mythological "leader of the opposition" in morals—Mr. Ruskin's pitfall. Lord Selborne's term of office having expired, the opposite political parties in St. Andrews University are on the outlook for a successor. Such of the students as profess Conservative principles it is understood intend to nominate Sir Theodore Martin for this honourable office; while Mr. E. A. Freeman, the historian, is the selected of the Liberal party. Both gentlemen have given their consent for nomination, and either is well suited to adorn the position.

Patient Poisoned at Belvedere Hospital, Glasgow.—A sad case of accidental poisoning occurred at this hospital on the 22nd inst. Between ten and eleven o'clock the medical officer instructed a nurse named Ellen Kemp, 22 years of age, to administer a tablespoonful of castor-oil to a patient named Helen MacGregor, 40 years of age, who was suffering from typhus fever. On proceeding to carry out her instructions, the nurse inadvertently lifted a bottle containing carbolic acid, which was labelled "poison," and which was standing beside the castor-oil bottle. The two bottles being similar in size and colour, the mistake was unobserved, and part of the acid was administered, from the effects of which the patient shortly afterwards died. The nurse had only been eight days employed in the hospital, and the mistake is attributed to inadvertence and excitement.

Registrar-General's Returns.—According to the return of births, deaths, and marriages for the eight principal towns of Scotland, the death-rate for the week ending with Saturday, the 16th October, 1880, was 22·4 per 1,000 of estimated population. This rate is 5·8 above that for the corresponding week of last year, and 2·8 above that for the previous week of the present year. The lowest mortality was recorded in Paisley, viz., 19·1 per 1,000; and the highest in Edinburgh, viz., 27·4 per 1,000, being 0·7 above that for last week. An increase occurred in the number of deaths from scarlatina in Edinburgh, and also of those from scarlatina and ordinary fever in Glasgow. Acute diseases of the chest caused 98 deaths, being 32 more than the number recorded during the previous week.

Correspondence.

DUBLIN TENEMENT HOUSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The remarks made in one of your leading articles of October 20 on *Dublin Tenement Houses*, are full of interest and instruction. It appears, according to that article, that "giving an average of five persons to a family, there are in Dublin 24,000 families, each living in a single room, and from this class it is idle to expect a larger rent at the outside than 2s. 6d. a week." It is a fact such as this that at once sheds a flood of light over the causation of the terribly high average death-rate of Dublin, which of late has been approaching the figures of 40 per 1,000. A death-rate of 40 per 1,000 in the whole population, of course means a death-rate of perhaps 60 per 1,000 in these poor slums, which you have spoken of as abominable hovels.

Compare that awful death-rate with that of a parish in London, where one of my hospitals is situated, *i.e.*, Hampstead That parish contains some 45,000 persons, most of them well-to-do, and living in houses which show that their owners are in easy circumstances. Last year the death-rate of Hampstead, was about 13 per 1,000, or only about one-third that of all Dublin at present. What I want to show by this comparison is, that the excellent medical officers of Dublin, or the municipality of that city, have no reason to be ashamed of what they have attempted to do for the health of that city, any more than the vestry of Hampstead or its medical officer have any claim to boast of what they have done to make that parish a healthy one. In both cases it is the class of persons inhabiting the localities who cause the death-rate to be high or low. With the wages from 10s. to 17s. a week, as spoken of in your article, and an average of five to a family in one room, health is out of the question, even were the drains of Dublin as perfect as its water supply and sanitary police seem to be.

In England and Wales I find, from some tables drawn up by Mr. Charles Ansell, of the National Assurance Company, of London, that the average age at death among the gentry and professional classes is 55, and among the artizan class it is not over 35, at highest. And while amongst the infants of the comfortable classes 8 per cent. of deaths takes place in the first year of life, among the poor in our cities as many as 30 and more infants die in their first year. In connection with the death-rate of Hampstead (13 per 1,000), there has to be mentioned the important fact that the birth-rate of that happy suburb is only 21 per 1,000, as against 36 per 1,000 in England and Wales, and I suspect as against 40 per 1,000 in Ireland. But Irish statistics, alas! are as yet most delusive.

The high death-rate, then, of Dublin, I contend is due to the poverty of Ireland. It will not fall much, in all probability, until the Irish begin to resemble the French in their land laws, and the prudential customs engendered in a peasantry which possesses the land it cultivates. The high death-rate of Dublin is a question for the State doctors, and for them alone. Hygiene demands, firstly, that a country shall not be overstocked with human animals.

I am, sir, yours, &c.,

Charles R. Drysdale, M.D.

17 Woburn Place, London, W.C.
October 21, 1880.

Cambridge University.—At a Congregation held on Oct. 14th, the following gentlemen were appointed Examiners—First M.B. Examination: Dr. Anningson, Caius; Professor Dewar. Second M.B. Examination; Dr. Watney, St. John's.; C. Creighton, King's. Third M.B. Examination

Dr. Reginald Thompson, Trinity; Dr. Galahin, Trinity. Medical and Surgical Degrees: Mr. Luther Holden, F.R.C.S., President of the Royal College of Surgeons; Mr. T. Bryant, F.R.C.S. Dr. Cheadle, of Gonville and Caius College, was appointed Assessor to the Regius Professor of Physic.

Bequests and Donations to Medical Charities. — By the will of Mr. Henry Ludlam, late of Piccadilly, St. George's and St. James's Dispensary receives £1,000. Mr. J. Surman Surman, late of Swindon Hall, Cheltenham, has bequeathed £2,000 to the Gloucester Infirmary, and £1,000 each to the Cheltenham General Hospital and the Dispensary. By the will of the late Mrs. Susan Gorely, of Dover, the Margate Sea Bathing Infirmary receives £5,000, the Dover Hospital £1,000, the Hospital for Diseases of the Throat £500, the Kent County Ophthalmic Hospital £1,000, King's College Hospital £5,000, and the Kent and Canterbury Hospital £2,000.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

A CORRESPONDENT sends us a copy of a letter addressed to the Cork *Constitution* by Prof. H. MacNaughton Jones with reference to a resolution adopted by the committee of the Pope's Quay Women's and Children's Hospital expressive of their thanks for his services to the Institution. Our opinion on Dr. Jones's letter being challenged, we feel it necessary to say that its publication was indiscreet, its terms hardly within the limits of professional propriety, and that the first person singular is repeated with undesirable frequency. We consider that our correspondent has cause for his animadversions on the letter, and we hope we shall not again have occasion to pass judgment upon a similar declaration of faith.

SUPERANNUATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Would you be kind enough to answer in your next issue the following question:—

When a medical officer leaves a dispensary in one union and goes to reside in another when looking for superannuation *does* he forfeit his former service and only count upon the service in the *latter* union

Yours truly,

M. O.

[The Superannuation Act (Irish "Medical Directory," page 508) imposes upon Boards of Guardians only three limitations: 1. That the medical officer shall have become incapable of discharging his duties with efficiency. 2. That—if he claims in respect of old age—he shall be over 60, and have served 20 years in any union. 3. That the pension shall not exceed two-thirds of the recipient's existing salary. Subject to these limitations a Board of Guardians may grant what they please, and are not in any way restricted by the length of time which the medical officer may have served in that particular union.—ED. M. P. & C.]

DR. SMYTHE, Indiana.—At any time your journal miscarries our Publisher will send you a duplicate copy free of charge.

MR. J. S. WOOD.—If possible in our next.

DR. LACOURTIADE.—With pleasure.

LECTURES ON THE ALCOHOL QUESTION.—A Course of Lectures upon the "Physiological Aspect of Temperance" is to be delivered during the winter months in the Memorial Hall, Farringdon Street, E.C., under the auspices of the British Women's Temperance Association, by Dr. Alfred Carpenter, Dr. Norman Kerr, Dr. J. J. Ridge, Surgeon-General Francis, and Mr. H. Branthwaite, F.R.C.S. The first lecture will be delivered on the 28th day of October at 3 o'clock, by Dr. Norman Kerr, on "The Truth about Alcohol," when Mr. Ernest Hart will take the chair.

DR. ANDERSON.—We have not as yet received any reply to our inquiries; consequently, are unable to give you the desired information.

A NEIGHBOURING PRACTITIONER.—It is a case that can only be decided by the good feeling of both parties.

PRINTERS' BLUNDERS.—To the uninitiated the extraordinary vagaries in the typography of newspapers and journals must be a fruitful source of bewilderment. Even editors and authors, after seeing to the correction of proofs, not unfrequently find a paragraph here and there turned inside out in print. An amusing instance of this occurred in the *Daily Telegraph* last week, which, as it involves a member of our profession, we reproduce: "H.R.H. Princess Louise arrived here this evening in the Duke of Argyll's yatch. H.R.H., who was received on landing by Lady Evelyn Campbell and Dr. Macdonald, drove immediately suffering from typhus fever, and told her mother that an attack of gout." Here the paragraph ended, and news of another nature followed in the ordinary course. The reader was naturally puzzled to know the connection between typhus and gout; and to think, moreover, of the danger to which the Queen mother had been exposed through Dr. Macdonald's incautiousness in allowing her daughter to drive when suffering from typhus to tell her mother of the attack of gout. Lower down in the same column, under a different heading, the Duke of Argyll had "been confined some days by a sharp man would call and take the bedding to be disinfected." These incoherent paragraphs could only be explained thus: The type had got shifted in the press, two lines from one had been transferred to another, and *vice versâ*; which, when read in their proper position, showed that H.R.H. had neither typhus nor gout, that the Duke of Argyll was suffering from a sharp attack of gout, and that the bedding belonged to a poor woman in Liverpool whose daughter had been stricken with typhus.

ONE INTERESTED.—The resignation is reported, but our inquiries lead us to form an opinion that the announcement is premature. We believe, however, it is only a matter of time.

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 8, Dr. Herman: "Notes on some Cases of Dysmenorrhœa.":—Mr. Wareu Tay will exhibit some Patients.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Thursday, Oct. 28, at 8½ p.m., Consideration of Laws and Election of New Members. Mr. Hutchinson, "On a Case of Intraocular Hæmorrhage;" Dr. Hughlings Jackson, "On the Eye Symptoms in Locomotor Ataxy;" Mr. Higgens, "On Hyposcleral Cyclotomy."—8 p.m. Living Specimens: Dr. Gowers, "Optic Neuritis from Intracranial Disease (two Cases);" Mr. Nettleship, "Double Iritis with a Growth on one Iris;" Mr. J. E. Adams, "Peculiar Opacities in the Vitreous after Injury."

VACANCIES.

Central London Sick Asylum.—Assistant Medical Officer. Salary, £100, with board. Applications to the Clerk, Asylum Offices, Cleveland Street, W.

Central London Throat Hospital.—Three Clinical Assistants. Applications to the Secretary, Gray's Inn Road, W.C.

Charing Cross Hospital.—Assistant Physician and an Assistant Surgeon on the Staff. Applications to the care of the Secretary before Oct. 30.

Cork Fever Hospital and House of Recovery.—Resident Medical Officer and Apothecary. Salary, £100, and £20 for account, with apartments, &c. Election, Nov. 4. (See Advt.)

Fulham Union.—Medical Officer for the 3rd District. Salary, £60, with the usual extra fees. Applications to the Clerk of the Guardians, Fulham Union, Hammersmith, W.

Killarney Union, Coom Dispensary.—Medical Officer. Salary, £130, with fees, and salary as Sanitary Officer. Election, Nov. 4.

London Dental Hospital.—Assistant Dental Surgeon. Applications to the Hon. Sec., Leicester Square, W.

APPOINTMENTS.

BARTON, T. B., M.D., L.R.C.S.I., L.M., House Surgeon to the West Kent General Hospital.

CURRIE, A. S., M.D., M.R.C.S.E., Medical Officer for the Lydney District of the Chepstow Union.

DALY, J. C., L.R.C.P.Edin., L.R.C.S.Edin., Medical Officer to the Borrisokane Dispensary, Borrisokane Union.

MCNEILL, J. P., M.D., Public Analyst for the Borough of Tiverton.

MILLICAN, K. W., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Kineton District of the Stratford-on-Avon Union.

MUTER, Dr. J., re-appointed Public Analyst for Bermondsey.

PARDINGTON, G. L., L.R.C.P.L., M.R.C.S.E., House Physician to the General Lying-in Hospital, Lambeth.

PEARCE, A., M.R.C.S.E., Medical Officer for the Eleventh District of the Kingsbridge Union.

SCOTT, J. W., M.R.C.S.E., L.R.C.P., Medical Officer for No. 3 District of the Wolverhampton Union.

SMITH, C. C., M.B., M.R.C.S.E., Medical Officer of Health for the Redditch Urban Sanitary District.

THOMPSON, C. S., M.B., C.M., Medical Officer to the Bideford District of the Bideford Union.

THORNLEY, J., L.R.C.P.Ed., L.F.P.S.G., Medical Officer for the Sharples District of the Bolton Union.

WHITE, R. P., M.B., C.M., Assistant House Surgeon to the Halifax Infirmary.

WHITELEY, G. W., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Rickmansworth District of the Watford Union.

Births.

MACNALTY.—Oct. 20, at Glenridding, Westmoreland, the wife of Frank C. MacNalty, A.B., M.B. Dub., of a son.

WOODS.—Oct. 19, at Alverstoke, Hants, the wife of Staff-Surgeon Henry C. Woods, M.D., R.N., of a son.

Marriages.

JOLLY—BALDWIN.—Oct. 21, at the Parish Church, King's Norton. Robert Jolly, M.D., of Edgbaston, Birmingham, to Fanny, only daughter of Joseph B. Baldwin, Esq., of King's Norton, Worcestershire.

WHITE—JENNINGS.—Oct. 21, at Malmesbury Abbey, E. A. White, M.D., to Anne Maude, only daughter of J. C. S. Jennings, F.R.C.S., both of Malmesbury, Wilts.

Deaths.

CROSBIE.—Oct. 15, at Haslar Hospital, Gosport, A. Crosbie, M.D., Staff-Surgeon R.N.

HOPGOOD.—Oct. 8, Thomas Hopgood, M.R.C.S.E., L.A.C., of Chipping Norton, Oxon., aged 67.

HOGG.—Oct. 18, at Connaught Square, Hyde Park, John Hogg, M.D., formerly of Gower Street, London, aged 77.

KENNY.—Oct. 18, at Listowel, co. Kerry, Brian J. Kenny, L.R.C.S.I.

NORTH.—Oct. 20, at Egremont, Cumberland, through a fall from his horse, Hy. North, M.R.C.S., late of Winchester.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 3, 1880.

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THE EVOLUTIONS OF ORGANISATION. (a)

By Professor CLELAND, M.D., F.R.S.,

Professor of Anatomy in the University of Glasgow, late Professor of Anatomy and Physiology, Queen's College, Galway.

Professor Cleland began by saying that the study of medicine presented to him who viewed it properly two great aspects—primarily, it exhibited an art for the relief of the sufferings of others; but it also displayed a wide field of investigation for the satisfaction and development of the inquirer's own mind. So evidently was this the case, and so naturally did the study of the body tend to a wider survey of the realms of nature, that in ancient as well as more modern times research of the most extensive character and far-reaching speculations had occupied the attention of physicians. As soon as the student began his curriculum, by seeking a knowledge of the human body he came into the presence of the great system of organisation on the face of the earth, of which the structure of man formed the crowning object, not to be justly appreciated save in conjunction with the rest. As he became acquainted with the phenomena of life, and learned the mechanical and chemical processes involved in them, he naturally asked how far the laws of life were to be explained by the laws of matter, and what was the motive power of the order of phenomena both in the individual and in the series. There came up for his consideration the links uniting to the body that spiritual element which, in the actions of the individual, was never seen by us in operation, save in the closest association with physical structure. And the yet larger speculation, Is spirit or matter the prior, the underlying, unchangeable, and eternal element, constantly obtruded itself on the horizon of more limited inquiries? These were all questions which had been much discussed in recent times; and the order of the appearance of structures having been studied both in the form of palæontology and development, it was not wonderful that speculations had been rife as regarded not only the nature, but likewise the origin of life, of species, of matter, and intelligence. That there was a certain unity binding together the most diverse forms of organisation was a doctrine which he fancied no one would deny. The similarity of the units of life in plant and animal texture, and the general, if not altogether universal, pervasion of sexual distinction, were illustrations of that; and, if he confined his view to the animal kingdom, he thought the days were past when anyone would consider it chimerical to compare vertebrates with invertebrates, or the most dissimilar invertebrates one with another. At once it would be granted that ova, however various, were comparable, and that it was matter for observation to compare the stages of their growth as they gave rise to forms that were far asunder. Nor would any serious doubt be entertained on survey of that highest and most important assemblage of animals the vertebrata, that they had appeared on earth in the order of their complexity, however great might be the mystery in which the rise of invertebrata might be wrapped. All that involved the conception of a complex unity acquiring its complexity stage by stage, even as the individual developed from the ovum to the adult condition, and such a conception might be justly termed evolution. But such an evolution might be conceived of variously both in respect of character and cause.

In its character it might be conceived of as a growth without aim, forming altogether an indefinite aggregation like the sum of the branches of a tree; or the view might be held that it was an orderly arrangement, like some vast temple in which every minaret and most fantastic ornament had got its own appointed place and harmonies, while the central tower ascended to its pre-ordinated completion—an evolution like that of a plant from whose root-leaves the shoot ascended with leaves that changed their character according to law, till the summit was reached, where definite groups converged, assorted to complete the flower. And just as there were diverse notions as to the character of the evolutions of life on the globe, so there was difference of opinion as to the source from which it springs.

(a) Delivered Oct. 26th at the opening of the University of Glasgow.

There were some who still denied the genetic connection of different forms of life, and others who either considered genetic connection proved, or looked on it as a hypothesis with more or less probability in its favour; and among these latter there were some who saw no morphological facts which could not be explained by reference to genetic relationship and its involved lines of heredity; while there were others like himself who, in heredity, could only recognise a phenomenon the origin of which demanded explanation. It was a very remarkable circumstance that while all these views were held and had been known to the scientific world for a great length of time, the name of evolutionists had with curious obliviousness been assumed as a distinctive title by those who believed that the evolution was merely indefinite and entirely to be explained by heredity. It was for them to say if this exactness in the choice of a name was an index of the accuracy of the reasoning on which their views were founded. Had they called themselves demolitionists on account of their disbelief in morphological design, the name might possibly have been more expressive. Professor Cleland went on to look at evolution in the natural sense of the word, and to glance at some of the more notable opinions that had been held on the subject. He touched on the school of Schelling, as represented by Oken and Carus, and on the works of Etienne Geoffrey St. Hilaire and Lamarck, the latter of whom espoused the doctrine of spontaneous generation, and contended that it was improbable that under the government of the material universe by secondary causes there should be a deviation from that system either in the first appearance or subsequent evolution of life; but who failed, erroneously as he believed, to see that in the phenomena of life any element was present different in kind from the phenomena of dead matter. In 1844, a book entitled "Vestiges of the Natural History of Creation" appeared in Edinburgh, and the author also adopted the theory of spontaneous generation though differing slightly from the interpretation put on it by Lamarck. Again, in 1859 a further contribution to the subject was made by the appearance of Darwin's "Origin of Species." In that work spontaneous generation was let alone, and the author was content to express his belief that "animals had descended from at most only four or five progenitors, and plants from an equal or lesser number." The new element imported into the discussion was what he termed "natural selection," a result of the struggle for existence. This struggle for existence had already been pointed out by Owen as a potent factor in extinction of species, but it was left for Darwin to originate the idea that it could do what Owen recognised as due to innate causes, viz., that it could produce variety and advance by the continual survival in the contest of the "fittest," *i.e.*, of those which, by accidental variations of structure, had in the struggle an advantage over their neighbours. The struggle existed, beyond all question; and few could read Darwin's works without being impressed with the likelihood of its resulting during long periods in an indefinite amount of variety. Yet, even as to this, it might be remarked that there was a tacit assumption in the theory, that individuals surviving by slight variations of different kinds would be separated one from the other, so as not to mix the different peculiarities to which they severally owed their survival; and it might be objected that such separation would be unlikely so long as the variations were yet exceedingly slight, while it might be judged probable from Mr. Darwin's own researches that individuals with slight consanguinity, and differing minutely one from the other, but not too greatly, would be exactly those which would be most prolific, and so give rise to a mixing of incipiently diverging character. The more important criticism could in no way be eluded that the doctrine of natural selection had precisely the same defect as the Lamarckian doctrine of appetency, only to a greater degree; it did not account for the formation of any new organ, or for new organs appearing symmetrically. It was worthy of notice that the position taken, with admirable moderation, by Darwin himself, that living forms had originated from a very few progenitors, was no aid to the conception of continuity, unless there be added the doctrine of spontaneous generation—the absence of evidence for which had been the subject of an honest and pathetic wail from an eminent Darwinian. While the experiments of Pasteur and Lister conclusively proved that there was no such thing as spontaneous generation in the present, the difference in character between development and the laws of matter made spontaneous generation an inadequate hypothesis to account for the first appearance of life in the past. After dealing at some length with the various arguments that had been adduced in reference to this theory, Professor Cleland said it was a legitimate position to take up, that all the evolutions of nature were definite, but that the series of such evolutions was indefinite in number and kind; that individual evolutions, like other individuals, were finite, but formed members of a larger total. So, in the evolutions of organisation we saw vortic units, the textural elements, receiving and rejecting currents of material, while they maintained during a finite lifetime their individuality, and these united into larger individuals subject to the same law. In the evolution of vegetation, which everywhere exhibited definite individuals, or organs, structurally united in indefinite series, the highest groups were composed of compound individuals in whose structure the most complex, and in every way highest, evolution occurred in connection with the highest vegetable function, the perpetuity of the series of finite individuals; and, the flower once perfected, evolution had ceased, though variation continued. The largest feature in the evolution of both plants and animals consisted in that which was simple passing into the manifold, and the manifold being compacted together in a higher unity. And however imperfectly zoologists might yet agree as to the evolutions in detail in different parts of the animal kingdom, it was plain that in the human form an organism had at last appeared constituting an abode of intelligence such as existed in no other, and that in man alone intelligence reached the capability of ascending beyond the wants of the physical organism in the contemplation of abstract truth. That organism had not improved with the progress of discovery in modern science, but was at least as complete in the heroes of antiquity as in those of recent times. It was surely, then, an assumption to suppose that evolution as distinguished from variation in animal form must go on unchecked till astronomic change shall have ended the capability of this world to support life. It was far more probable that the evolutions of the future were to be sought in realms with which the zoologist acknowledged that he had nothing to do, and take origin out of the special psychical characters of man. For his own part he maintained that the universe presents an endless unrolling of definite evolutions, and that the evolutions of organisation were completed, though its variations continued, while other evolutions were at work, and more would appear.

THE RISE AND PROGRESS OF THE EDINBURGH UNIVERSITY SCHOOL OF MEDICINE. (*a*)

By Professor TURNER, M.D., F.R.C.S., F.R.S.,
Professor of Anatomy in the University of Edinburgh, Examiner in Anatomy, University of London.

AFTER recapitulating the history of the important extension of college accommodation, Prof. Turner proceeded to review the progress of the Edinburgh Medical School. That school, he said, dates from the first quarter of the last century, a period which marks also the rise, in a more or less complete form, of medical schools in several of the other Universities in these islands. Up to that time, as was not unnatural, these academic institutions had been almost exclusively regarded as training schools for eccle-

(*a*) Delivered at the Opening of the New University Buildings October 26th.

siastics, and for promoting the study of theology. But at the beginning of the last century a great national awakening to the need of instruction in other departments of knowledge took place, which led in this University to the institution of the faculties of both medicine and law. It is true that lectureships and professorships of medicine had been founded in many of our universities at an earlier period. In Aberdeen, for example, a "mediciner" was appointed so long ago as 1522. In Oxford and Cambridge, regius professorships of physic had been founded by Henry VIII. about the middle of the same century. The Professorship of Physic in Trinity College, Dublin, dates from 1618. Professors of medicine were also appointed in this University in 1685, but it does not appear that they ever attempted any systematic teaching. It is impossible, indeed, for a school of medicine to have vitality until provision is made for teaching anatomy, and it was not until the beginning of the last century that distinct teachers were appointed in the universities for imparting instruction in that subject. A chair of anatomy was founded in Cambridge in 1707; one in Glasgow in 1718; in Dublin an anatomical theatre was built in the University in 1711, in which lectures on anatomy, chemistry, and botany were delivered, and in 1784 these lectureships were converted into professorships. Efforts had been made during the last ten years of the 17th century by the Incorporation of Surgeons of this city to provide for their members and apprentices instruction in anatomy, and an anatomical theatre was built for that purpose, but it does not seem that the lectures and demonstrations were delivered regularly, and the conditions under which the instruction was imparted threw many difficulties in the way. In 1705, the Town Council of Edinburgh, then the patrons of the University, allotted to Robert Elliot, surgeon, who held the office of public dissector of anatomy to the Incorporation of Surgeons, the sum of £15 of yearly salary as an encouragement to pursue the teaching of anatomy. This is the first record of the introduction of the study of anatomy into the system of teaching in this University. In 1708 the Town Council appointed Adam Drummond "to be conjunct Professor of Anatomy with Robert Elliot, chirurgen apothecary and present Professor thereof." It is doubtful, however, if either of these Professors, or John M'Gill, who succeeded Elliot in 1716, did more than give occasional demonstrations on the anatomy of the human body. The commencement of the Medical School as a definite organisation for affording systematic instruction in anatomy, and in other departments of medical study, dates undoubtedly from the appointment by the Town Council in 1720 of Alexander Monro *primus* to the Chair of Anatomy in this University. In the beginning of the winter of that year he delivered a regular course of lectures on anatomy and surgery, and during the same session Monro induced Dr. Charles Alston to lecture on materia medica and botany.

In 1726, Drs. Plummer and Innes were appointed to the Chair of Chemistry, and Drs. St. Clair and Rutherford to those of Practice of Physic and Institutes of Medicine, and immediately after their appointment all these gentlemen began to deliver regular courses of lectures. The Medical School was now very completely organised according to the requirements of the time, so far as regarded provision for the delivery of lectures on the chief branches of a medical education. But an infirmary for the practical study of disease was still wanted to give completeness to the system of instruction. A scheme was therefore proposed by Monro's father, and the members of the Royal Colleges of Physicians and Surgeons, for raising a subscription and building an hospital for the reception of the sick. Monro himself, in conjunction with the Lord Provost, Drummond, actively promoted the work, and in a short time an hospital was provided. How thoroughly these founders of our Medical School had grasped what was essential in a training for the practice of our profession is shown by the way in which they utilised the infirmary after it was erected, for Monro frequently gave lectures on the surgical cases, whilst Rutherford began in 1748 to deliver clinical lectures on the most remarkable medical cases in the wards. Monro had been specially trained under the guidance of his father, one of the great objects of whose life was to develop a School of Medicine in Edinburgh, to be a teacher of anatomy. His success was marked from the beginning, and gave proof of his ability as a teacher, as well as of the need that existed in Scotland for the establishment of a school of medicine. From his class lists, now in the possession of the Chair of Anatomy, I find that he began with 57 students, and that the class gradually increased until, in 1744, 150 students attended his prelections. Owing to the political troubles of 1745, the class fell that year to 76, but in the following year it rose to 182, which was the maximum number it attained during his incumbency of the chair. The seed which had been sown by the founders of the school fell upon good ground, and under the fostering care of Alexander Monro *secundus*, and of his able colleagues, Robert Whytt, William Cullen, Joseph Black, John and James Gregory, and Andrew Duncan, it became a stately tree. A great increase took place in the number of students attending the medical classes in the latter half of this century, who were attracted in large numbers from England, Ireland, and the Colonies, and in consequence of that increase, the buildings of the University, with which you are all familiar, on the South Bridge, were projected, and in the course of time constructed. From the records of the anatomical class I find that the pupils of the second Monro, whose reputation as a teacher and investigator was even more renowned than that of his father, numbered for many years between 300 and 400, and that in 1783 436 students attended his class. In the earlier half of the present century the school, as a whole, continued to prosper, although from the circumstances of the anatomical chair the number of pupils in attendance on that class was much diminished. With the appointment in 1846 of John Goodsir, one of the most philosophical of modern anatomists, to the Chair of Anatomy, an important revival took place in the character of the teaching; the class once more assumed a foremost position in the school, the students greatly increased in numbers, and in 1852-53 mustered 368 pupils.

The appointment of a Royal Commission in 1858, under the presidentship of one of the most sagacious of living Scotchmen, the present Chancellor of our University, effected a great change in the constitution of the University, and in the regulations for graduation. By the ordinances of that Commission a preliminary examination in arts for medical students was rendered compulsory, the Board of Examiners was organised on a wider and better basis, the degrees of M.B. and C.M. were instituted, and the degree of Doctor of Medicine was ordered not to be given until candidates had reached the age of twenty-four years. The immediate effect of these ordinances was undoubtedly to diminish the total number of students of medicine frequenting the University, which fell in 1868-69 as low as 403; for it required a few years to bring the education imparted in the schools into harmony with the requirements of the preliminary examination. When this was, however, established, students once more began to flock to Edinburgh, and from 1869 to the present date a yearly increase has been going on, not by slow degrees, but by leaps and by bounds, until in the last academic year the total number of students of medicine reached 1,253.

THE rates of mortality per 1,000 last week in the twenty-three large towns of the United Kingdom, were :— Edinburgh 16, Birmingham 17, Portsmouth 16, Bristol 19, Oldham 19, Glasgow 20, Leeds 20, Brighton 20, London 22, Sunderland 22, Nottingham 22, Wolverhampton 23, Newcastle-upon-Tyne 23, Manchester 25, Norwich 25, Salford 26, Plymouth 26, Bradford 28, Liverpool 30, Hull 32, and the highest rate, 33 in Leicester and Dublin.

THE QUALITY OF THE DRUGS IN, AND THE SYSTEM OF SUPPLYING THEM TO, WORK-HOUSE HOSPITALS AND DISPENSARIES. (a)

By CHARLES A. CAMERON, M.D.,

Fellow and Professor of Hygiene and Chemistry, R.C.S.I.: President of the Society of Medical Officers of Health.

THE inferior quality of the drugs supplied to the work-house hospitals and dispensaries has frequently been the subject of public discussion, and it has furnished materials for several papers read before scientific societies. The subject is a very important one, and having opportunities for examining drugs furnished to eleemosynary institutions, I am able to contribute some facts towards its elucidation.

The defects of drugs arise from five causes:—First, from natural inferiority, deficiency in active principles and decay; second, from defective preparation, such as, for example, the over-heating vegetable extracts, and the imperfect mixture of the ingredients of pill masses; third, from deficiency of strength caused by withholding part of the quantities of active and other ingredients prescribed by the pharmacopœia; fourth, from the total absence of certain constituents of compound drugs; and fifth, from the substitution of inferior for more costly ingredients.

It is doubtful if drugs which are inferior from the first two of these causes can be dealt with under the provisions of the Sale of Food and Drugs Act of 1875, (38 and 39 Vic., c. 63), but the defects arising from the other three causes come clearly within the meaning of the statute. The sixth section of that Act provides that "no person shall sell to the prejudice of the purchaser, any article of food, or any drug which is not of the nature, substance, and quality of the article demanded under a penalty not exceeding twenty pounds." Under former acts of Parliament relating to adulteration, it was often contended that adulteration solely consisted in the addition of a cheap to a more costly article. The medicines supplied to the hospitals and dispensaries under the management of the boards of guardians are obtained from all kinds of establishments, from the great metropolitan druggists to the local apothecaries of small towns. They are "tendered" for, and the person or firm who offers to supply them at the lowest prices is, or are, usually successful. Many respectable traders refuse to tender on the ground that the prices of drugs fluctuate greatly during the year, but they are willing to supply the drugs at a certain percentage less than the prices published in their monthly price currents. Again, other first class houses decline to tender, because, as they allege, they could not afford to sell drugs of good quality at prices which boards of guardians give for those articles. This unwillingness arises from the circumstances that some parties offer to supply drugs, stated to be of good quality at low prices, lower according to the opinion of many wholesale druggists, than it is possible to supply them, unless debased. As public analyst for many of the towns and counties of Ireland, a pretty large number of specimens of drugs have been submitted to me for examination. In some instances those sent from workhouse hospitals and dispensaries were of very fair qualities. Indeed, some of them were superior to articles of the same kind, which, for the purpose of comparison, I procured from well-known retail medical establishments. On the other hand, I found more frequently that the drugs were very inferior or actually adulterated. In one recent instance there were only two pure drugs out of a collection of thirteen sent to me from dispensaries in the county of Monaghan.

The defects which I find most common in workhouse, &c., supplies of medicines are as follows:—

1. The substitution of methylated spirits of wine and of ether prepared from methylated spirit for pure spirits of wine and ether.

2. Deficiency in the amount of rectified or proof spirit directed to be employed in the preparations of tinctures, &c.

3. Deficiency in strength.

Less frequently I find the substitution of cheap for costly ingredients, as for example, sulphate of cinchonine wholly or partially for the sulphate of quinine. The most usual defect of tinctures is deficiency of spirit. The majority of tinctures are prepared with proof spirit. Now, if the substances dissolved in the spirit did not increase its volume, and if there was no loss of spirit by evaporation during the maceration of the articles in the spirit, a tincture made with proof spirit should contain 64·03 per cent. of rectified spirit. Making, however, every allowance for loss of spirit during maceration and for the displacement of alcohol by the water and soluble matters of the digested articles, most tenders made with proof spirits should contain 60 per cent. of rectified spirit, and none should contain less than 58 per cent. I find, however, that the tinctures supplied to boards of guardians seldom contain more than 55 per cent. of rectified spirit, and frequently contain from 35 to 50 per cent. In the case of tinctures prepared from rectified spirit, I have often found the strength to be nearly as low as that of proof spirit. Of course there are certain tinctures which cannot be properly prepared unless rectified spirit is used, but in some cases where rectified spirit is directed to be used, clear tinctures can be had by the use of spirit much below the strength of rectified spirit. I do not think that methylated spirit is largely employed in preparing tinctures. Ether prepared from methylated spirit appears, however, to be commonly used in pharmaceutical preparations. It is not by any means so objectionable as methylated spirit. Chloroform prepared from methylated spirit is also in general use. The amount of extract yielded on evaporating tinctures to dryness is often not one half of the proper quantity. This is particularly the case with the tincture of opium and the compound tincture of bark. I have in some instances found only one-third of the normal amount of extract in these tinctures. This deficiency in strength is not confined to the articles supplied to hospitals and dispensaries. I have often found in the tincture of opium on sale in retail shops only from one-third to one-half the proper strength. Last month a dealer in the county of Down was convicted and fined £2 for selling tincture of opium, which I had certified was largely deficient in spirit, and contained only a third of the proper quantity of extract. In the case of a Poor-law union in the county of Monaghan, I found some of the ingredients of compound tincture of bark entirely absent. This tincture, and the extract of bark are very often largely deficient in strength.

I need not go into details in reference to the various forms of adulteration to which drugs are liable, but I may state briefly that according to my experience the practice of drug sophistication is a prevalent one.

The editors of the *Analyst*, the organ of the Society of Public Analysts, have for some years past procured returns from the public analysts of the United Kingdom, showing the number of the articles analysed and the proportion of them adulterated. The returns embrace more than two hundred districts, and very few public analysts have not reported.

In 1879 there were analysed 615 drugs, and of these 26·66 per cent. were adulterated. In 1878 the proportion adulterated was 35·77 per cent.; and in 1877 23·82 per cent. No doubt the adulteration chiefly consisted of deficiency of spirit, but a large percentage of the adulterated articles was seriously sophisticated.

The remedies which have been suggested for curing the evils of drug adulteration are, so far as public institutions are concerned, as follows:—

1. To do away with the system of accepting the lowest tender for the supply of drugs, and to purchase those articles from first-class houses at the current prices, *minus* a discount.

2. To have skilled inspectors constantly visiting the hospitals and dispensaries examining their supplies on the

(a) Read before the Society of Medical Officers of Health, Dublin, October 20th, 1880. The discussion will be found on p. 373.

spot, and taking away doubtful specimens for chemical examination.

3. To constantly submit samples of drugs for examination by the public analysts.

4. In the case of the drugs supplied to the unions, to have a central depôt in Dublin under Government control and from which the drugs required by each union could be purchased, the purity of the drugs being ensured.

The purchase of drugs at the prices which are current and which are published in many lists, is a plan which is obviously superior to the contract system now in operation. The inspection of drugs in the 163 workhouse hospitals, and 676 dispensary districts of Ireland would be a most expensive system. The present inspectors of the Local Government Board have their time fully occupied, and most of them are not competent to express an opinion as to the quality of drugs, not being medical men. Even experts would not, in the case of the vast majority of drugs, be able to form an opinion as to their purity without having first subjected them to chemical analysis. When we consider the large number of drug depôts in connection with the administration of the poor-laws, and the large number of distinct drugs in each, the magnitude of the inspectorial and analytical work proposed becomes apparent. The analysis of drugs is also far more tedious and difficult than the analysis of articles of food. With respect to the examination of drugs, I may here remark that the boards of guardians in all the counties for which I act as public analyst can get them tested by me without the payment of any fee. Up to the present they have not taken advantage of this privilege largely, though invited to do so, by printed circular letters. Of course, if they sent large numbers of specimens of drugs for analysis, the appointment of additional public analysts would become necessary. Up to the present, however, drugs are the articles of which fewest specimens are submitted to the public analyst.

The suggestion to establish a central depot for supplying medicines to the Poor-law unions was, in my opinion, a most valuable one, and I regret that the intention to act upon it exhibited by the Poor-law Commissioners now the Local Government Board) was frustrated by the clamour raised against it chiefly by the boards of guardians, who feared that a little patronage could be taken from them. I am convinced that the central depot scheme was a thoroughly sound one, and I utterly fail to see the force of any of the objections that were urged against it.

Should a central depot be yet established, which I trust may be the case, it need not interfere with the business of the legitimate traders. There is no reason why the wholesale druggists should not tender for the supply of drugs to the central depot as they now do to the various unions. In the central depot as little as possible should be done in the manufacturing line. It should be mainly a large storehouse for drugs. The great advantage of this system would be that a careful examination would be made of each article so as to ensure its purity. Now, lately, I found that the so-called sulphate of quinine supplied to a dispensary was sulphate of cinchonine, a comparatively cheap alkaloid. In order to ascertain whether a similar sophistication existed in other dispensaries and in hospitals, it would be necessary to analyse no fewer than 839 specimens, that being the number (*a*) of workhouse hospitals and dispensary districts in Ireland. If the sulphate of quinine supplied to the unions was first sent to the central depot, a single testing of the article would suffice for the whole country. Besides, it is not very likely that contractors would send adulterated articles to a place where it was certain the adulteration would be detected.

(*a*) The actual number is probably about 1,500 as in some dispensary *districts* there are two or three dispensary houses, having each separate supplies of drugs.

Clinical Records.

MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY.

Cases under the care of Mr. L. H. ORMSBY, F.R.C.S., Surgeon to the Hospital.

For these notes we are indebted to Mr. J. F. CAMPBELL.

BRIEF NOTES OF OPERATION.

CASE I.—*Operation for Ununited Fracture of Tibia.*

JAMES M., æt. 34, admitted on the 18th of September, under the care of Mr. Ormsby, suffering from fracture of the tibia middle third. History: He states on the 31st of January last he fell, and broke the same leg in the same place, and the upper fragment overlapped the lower fragment so much that he believed the fracture never properly united, and was always weak. However, on the 18th of Sept. last he fell again, and the bone broke across a second time, owing to the imperfect union which had taken place on the first occasion.

On examination it was found that the point and upper fragment was nearly through the integument, so much so that the skin covering the front of bone became red and painful.

Operation performed Oct. 20th, 1880.

The patient having been put under the influence of ether (Ormsby's inhaler being used), an Esmarch's bandage was then applied. An incision three inches long was made over the seat of fracture, the periosteum covering the bone was carefully divided and separated from the portion of bone about to be removed to the extent of two inches; the overlapping bone was then carefully and slowly sawn through by the aid of a Hey's saw, and completed by means of a powerful bone forceps, and finally removed. The periosteum, which was separated in the first instance, was then carefully drawn over the sawn surface of bone, and the wound syringed out with a forty grains to the ounce solution of chloride of zinc, the edges of wound then brought in apposition, a pad of lint applied, and the limb carefully bandaged to a light Dupuytren splint.

CASE II.—*Contraction of Finger—Removal.*

Peter M., æt. 54, an old soldier, was admitted under the care of Mr. Ormsby on Oct. 9th, suffering from contraction of little finger on to palm of hand, which prevented him from working. History: States that in action he received a sabre wound on the inside of the forearm, which divided all the tendons on the inside and back of the forearm, and during the healing of this wound the little finger began to contract till it assumed its present useless condition. Operation performed Oct. 20th. The patient was placed under ether, and the finger was then removed at the metacarpo-phalangeal joint, by an inverted ʌ incision. In order to make a neater stump the head of the meta-carpal bone was removed by means of a powerful bone forceps, the wound was well washed and all blood clots removed, then syringed with a (40 grains to the ounce) solution of chloride of zinc, the edges of the wound brought together without inducing any tension of parts, and carefully bandaged up to exclude air.

CASE III.—*Muco-Gelatinous Polypus of Nose—Removal.*

Mary G., æt. 17, suffering from polypus of her left nostril which appeared to be growing for the last seven months, and it always got worse in wet and damp weather. Operated on Oct. 20th. On examination, the pedunculated growth was found to be attached to one of the turbinated bones. After some careful manipulation it was completely removed by means of Wilde's wire snare. A little hæmorrhage followed, which was easily arrested in a few minutes.

CASE IV.—*Removal of a Fibrous Epulis from the Lower Jaw.*

Mary Anne H., æt. 22, suffering from a fibrous epulis growing from the gum between two decayed teeth in lower jaw. History: She noticed this growth for the last four months, and during that time it remained, as far as she could think, quite stationary in size. Operated on Oct. 20th. The mouth kept well open, and by means of a strong knife, pair of scissors and forceps the growth was carefully separated and completely removed from the gums. Smart hæmorrhage followed which was controlled by pressure on the gum.

CASE V.—*Removal of Tarsal Tumour from Lower Eyelid.*

Ellen F, admitted under the care of Mr. Ormsby, suffering

from a small tarsal tumour growing on the edge of the lower eyelid. Operation performed on Oct. 20th. The eyelid being carefully fixed by an assistant, Mr. Ormsby introduced the point of a very fine tenotome into the centre of the tumour, and the contents being then well broken up, were gently squeezed out until all appearance of the tumour had gone. The contents of tumour were of that soft white pappy sebaceous kind of substance so commonly met with in tumours of this kind, and in this situation.

Translations.

THE PHILOSOPHY OF SLEEP AND DREAMS.

By M. DELBOEUF.

Translated from the *Revue Philosophique*.

By EDWIN JACKSON, B.A., M.R.C.S., Manchester.

Part II.—Their Relations with the Theory of Certainty.

(*Continued from page* 347.)

III.—*Why, on wakening, do we attribute to dreams a character of falsity? What are the reasons for this? Is there, in this respect, an absolute criterion of certainty?*

Everyone knows that Descartes has pitched upon almost the same problem, and knows, too, what solution he has given it. "But it may be that although the senses deceive us sometimes concerning things not very obvious, and things far away from us, we meet with many others which we cannot reasonably doubt, although we know them only by their means; for example, that I am here, seated by the fire, wearing a dressing-gown, holding this paper in my hand, and other things of that nature. . . . At the same time I must always remember that I am a man, and, consequently, that I am accustomed to sleep and to fancy in my dreams the same things, and sometimes less likely things. . . . How many times have I, in the night, dreamt that I was in this place, that I was dressed, that I was beside the fire, although in reality I was quite naked, and in bed. It seems to me at present that it is with no sleeping eyes that I look at this paper, that this head which I shake is not slumbering, that it is of fixed purpose and intent that I stretch out this hand, and that I feel it: what happens in sleep does not seem so clear and distinct as all this. But on thinking over it carefully, I remember having often when sleeping been deceived by similar illusions, and on further consideration I see so manifestly that there are no certain signs by which we can clearly distinguish waking from sleeping, that I am quite astonished at it, and my amazement is such as almost to persuade me that I am asleep."

Descartes then directs all his efforts to settling the doubt as to how he ought to begin, and he resolves the difficulty he has set before himself as follows:—"This method certainly is of good service to me, not only in recognising the mistakes to which my nature is subject, but also in avoiding them, or more easily correcting them; for, knowing that all my senses more frequently point out to me what is true than what is false concerning the things relating to the convenience or inconvenience of the body, and being almost always able to make use of several of them to examine one and the same thing; and further, being able to use my memory to connect and join present information with past, and also to use my understanding, which has already discovered all the causes of my mistakes, I ought henceforth no longer to fear that there should be anything false in the things which are most ordinarily presented to me by my senses. I ought further to reject all the doubts of the past as hyperbolical and ridiculous, particularly that uncertainty, which is so general concerning sleep, that it cannot be distinguished from waking, for now I find a very noteworthy difference *in that our memory can never unite and connect our dreams one with another, and with all the sequence of our life, as it is accustomed to connect things which happen to us when awake.* In fact, if some one were to appear to me quite suddenly when I am awake, and disappear in the same way as do the images which I see when sleeping, so that I could not tell whence he came or whither he went, it would not be without reason that I should consider it a spectre or a phantom formed in my brain like those which are formed when I am asleep, rather than a true man. But when I see things of which I know clearly both whence they came and whither they go, and the time when they appear to me, and when I can, without any interruption, connect the perception that I have of them with the order of the rest of my life, I am quite assured that I perceive them when awake and not in sleep: and I ought not in any way to doubt the truth of these things, if after having appealed to all my senses, to my *memory*, and to my *understanding*, to examine them, there is nothing reported by any of them which is in any way opposed to what is reported by the others; for from the fact that God is not a deceiver it necessarily follows that I am not herein deceived."

Such is the control of the senses and the intellect as Grote and all authors have defined it. We read in Albert Lemoine: "The incoherence of the images is the only distinctive sign we have of dreams;" and further on, "the belief that we have in the objective reality of the images of sleep is due in great part to the fact that we cannot, voluntarily or involuntarily, make use of our senses to *correct* the evidence of the one by that of the other." I know of only one of the senses which is capable of correcting the others; it is that of touch, which enables us to assure ourselves for example, that the images reflected by a mirror have no body. But who, when awake, ever thinks of touching people, trees, and houses, to assure himself that they are real bodies, or ever thinks of believing in the material existence of an optical image? And, on the other hand, how does the existence afforded by touch even prevent the man with a delusion from being deceived by the phantoms which he sees or hears? Further, the control finally, which permits me when in doubt really to examine the subject of my doubt, cannot be brought to bear upon the dream, because it is a thing gone by. Am I then disposed to set down as dreams all my former perceptions which I have considered true without submitting them to any kind of verification?

We have seen that the waking state is characterised by the vivacity of the impressions received: but this is not all; these impressions are further logically connected; as Descartes says, we know whence they came, what preceded them, and what has followed them. Now what is that which obtains this property for them? The external world, in which events follow one another in accordance with the law of causality. A man who lives at Liège can find himself in Paris only on condition of his having travelled thither. That is the order of things. If we lived in the regions of the "Thousand and one Nights," or in the Enchanted Gardens, we should judge the ordinary adventures of life by other rules, it is clear. If only, like the illustrious knight of la Manche, you had a strong faith in the power of enchanters, or without going so far, if imbued with popular superstitions, you believed in the influence of conjurors, how many impossibilities would you regard as undoubted realities! But nature on the one hand, and the position you hold in Society on the other, have given your mind an education, and special tendencies, and you refuse to regard as real whatever is incompatible with your experience. This experience, I need hardly say, is never perfect. Everyone shares more or less the prejudices of his age: Tacitus did not doubt either auguries or oracles. You may, then, in trusting solely to it, fall into error; but still it is in virtue of experience that we know ourselves fallible.

Everything that is in absolute contradiction to the laws which I have recognised as ruling the world I necessarily set down as imaginary. If my dream brings before me a departed friend, I shall not hesitate to qualify my vision as I please; similarly, if the scene presented to me offers internal contradictions, as when a dead man moves and speaks. In this Descartes and Albert Lemoine are right, and I agree with them. But what if, as sometimes happens, the dream is perfectly reasonable, and connected in all its parts?

One day, one of my little girls, eight and a-half years old, asked her mother, in my presence, for a plaything lying, so she said, in the garret of her grandmother's house, where we were staying at the time. From the description she gave of it, it must have been a large frog with a large open mouth. We assured her that we did not know of any such plaything, that we had never seen it, and were persuaded that it did not exist. The child then began to describe it in detail, told us exactly where it was lying; her grand-

mother had shown it her, and had promised that if we would allow, she would give it to her. We had the greatest possible difficulty in convincing her that it was only a dream, the reason of this difficulty being that the dream was so connected, and joined by so many links to ordinary things.

The less developed the intelligence of the child, the less is it shocked by the improbabilities. I was between four and five years old when I lost my eldest brother, six years older than myself. This brother had some beautiful soldiers, and other toys, of which he took the greatest care, and he always took the precaution of putting them out of my reach. I have no recollection of his illness or death, but I remember that one day I asked my mother where Henry was, and she told me in reply that he was in the country. I longed for those beautiful playthings which had been religiously put away in a cupboard. One night I dreamt that in this cupboard were marionettes and harlequins (I see them to-day) gifted with speech! On waking I begged and prayed for them. My mother in vain tried to make me understand the absurdity of the idea; I was sure it was no dream, I remained persuaded that the motive of her refusal was to perpetuate the traditions of my brother, and that the use of these wonderful things would for ever remain forbidden me.

The illusion proceeds then from the *relative* vivacity and reasonableness of the impressions. I need not remark that in order for the illusion to remain after we have wakened, there need still other conditions. If my little girl had seen the plaything in an imaginary room, and not in this garret, which she knew in its minutest details, if she had spoken, not to her grandmother, but to somebody she did not know, or if she had not seen her face and her usual clothes, she would easily have recognised that she had been deceived by a dream. For the mistake to be lasting, then, it is necessary that the minutest details of the dream should be in harmony with the reality and with probability; and further, they must be formed on the basis of everyday life. Then, as we have observed, the scene of the dream is framed on a vague and uniform basis; it is isolated. Such are the pictures of the early schools, painted on gold, or the dancing groups which adorn the walls of the houses in Pompeii, and of which we can scarcely tell whether they are in the air or on the ground.

When I walk in the streets of the town I live in, I am subject to impressions which are, in part, always the same. If I here meet with somebody I know, and speak to him, this meeting and this conversation are connected with these familiar impressions, and thus receive from them a stamp of authenticity. This incident is, so to speak, inscribed on the ideal plan of the town. This authenticity undoubtedly depends still on other things, and the reader will be able to fill in from his own experience what this sketch presents incompletely. I must, for example, see this friend approach, see him go away, he must appear and must remain as usual, must act conformably to his character and position; if not, I shall be ready to suspect that I have seen him in a dream. But if none of these improbabilities exists can I convince myself otherwise than by extrinsic evidence, that the incident is not real? If, for instance, I dream that I have left my reading-lamp lighted, and that having got up and put it out, I have gone back to bed, since there is nothing unusual presented in the pictures which have risen up before my mind, if the room had its ordinary appearance, and if the lamp I dreamt about was in every respect like that I am in the habit of using, how can I on waking assure myself that all this was a pure illusion? How can I, unless someone having been awake beside me, assures me that I did not get up, unless I have most potent reasons for believing that I had put my lamp out at the time of going to bed?

But generally the distinctive criterion of the dream is the wakening. Perrette and M. Joyeuse are roused from their reveries by an accident; the accident which drives away the dream is wakening. The most natural looking dream, and the one into whose composition there enter only realities, appears in its character of deceitfulness from the moment when I see myself "quite naked and in bed." I set down as illusory all that has taken place between the time when I laid down, and the time when I wakened. There is no exception but for special cases like that I have just described. But it will be noticed that this is an isolated action in the middle of the night, that is to say, unconnected with what follows or with what goes before. However, these exceptions, which are only theoretical, compel us to answer in the negative the question, Have we, in respect of dreams, an absolute criterion?"

No, there is none. There is no infallible and universal sign which enables us to affirm with absolute certainty that a dream was a dream and nothing more. But there is no great harm in this, provided we have a criterion of the waking state, a criterion which assures us, when we inquire from it, that we are not dreaming. Then, when we are awake, can we have any doubt about it?

We know what happens to Sosis, Mercury wants to take his name and his identity from him: this pretension horrifies him.

. . . . . .

"Is it in thy power to be what I am?
And can I cease to be myself?
Did ever anyone hear of such a thing?
And can I give the lie to a hundred urgent signs?
Am I dreaming? Am I asleep?
Is my mind troubled with some wild delirium?
Do not I feel that I am awake?
Am I not in my right senses?
Did not my master Amphitryon appoint me to come to his Wife Alcmene here?"

He thus goes through the order of events, and finds in them the logic of reality. But seeing that Mercury is conscious of circumstances which he thought that he alone knew, his confidence is shaken:

"He is right. Without being Sosis
No one can know all that he says;
And in the astonishment with which my mind is seized
I begin, in turn, to believe him somewhat."

Mercury multiplies proofs by unfolding details more and more minute. This adds to the doubt already felt.

"In no answer does he lie one word;
And for my part, I begin to doubt in earnest.
. . . . . .
However, when I touch myself, and when I remember,
It seems that I am myself.
Where can I find some clear light
To distinguish what I see?"

We know the conclusion he comes to:—

"I cannot deny, from the proofs afforded me,
That you are Sosis, and I give my opinion in favour of it.
But if you are, tell me who you think I am,
For I must be someone."

This story of an individual who entertains sane doubts as to his own identity has been used in many forms.

Every locality, so to speak, has its legend: at Liège, it is a cobbler who is one night picked up dead drunk in a corner of a street by some monks, and carried by them to their convent. They wash him, shave him, cut his hair, put him a frock on, and lay him in a cell. In the morning, when he has awakened, the brethren come and pay their respects to him, and inquire as to his health. The poor wretch vainly tries to collect his ideas. They try to persuade him that all his past life is a dream. He cannot make up his mind to believe it, but still he does not know how it is that he is thus dressed, and in this bed. They give him a looking-glass, but he is not sure that he recognises himself. "Go," he says at last, to one of those standing by him, "go and see if Giles, the cobbler, is in his shop, at the foot of the bridge. If he is not, I am he; but if he is, the devil take me if I know who I am."

Let not anyone tell me that these are fables, and that we ought not to argue from fables. My argument is serious. Setting aside the improbability of the idea, or the comic exaggeration, Sosis and Giles unravel for us the perplexities of the knowledge that reasoning leads us to doubt what it cannot prevent our believing. I certainly do not doubt my identity; but still there are madmen who profess to be the Emperor of China, and others, who recollect being Louis XVII. Am I not the sport of a like madness? Am I certainly the person I believe myself to be? What, in a word, is the criterion of the state of reason? This is the question we now have to answer.

(To be continued.)

THE entries at the University of Durham College of Medicine, Newcastle-on-Tyne, should be corrected to 58, and not 54, as previously stated. Of these 29 are first year students, and 29 "partial" entries.

Special.

THE FOGS OF LARGE CITIES.

THE attention of the public has been recently directed to fogs, particularly to those of London at this season of the year, by Dr. Alfred Carpenter, of Croydon, in a paper read before the Social Science Association at Edinburgh, and also in a communication to the *Times* newspaper. He described the appearance of London one Sunday morning early in last September. He had left Croydon when the sky was clear, the sun shining brightly, the air warm and dry, and not a particle of moisture visible as mist, fog, or dew. When he reached the West-end of London all was dark, gas burning in the houses, and he was unable to see across the road in the neighbourhood of Hyde Park. Some experiments were made which proved that the darkness was caused by unconsumed carbon, that there was much sulphurous acid in the air, and excess of carbonic acid with other things, which caused the writer to feel oppressed in his breathing, and to breathe more quickly than natural. He described the effect upon animals and moistened litmus paper, and its action on brass door-plates. The evidence was conclusive as to the conditions which gave rise to the darkness—viz., London smoke. It was pointed out, however, that the smoke was not an unmitigated evil, for at the same time the smell from the London sewers was so very strong that they were proved by those smells to be sewers of deposit, and that the unconsumed carbon and the sulphurous acid fortunately acted as disinfectants and deodorisers upon this noxious matter. It was suggested that it would be highly unlikely that the inhabitants of London would submit for long to the nuisance from the sewers, that it was still more unlikely that two evils should be continued for the purpose of counteracting each other, and that the time had arrived for some action to be taken against both. The writer then pointed out a way by means of which the evil might be reduced to a minimum. It included (1) a heavy tax upon fire-places not so constructed as to consume their own smoke; (2) The removal of the manufacture of gas from private companies to corporations who should manufacture it and retail it at cost price, so that a good gas could be sold at 2s. 3d. per 1,000 feet. It was shown that the waste which could be prevented would go far to make the change in the end one likely to lead to financial saving, and that if cooking by gas could be rendered general, the state which arose in London on that Sunday morning would be a thing of the past.

The suggestions are bold and comprehensive; they are open, of course, to objections, as all new paths are certain to be, but they are deserving of consideration. We understand that the subject is to be brought forward by Dr. Alfred Carpenter at the Society of Arts on Wednesday, December 8, when no doubt an animated discussion will arise upon the novel means which he proposes as remedies for a state of things which certainly is becoming year by year more and more unbearable. We hope that some practical result may follow, and that even if Dr. Carpenter's proposal is not endorsed by the meeting yet that some course may be suggested which may lead to the end we have in view—viz., the removal of an intolerable nuisance.

PRIZE ESSAY ON FEVERS IN INDIA.

1. Surgeon-General C. A. Gordon, M.D., C.M., Honorary Physician to Her Majesty, with the approval of Government, has lodged the sum of 500 rupees to be given as a prize to the writer of the best essay on Fevers as affecting British Soldiers in India. Particulars with regard to conditions, arbitrators, date, and manner of submitting essays, are given below, namely,

2. The essays must include a comparative history of that class of diseases as given by the older writers, and by the more modern; the causes, including such as are predisposing, and those that are direct or exciting; their relative prevalence and mortality according to age and residence in India; their modifications by diathesis, locality, climate, and season; their pathology, their treatment, illustrating this important point as far as possible by records of "cases" either from case books or published works, dating previous to 1857, and of those of a date subsequent to that period; the object being to indicate as clearly as may be practicable the results of the several methods adopted, and thus obtain a guide with regard to the future.

3. The assigned causes of *fevers* being investigated and categorically detailed, measures will be indicated by which their prevalence among British troops, and their present very serious rate of mortality, may, for the future, be diminished.

4. With reference to what some writers may in their essays designate *enteric* or *typhoid* fever, they will give a distinct definition of the precise significance attached by them to these terms, whether applied in a sense independent of each other, or anonymously; also in the event of either term being used to indicate a specific and otherwise independent disease, rather than a *condition of* or *complication* occurring in the course of endemic fevers, whether continued or periodic in type; a distinct and precise record must be given of the circumstances upon which the distinction thus indicated is based.

5. The prize now offered will be open to all officers of the Army Medical Department, and of the Indian Medical Service of the three Presidencies, whether upon retired or full pay, provided that they have on 31st August, 1879, severally done medical duty with British troops in India during five full years and upwards.

6. The award of the prize now offered shall rest with three arbitrators, who must themselves have done duty for at least five years with British troops in India, and have been ten additional at least in this country, making in all not less than fifteen full years in India. Government has been solicited to request the Director-General of the Army Medical Department, the Right Honourable the Secretary of State for India, and the Army Sanitary Commission each to appoint one of the three arbitrators, the latter unconnected with the Commission itself. These three to have power, should they so desire, to add two to their number, so as to make it five in all; and at least one of the arbitrators to have himself served in India as above during not less than ten years prior to 1857.

7. Essays by officers of the Army Medical Department will be transmitted through the usual channel to the Director-General of that Department; those by officers of the Indian Medical Service through their channel of communication to the India Office.

8. With a view to afford ample time for the preparation o essays, the 31st of December, 1881, will be the latest day on which those essays will be received in the India Office or that of the Director-General, and the decision of the arbitrators as to the award of the prize for the best of those essays, will be published in England and India, if possible, not later than 31st of July, 1882.

9. In the event of no essay being laid before the arbitrators, or of their considering it desirable for other reasons to withhold the reward for the present, they are hereby authorised to remodel the conditions of award in such manner as to them may appear fit, bearing in mind the general objects in view in offering the prize as above detailed.

FRANCE.

[FROM OUR OWN CORRESPONDENT.]

PARALYSIS AGITANS.—At the Societé Médicale des Hôpitaux, M. Empis related a case of paralysis agitans which he has treated with hyoscyamine, and which had produced its toxic effects in a remarkable manner. After having tried different remedies without success, M. Empis had recourse to hyoscyamine, which he administered in pills containing five milligrammes each of the alkaloid. After the first pill the patient experienced certain sensations. He complained of blood to the head, and appeared like a drunkee man; his speech was incoherent, and he vomited. In spit of that he experienced an amelioration as regards the dist ease, for the trembling had completely ceased. The nex day without waiting for the visit of M. Empis, he took another pill, and immediately the same symptoms of intoxication returned with aggravation, his face became flushed, his eyes brilliant, and the pupils extremely dilated, his tongue dry and heavy. He remained in this state for a few minutes, when he was seized with a veritable delirium. He did not recognise his wife, nor any one about him; deglutition became impossible, and the respiration short and difficult. The pulse remained at 96. Strong coffee was administered, and revulsives were applied to the lower extremities, and after three hours all those symptoms disappeared. M. Empis concluded from the above that hyoscyamine is more

dangerous than was hitherto believed. In no work could he find mentioned accidents so terrible as he had witnessed. The dose of five milligrammes would be too high. On being asked what became of the trembling. M. Empis said that it had disappeared for 36 hours and then returned as bad as ever. M. Dujardin considered the above case very interesting, in that it showed that hyoscyamine given in toxic doses could arrest the trembling of paralysis agitans, and also that it showed the inconveniences which result from the employment of a non-crystallised alkaloid; and finally, it showed the intolerance of certain patients *vis à vis* of the solanacea; however, he thought that if 24 hours were left in the case of M. Empis between each pill, he would not have suffered from the toxic effects. M. Jouffron would be sorry if the communication of M. Empis should prejudice medical men against the employment of hyoscyamine. He had employed it in paralysis agitans in doses of 8, 10, or twelve milligrammes in the day, and never observed any serious accidents. He took care, however, never to order it when albumen was present in the urine. M. Damaschino insisted on the fact that hyoscyamine was innocuous. He had employed also frequently and at comparatively high doses, but never observed phenomena of intoxication. M. Hallopean declared that the solanacea sometimes causes serious accidents, but they are never fatal.

THE EXTRAORDINARY SCENE AT THE ACADEMIE DE MEDECINE.—A letter was read at the last meeting of the Academie de Medécine from M. Pasteur, in which he apologised to M. Guérin and to the Academie for his conduct last week. The reading of the letter was followed by comments very favourable to the writer.

M. PAUL BERT'S ANÆSTHETIC.—Dr. Blanchard has just published in the form of a *brochure* a complete description of the anæsthetic of Paul Bert (protoxide of azote under pressure), with an analytical *exposé* of all the operations in which it was used up to the present. We find that 70 operations were performed under its influence, of which 31 were by M. Paul Bert, 16 by M. Sabbé, 2 by Marion Sims, &c. In this number were comprised ablations of tumours, amputations, resection of nerves, reduction of luxations, fistules, and anal fissures, lithotomies, resections, ablation of fibroid tumours of the uterus, &c. As to the advantages of this method of M. P. Bert, the first that Dr. Blanchard signalises is the rapidity with which the anæsthetic is produced, and the complete absence of all excitement. Secondly, that once insensibility is produced, the man is completely under its influence, that were it not for the breathing, which remains perfectly regular, he would seem as dead. This state can last half an hour or an hour without changing. During this time the blood preserves its red colour and loses none of its oxygen; the heart beats with its usual regularity, and the temperature does not increase. Thirdly, that at the third or fourth respiration of pure air the patient returns immediately to sensibility and to *bien être*. The period more or less long of torpor, numbness, and nausea after the use of chloroform or ether are not observed. However, it happens frequently that the patient returns to consciousness some time before insensibility has completely disappeared, but this, instead of being a drawback, is considered by M. Blanchard as an advantage, especially in operations on those parts of the face covered by the inhaling mask. It was thus M. Péau had been able to extirpate an epithelioma of the lip after the apparatus was taken off. Such are the advantages. As to the inconveniences attending this method, only one is considered of any importance, the difficulty of procuring a room *à l'air comprimé* outside Paris or large towns. It is thus evident that in country practice or on the battle field this anæsthetic could not be employed.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, OCTOBER 6TH, 1880.

Dr. W. S. PLAYFAIR, President, in the Chair.

CASE OF SO-CALLED CONGENITAL DISLOCATION OF BOTH HIPS.

Dr. POOLE showed a little girl, æt. 4, with the following history: The mother was suffering from alarming hæmorrhage, due to placenta prævia; version was performed, the right leg brought down. The foot was fastened to a tooth brush and remained thus about five hours, when pains came on vigorously, and the child was delivered with ease. He did not remember whether any traction was applied to the leg. No abnormality was noticed till the child began to walk, when it was observed to limp, and the right leg was found to be at fault. The measurement from the anterior superior spine to the knee was half-an-inch longer than on the left side. There was considerable lordosis with projection of the abdomen, and there was a space between the thighs in the standing position. The child had been taken to Mr. Adams, who pronounced both acetabulæ to be defective.

Mr. W. ADAMS said that it was a well-marked case of the so-called congenital dislocation of the hip, which he thought would be more accurately described as malformation of the acetabulum with displacement of the head of the femur. In this case both hips were similarly affected, and the lordosis, prominence of abdomen, large size and prominence of nates, shortness of legs as compared with trunk, and wide separation of the thighs, were characteristic. The top of the great trochanter on each side in the standing position rose above the level of an horizontal line drawn from the anterior superior spine; but when the child was lying down and a little gradual traction made from the knee, the great trochanter descended fully as low as its normal position, *i.e.*, about an inch and a-half below the level of the spine. This was demonstrated to the Society. As to causation, it had been asserted that this condition never exists except in cases of breach presentation, and is due to traction on the leg, producing dislocation. In his experience of a large number of these cases, the presentation had generally been natural, and the labours easy. He believed the affection to be essentially a malformation, consisting in arrested development of the acetabulum. The production of pelvic deformity by this condition was proved by Dr. Carrochan, of New York, who first called attention to the affection in 1844, and demonstrated on a patient, of whom a life-size model was now in the museum of St. Thomas's Hospital.

Dr. WYNN WILLIAMS concluded from the history of the case and examination of the patient that the ligamentum teres on both sides had been ruptured during delivery, and that the head of the bone was then drawn up against the edge of the acetabulum by muscular action.

Dr. GRAILY HEWITT thought it seemed desirable to ascertain whether, in the numerous cases referred to by Mr. Adams, any history could be traced of manipulating traction on the lower extremities during the labour, with a view to determine whether this had a tendency to cause such a condition.

Dr. CLEVELAND mentioned a case of a little boy malformed in this way, who had been brought over to him from Quebec, wearing an instrument for supposed spinal disease. The true nature of the case had been pointed out by Mr. Adams.

Dr. GERVIS asked Mr. Adams whether spinal lordosis always accompanied these cases? if he had ever examined any after death? and if he had any experience of congenital dislocations of other articulations?

Dr. HEWAN had seen a case, presumed to be one of congenital dislocation of the hip in a woman, æt. 30. On the affected side the curve of the iliac crest was much flatter than on the sound side. He thought this due to the head of the femur being further back, so that it acted at less advantage in pressing inwards the anterior part of the innominate bone.

Professor STEPHENSON (Aberdeen) on

THE ROTATORY ACTION OF THE FORCEPS.

The author considered that recent modifications in forceps showed that the inventive faculty still moved in the grooves of the older and more imperfect ideas. The sole idea was how may we, with the head tight in the grip of the blades, draw with greater accuracy in a given straight line. What really is wanted is an improved form of the instrument which will enable us to impart more readily the rotary movements which we observe in Nature. The division of the traction from the prehensile blades weakens the transmission of information by the handles to the hand of the operator; in his muscular and tactile sense should reside the true "indicating needle." The claim made for Tarnier's forceps that they allow freer movement of the head in all directions is no more true than applies to the ordinary instruments, if the operator attends to the directions which

they supply. The opponents of the pendulum movement with forceps occupy good ground when they show it is contrary to the normal mechanism and a fortuitous and risky mode of action; but they go too far when they include in their condemnation all so-called lever actions. The true defence of the lever action is to throw out all that is haphazard, and give it scientific precision. The term "lever action" is objectionable, "rotary action" is preferable. The forces of labour cannot be reduced to a single resultant, but always consist of a resultant and a couple, the former moving the head inwards, the latter imparting some movement of rotation. With forceps we have the power of producing both movements; and as in Nature they are always combined, so in art they should never be entirely separated. *With the inward traction made in the axis of the pelvis must always be combined such a movement of the instrument as will tend to impart to the head the rotary movement, which observation teaches us takes place at the particular stage of mechanism.* 1. *Flexion and Extension.*—With the head in the firm grasp of the forceps, especially if screwed up, there is a tendency to bring down both ends of the head through an equal space, and so prevent due flexion from taking place. But, on the other hand, if the blades are applied with a diagonal grasp, the compressing power of the forceps may be made to promote flexion. But flexion or extension must chiefly be promoted by a modification of the rule of traction which might be thus stated: *Whilst the force should always be exerted with strict reference to the direction of the axis of the pelvis, the line of traction should be in a slightly curved direction, the curve passing out of the line of the axis in a direction corresponding to that of the sagittal suture towards the side where the forehead lies for flexion, to the side on which the occiput is for extension.* 2. The rotation of the occiput forwards might also be promoted by rotating the forceps on their axis, and bringing the handles slightly toward the side on which the occiput lies. The grasp must be light so as to permit gliding between the blades. 3. As the head passes under the pubic arch the rule should be that *whilst carrying the handles forward toward the front of the mother, a carefully applied slight rotatory action should be imparted to the forceps so as to facilitate the change of the sagittal suture from lying obligue to approach near to that of the mesial line.*—*Rotation in Narrowed Pelves.*—The application of forceps tends to rotate the head from a transverse to an oblique diameter, and the frontal bone is liable to be thereby thrown on to the promontory. Hence the following rule:—When the occipital bone has descended below the level of the brain, and is felt directed against the anterior wall of the pelvis, in order to clear the forehead and prevent injury of the frontal bone the head should be rotated on a vertical axis so as to throw the frontal bone off the promontory, and at the same time slight extension should be given to the head to bring the forepart down at the side of the pelvis. The paper was illustrated with diagrams which were explained by the author.

Remarks were made by the President, Dr. Roper, Dr. Edis, and Dr. Braxton Hicks.

In reply, Professor STEPHENSON said, in reference to an objection by Dr. Roper, that he doubted whether the head could rotate on a vertical axis when impacted in the brim, that all depended upon the meaning attached to the word impacted. Generally the head, though wedged in the narrow pelvis, was still movable on certain axes. Regarding occipito-posterior positions, he agreed with the President and other speakers that the occiput rarely rotated forward with the ordinary mode of using the forceps. But it was possible to rotate it, and it was our duty to endeavour to do so. The "tentative" mode of employing the forceps, referred to by Dr. Hicks, was good, but he should not be content with it, for it might lead astray. We should endeavour to impart the rotary movements with the precision obtained by exact knowledge.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

THE first ordinary meeting of this Society was held on Thursday, Oct. 28, at the rooms of the Medical Society, Chandos Street, the President, Dr. W. BOWMAN, F.R.S., in the chair.

TWO CASES OF OPTIC NEURITIS,

Dr. GOWERS exhibited two cases of optic neuritis, and briefly described the history of each. One, a girl, had been attacked by uncontrollable vomiting which was succeeded by optic neuritis and double paralysis of the 6th nerve. Treated with iodide of potassium the neuritis had almost disappeared, and the paralysis had quite disappeared. Dr. Gowers suggested that a slight local meningitis had occurred. The second case was that of a woman, æt. 23, who complained of pain in the vertex, and who could progress only by short halting steps. Hysteria was assigned as the producing cause; the sight was dimmed, and double optic neuritis developed. The legs and arms were affected, and there was inability to move the eyeballs upwards. The patient remained under treatment for eighteen months without improvement, headache continuing all the time. The neuritis at length yielded, however, but all the other symptoms remained unchanged. Dr. Gowers thought the case indicated paralysis of the centre controlling the upward movement of the eyeball, and in his opinion, a tumour of the cerebellum existed.

Dr. HUGHLINGS-JACKSON said such cases were easily to be confounded with hysteria, and that it was a difficult matter to diagnose between meningitis and tumour.

Dr. STEPHEN MACKENZIE suggested that the symptoms were rather those of tumour, for Ferrier had shown that galvanic stimulation of the superior cerebellar vermiform appendix produces upward movement of the eyeball.

A Member quoted a recent case in illustration, in which post-mortem examination of a patient affected with slight double optic neuritis revealed the existence of meningitis and of cheesy tubercle in the brain and cerebellum.

Mr. NETTLESHIP showed a girl, æt. 13, who was, four months ago, attacked with double iritis. This still continued active in the left eye, on the iris of which a large yellow vascular nodule, the size of a split pea, had continuously grown. He felt doubtful as to the more advisable mode of treatment, whether to attempt the extirpation of the growth simply, or to remove the globe of the eye entire.

A Member described a case in point from the Moorfield's Hospital, in which there was a circular growth in one eye only. The patient was treated for iritis, but the growth continuing, its removal in mass was attempted. This failed through the extreme softness and degree of its attachment, and ultimately the eyeball was taken away. He was of opinion that early interference in such cases was necessary, that the growth might be removed in its initial stages.

On the motion of the President, a committee was formed for the purpose of communicating with the Board of Trade, with a view to remedying the possibilities of accident in the public services attributable to colour-blindness.

PRIMARY INTRA-OCULAR HÆMORRHAGE.

Mr. HUTCHINSON read a paper on a case of primary intra-ocular hæmorrhage first into one eye and subsequently into the other, with general remarks on the causes of the occurrence. The patient was a young man who, at the age of 21, lost his left eye by acute glaucoma secondary to hæmorrhage into the vitreous ciliary processes and retina. Two years later the other eye became subject to sudden copious hæmorrhages into the vitreous without pain or glaucomatous symptoms, the blood being quickly absorbed between each attack, but leaving finally much opacity of the vitreous tumour. There was no albuminuria. He was dyspeptic, habitually constipated, and liable to rapid variations in local circulation (flushing, pallor, and cold feet). He was subject to epistaxis. The temporal arteries were large and tortuous, and Dr. Mahomed found his arterial tension too low. There was a strong family history of gout. Reference was made to a recent paper on the same form of disease by Mr. Eales, of Birmingham. Mr. Hutchinson considered that inheritance of the diathesis took a very important share in the causation of the disease, but did not try to explain the mode in which it operated, whether by changes in the blood, in the vascular walls, increased arterial tension, or cardiac hypertrophy. The intra-ocular bleeding was considered as only one manifestation of a tendency to spontaneous hæmorrhage from various parts, in which a liability to inequality of circulation is the first factor, various temporary influences acting as exciting causes. Of these the male sex and the period of adolescence were among the most important; over-fatigue, indigestion, constipation, position of the head in sleep, and other influences also took more or less share. Reference was made to some similar cases communicated to the author by Mr. Square, of Plymouth.

Dr. HUGHLINGS-JACKSON observed that physicians not unfrequently notice slight ocular hæmorrhage in cases of Bright's disease and epistaxis. One man he recollected who, under

treatment for the latter, showed a distinct blob of blood in one eye, and in whom, after death, meningeal hæmorrhage was discovered. He could not remember if he was a gouty subject; he was 22 years of age.

Mr. HENRY EALES (Birmingham) explained that since the publication of his cases, referred to in the paper, he had endeavoured to trace a history of gout in them. He had seen the parents of three out of five patients, but could obtain no satisfactory account of such a malady. He observed in all his cases an unusual fulness of both veins and arteries in the companion eye to the affected one. In one instance, the vision being normal, he detected hæmorrhagic spots on the retina, under the influence of atropine. One of his patients, since the publication of the case had suffered from a severe attack of hæmorrhage. In another, remission of treatment resulted in constipation, for which a purgative pill was taken without his advice. Nine days after, the patient had a fourth attack of bleeding in the eye, preceded by epistaxis, which had not been previously experienced for twelve months. The bleeding was from the left nostril. He (Mr. Eales) would suggest that the constipation might be due to deficiency of blood in the intestinal vessels, thus leading to over-distension in the systematic vessels, of the veins particularly. In no case did he find the pulse over 60 per minute, and the second sound of the heart was invariably accelerated, due to the high arterial tension.

Mr. HIGGENS inquired what the local cause of the hæmorrhage was? Why did it occur in the spots specified rather than in any other place? The reduction of tension he explained to be a sufficient cause in many operations for iridectomy, to necessitate the total removal of the eyeball. In glaucoma, too, where iridectomy is resorted to, a gush of blood follows the escape of the contents of the ball.

Dr. BRAILEY said he had found many instances in which the walls of the arteries of the eye were the seats of disease. He could not believe the cause of the hæmorrhage was entirely hypostatic.

Dr. BROADBENT thought that long continued high tension alone would suffice to produce such results as had been noted, including the tortuous arteries of early age. The characteristic feature of gout was a high arterial tension. He had often been consulted respecting boys affected with bad headaches, incapacity for work, &c. These usually were the victims of improper feeding, and epistaxis commonly occurred in them, but no retinal hæmorrhage, nor was any gouty history attributable to the cases. The relation between the cases read and constipation was to be explained on the ground of high arterial tension, and he advocated the treatment by purging as being sound practice.

Mr. BRUDENELL CARTER was disappointed that Mr. Hutchinson had not detailed his plan of treatment, and the experience he had gathered through his earlier efforts in this direction. He felt that family histories were delusive guides, and that the terminology of diseases should be founded on certain and definite symptoms. He inquired if the condition of the liver had been noticed in the patients. This might account for constipation.

Mr. HENRY POWER called attention to the fact that hæmorrhages of the kind under discussion often occurred in pregnant women, and instanced this in proof of the cause being alteration in the arterial tension.

Mr. HUTCHINSON read Dr. Mahomed's letter descriptive of the condition of the vascular system in the subject of the paper. Mr. Hutchinson said he had himself been astonished by the evidence of low tension thus afforded, and this suggested to him that the tension may possibly not be the same in all parts of the same body. He agreed that varying degrees of tension in the eyeball may well influence hæmorrhage into it. Gout, he considered, was a term indicative of an understood and distinctive disease, and he reminded the Society that he had given weighty reasons for assuming a gouty tendency in his case. He did not accept Dr. Garrod's assertion that lithates in the urine constantly accompany gout. Mr. Nettleship had examined the eyes of his patient by aid of the ophthalmoscope, and found the veins small and non-turgescent.

DUBLIN SOCIETY OF METROPOLITAN MEDICAL OFFICERS OF HEALTH.

A MEETING of the above Society was held at the Royal College of Surgeons in Ireland, on Wednesday, 20th Oct., 1880, at 4.30 p.m.

Present—C. A. Cameron, M.D., in the chair; also Drs. Robt. Browne, Chapman, A. Croly, H. G. Croly, Delahoyde, Ferguson, Hearn, A. H. Jacob, C. F. Moore, J. W. Moore, Peele, Usher and Purcell, hon. sec., &c.

The minutes of the previous meeting having been signed, and some routine business transacted,

Dr. CAMERON opened the subject set down for discussion, viz.:

THE QUALITY OF DRUGS SUPPLIED TO PUBLIC INSTITUTIONS, AND THE PRESENT METHOD OF SUPPLYING THEM,

which will be found on page 366.

Dr. J. W. MOORE, having apologised for usurping the first place in the discussion on the President's communication, expressed his sense of the value of the paper and of the importance of the subject treated of in it. Dr. Cameron had spoken solely of workhouse hospitals and dispensaries; but he (Dr. Moore) had only too good reason to believe, from his experience as physician to one clinical and one special hospital, that a supply of drugs deficient in quality was by no means restricted to the institutions connected with the Poor-law Medical Service. He instanced two cases—one of them had lately occurred in his own practice at the Meath Hospital—in which patients had been exposed to danger through the varying strength of tincture of opium. Dr. Harvey, his colleague at Cork Street (Fever) Hospital and he were so impressed with the uncertainty of the quality of some of the drugs supplied to that institution, that they had sought and obtained permission from the managing committee to submit such drugs for examination by a competent analyst from time to time. As a clinical teacher, Dr. Moore maintained that in the interest of the patients and of medical students alike, the purest, and if need be, the costliest drugs should be provided by the governing bodies of hospitals, regardless of expense. Otherwise, physicians would be misled as to the value of remedies; students would be educated with erroneous views as to the properties and doses of drugs; and, worst of all, the sick and dying might fail to obtain that relief or succour which they had a right to expect at the hands of their medical attendants.

Dr. JACOB desired to offer a few observations upon the method proposed by Dr. Cameron to provide a remedy for the state of affairs revealed by him. The Society need not, he thought, occupy itself in debating the existence of the evils and abuses referred to, for it had been for years notorious that the system of drug supply to the Irish sick poor placed a premium upon adulteration and trade fraud, and it was more than suspected that, speaking generally, the medicines supplied under the contract system to workhouses and dispensaries were dishonest and ineffective. The proposal made by the Local Government Board some years ago, viz., to establish a monster central medicine factory, with a salaried official as supervisor, was deservedly unpopular, because it was an unnecessary, and therefore unconstitutional, interference with trade, and with the functions of boards of guardians, and did not atone for these faults by a promise of producing the desired effect. Dr. Cameron's proposition for a central store was not open to these objections, because he did not propose that the Local Government Board should do more than supply themselves by contract from private houses, test the purity of the drugs so supplied, and then execute the orders of the boards of guardians. Thus, the drugs would be, so to speak, filtered by the Local Government Board on their way from the drug contractor to the union, and he (Dr. Jacob) considered such a proposition quite practicable, and, so far as it went, likely to be quite effective. But it did not go as far as he would wish, for he had to remind the Society that it was not sufficient that the drug should reach the union or dispensary in pure and efficient condition. Their object would be only half obtained if they did not ensure that the drug would be properly preserved and properly issued to the poor; and he (Dr. Jacob) did not see how this could be achieved by any other means than a proper inspection of union and dispensary pharmacies. What advantage would be gained by sending to a union a pure supply of a decomposable drug if that supply were thrown into a gallipot without a cover, or a bottle without a cork, and placed on a shelf in the miserable damp shed which, in many districts, serves the purpose of a dispensary house? Of what benefit would be the initial purity of such an article if it were kept in such a condition for months, or even years, until all its virtue had departed? To speak plainly, while he (Dr. Jacob) was well aware that the drug contractors needed to be watched, he was also

pretty certain that the boards of guardians needed to be looked after to provide moderately decent, clean, and dry dispensary houses, and that the medical officers now and then would be all the better for a little vigilance to stimulate them in carefulness respecting the custody of their medicines. He thought that, not only the purity of drugs, but their care and preservation, could be most certainly secured by the method proposed by the Irish Medical Association, *i.e.*, a peripatetic drug inspector for each province in Ireland, who would flit from dispensary to dispensary, take samples when he suspected impurity, and keep the guardians and the doctor on the *qui vive* by an occasional report to the Local Government Board. Four such officers, costing about £1,500 a-year, with a central analyst to test samples, would serve every purpose, and not in the least interfere with free competition, or with the privileges of boards of guardians. If, however, such an arrangement could not be obtained, he would highly approve of Dr. Cameron's proposal.

Dr. PEELE, in the course of a few remarks, stated that he approved of the plan sketched out by Dr. Cameron as to the desirability of establishing a central depôt for the supplying of drugs to the various Poor-law medical departments. He was frequently disappointed with the action of the commonest drugs, and cited instances in support of his statement.

Dr. C. F. MOORE said: Mr. Chairman,—The purity of drugs occupied my attention on my visiting several parts of the East, when, through the kindness of merchants at Smyrna and Constantinople, and in Egypt, I was enabled to obtain specimens of scammony, opium, &c., of absolute purity. Indeed, the scammony, which resembled a beautifully clear resin, was considered unique in its perfect freedom from impurity by the most eminent experts connected with the Apothecaries' Societies of London and Dublin. I was also enabled to bring to these islands several roots of scammony before their use was ordered by the Pharmacopœia in the preparation of scammony resin. I have found important medicines, such as tinct. opii, liquor plumbi subacetatis, &c., vary much in strength, so much so that I endeavour to avoid the use of remedies which I have found of uncertain strength in dispensary practice. I consider the subject introduced in the able paper of Dr. Cameron of the highest importance in every point of view.

Surgeon H. G. CROLY, F.R.C.S.I., Dr. FERGUSON, and other members present having spoken, and agreeing with Dr. Cameron, the President, the following resolution was proposed and passed unanimously, viz.: Resolved—"That this Society is of opinion that the facts disclosed in the discussion, and confirmed by ample experience, call for the attention of the profession, the public, and the responsible Government Department, and this Society believes that the proposition for a Central Drug Store, coupled with proper inspection of pharmacies, and with competent analysis, would effectually remedy the evil in question."

The meeting then adjourned.

Effects of Medical Legislation in America.—From the Medical Register of the Illinois State Board of Health, for 1880, it appears that the total number of practitioners in the State, when the law regulating the practice of medicine came into effect, July 1st, 1877, was about 7,400. Of these only 3,600, or less than one-half, were graduates or licentiates, the remaining 3,800 being unqualified practitioners. The graduates and licentiates at the present time number 4,825, and the non-graduates 1,500, or, in other words, the number of qualified practitioners has increased by about 1,225, while the number of unqualified practitioners has decreased by 2,300, which gives a diminution in the total number of practitioners equal to 1,075. The number of itinerants in the State in 1877 was 73; in 1880 only nine. The number of cancer doctors in 1877 was 23; in 1880 only four.

Sanitary Work in Russia.—A paper published at St. Petersburgh, called the *Golos*, said that the order to disinfect districts where diphtheria is rife, by burning sulphur in the houses after closing them hermetically, meets with great opposition in Russia, the peasants regarding it as a profanation. The mortality among the children does not seem to distress the peasantry very much, since a good many are left and more are coming. In many cases the sanitary agent is unable to get into the house, and but for the police, a Sister of Charity engaged in sanitary work would unquestionably have been burned alive on a pile prepared for her.

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"SALUS POPULI SUPREMA LEX.

WEDNESDAY, NOVEMBER 3, 1880.

A NEW SOCIETY.

THE number of societies devoted to the interests of medicine and medical science in London, already considerable, has been yet further increased by the foundation of the "Ophthalmological Society of the United Kingdom," the first ordinary meeting of which, held on Thursday evening, we report on another page. The need for a special association of this kind may not, at first, seem forcibly apparent; it might be urged that the subjects akin to it were as well and as fully considered at one or other of the several meetings, held throughout the winter months by the Medical, Clinical, Medico-chirurgical, and other societies, and that the spirit of unwisdom has suggested an addition to the calls at present made on the spare time of the hard-worked practitioner. For the well-informed physician and surgeon, who is ambitious and fired with eager desire to do the utmost possible good, professionally, must needs be present at society meetings, if he would keep himself *au courant* with the rapid progress in the science and practice of his art, the records of which are communicated at these réunions; and, as their number is multiplied, so does it become more and more difficult for even the best intentioned inquirer to fulfil the pressing demands they make upon his leisure. On grounds of simple expediency this reasoning has some weight, but in the light of higher considerations it must yield before the overpowering advantages derived by those who are able, it may well be at great individual sacrifice, to avail themselves of the benefits that do unquestionably follow from inter-communication between themselves and the leaders in develop-

ing the resources of the practitioner. In this particular connection the new society of ophthalmologists has commenced its career of usefulness under the happiest auspices. Presided over by one whom the whole medical world is delighted to honour as among the highest living authorities in all matters connected with the eye; with a council composed of gentlemen who have achieved individual renown in the specialty they represent; and with a roll of members which already includes the names of surgeons distinguished in the three kingdoms for their skill and attainments, there is every indication favourable to the realisation of the best wishes of those to whom the origin of the association is attributable. We are glad, too, to be able to congratulate the founders of the society on the readiness with which they have amended the weakness of its constitution as at first proposed. We pointed out in July last, that a society styling itself "of the United Kingdom," could not rightly be officered by gentlemen of one nationality alone; this oversight has been remedied by the introduction on the council of three additional members, and, as it stands at present, it may be accepted as fairly representative, although there is still some appearance of metropolitan preponderance. Defects of this kind, however, may be trusted to be self-adjusting, and we do not hesitate to welcome the young society, with the full assurance that it will redeem in full the promises held out at its initiation.

The character of the work that is to be accomplished by it was well illustrated at the meeting on Thursday. Pursuing a plan which is admirably calculated to encourage the best kind of work, *i.e.*, the *practical* and actual study of disease, the council have judiciously decided to devote the early portion of each meeting to oral descriptions of exhibited cases, and to invite short discussions on them. If we may quote from the result of the first attempt made in this direction, the plan is likely to prove highly successful; and certainly the interest excited by this feature of the meeting is a gratifying proof of its value. Dr. Gowers and Mr. Nettleship were the exhibitors of cases illustrating the progress of optic neuritis. The discussion following the description of each patients' condition, brief though it was, sufficed to show characteristically how much benefit will accrue from the continuance of a plan from which we may unhesitatingly predict large benefits to ophthalmic medicine. In another way, too, proof of the real intentions of the society was afforded at it earliest meeting, viz., by the unanimous approval of a suggestion introduced by the president as chairman of council, to the effect that a committee should be appointed to memorialise the Board of Trade on the practicability of preventing accidents arising from the existence of colour-blindness in those whose duties are thereby discharged at the public risk. If this proposition results in any definite undertaking to secure greater public safety, then, indeed, the young society will have established a claim, not only on the gratitude of the medical profession, but on that, also, of every traveller by sea or land; and that its best efforts will be employed in this direction we cannot doubt, nor that this first attempt at doing good is but an earnest of that which it may be confidently expected to accomplish.

The greater part of the time of the first meeting was occupied by the reading and discussion of a paper by Mr. Jonathan Hutchinson on "A Case of Intra-ocular Hæmorrhage," and though the termination of this left no opportunity for further work on that occasion, there were two other communications of high interest on the board.

We are little given to hazarding an opinion on the future of any association, but there seems a fair prospect that the Ophthalmological Society will prove a boon rather than a mere addition to the time-calls of the medical man. That there is work for it to do, and work in plenty, the evidence afforded by the numerical strength of its ranks already would indicate, even though we had not the assurance which is brought home to the conviction of every working practitioner. The study of ophthalmic diseases ought to be an important part of the student's curriculum, and, educationally, a greater impetus will be given by this society to its fuller appreciation than would accrue from fifty "recommendations" of the General Medical Council. Of course, every qualified man cannot be a thoroughly-skilled ophthalmic surgeon, but he can be, and ought to be, so familiar with the influences exerted on and through the organs of vision by derangements of other parts of the human system, that he may unhesitatingly recognise the mutual reactions to which they give rise. That this is not generally true, at the present time, needs no special demonstration; and whatever will aid the better general education of our students in the universal science of medicine should be, and will be, welcomed as an instrument of progress.

Notes on Current Topics.

London Shilling-a-Week Dispensaries—A Revelation.

Some weeks ago the Editor of this journal undertook to interview the applicants for a medico-pharmaceutic appointment which had been advertised as vacant, and thus, had occasion to make the acquaintance of a large number of all sorts of down-at-heels unemployed practitioners. Amongst them came a rather spruce-looking, very talkative young man, ornamented with much of what the jewellers' advertisements call "aluminium gold." His family's health, he said, had obliged him to abandon a lucrative general practice in London, and he was disposed to "open" in the same line elsewhere—capital being ready in any reasonable amount. Inquiry being made as to what his "line" had been, he communicated, without the least reserve, and apparently without any notion that there was anything to be ashamed of in his confession, the following description of his method of livelihood. He had kept, he said, a Shilling-a-Week dispensary at which all comers received seven days' treatment and seven days' physic for that emolument; the fee for a visit at patient's home being 1s. 6d. To push this line of business he paid a bill-sticker three shillings a-day for posting bills in all the public urinals, by the agency of which documents our friend the doctor—under a false name—threatened all readers with perdition, physical, moral, and sexual, if they did not obtain his priceless advice and invaluable medicine. Did it pay? we

asked. "Certainly, never less than £1 a day, often £5." What kind of people came? "Always country people, with hardly anything the matter with them." What value, we then asked, did you give them? In reply to which inquiry we were told that the usual course was to give four bottles, all of the same material, but differently coloured and flavoured and labelled only with numbers, and that the patients seldom or never came back for further treatment.

We ventured to opine that this line of practice would hardly suit our requirements, and that the dispensing of prescriptions for other practitioners was the *desideratum*. This line of practice, our interviewer said, would not suit him at all. Why? "Oh!" he said, "he would rather keep no medicine but what he required for his own patients." Again we asked Why? "Because," he answered, "if I made up other peoples' prescriptions I should have to keep good medicines to suit them, but if I confine myself to my own patients I can prescribe what I please to suit myself."

All this confession was perfectly *naive* and straightforward, and our interviewer obviously thought that his line of business was quite honourable and proper, if only it could be made to pay.

Partial Tenotomy of the Muscles of the Eyeball in Progressive Myopia.

THE true explanation of the development of myopia from posterior staphyloma has, in Dr. Abadie's opinion, been found by Dr. Emmert (*Le Progrès Médical*). That gentleman has shown that when the eyes are strongly directed inwards, the external rectus muscle presses indirectly on the optic nerve, pushing it inwards through the medium of the fatty cellular contents of the orbital cavity, which are compressed between the muscle and the nerve. This pressure, which is exercised on the ocular insertion of the optic nerve, at each movement of convergence, tends to produce separation and thinning of the coats of the eyeball at the attachment of the sheath of the optic nerve, with the usual appearance of posterior staphyloma.

Graefe found clinically that insufficiency of the internal recti is often associated with the development of progressive myopia, showing itself at first by muscular fatigue during near vision (muscular asthenopia), then by *dynamic* strabismus, *i.e.*, outward deviation *during* near vision, and finally, in an extreme degree of myopia by constant outward strabismus and monocular vision.

Graete recommended and practised tenotomy of the external rectus for the fully developed form of the complaint. In the early stage of the disease, whilst the divergent strabismus is still but slight, Dr. Abadie proposes a partial tenotomy, dividing all but a few of the central fibres of the tendon, the object being to merely weaken the external rectus.

The operation has been several times performed by him for myopia, and even in emmetropia for insufficiency of the internal recti with relief to the muscular asthenopia, for which prismatic glasses had been used without benefit. The operation might likewise prove useful in diplopia arising from incomplete paralysis of muscles without apparent strabismus.

Hospitals for Paying Patients.

THE pay hospital scheme has now been before the public sufficiently long for it to have become familiar to most people, in principle at least. How far it is likely to receive the approval and support of those for whose convenience it is intended, remains to be seen. There should, however, be little difficulty in obtaining for small private hospitals an amount of appreciation which shall render their continuance possible. There are in and about London numerous neighbourhoods so far removed from a general hospital, that in cases of sudden emergency it becomes a very serious question how to properly provide for the welfare of patients accidentally injured, or suddenly stricken with disease. This want has been met at Wandsworth, a spot four miles from St. Thomas's, the nearest general hospital, by the conversion of a convenient family mansion, known as Bolingbroke House, into a completely appointed hospital capable of accommodating fifty patients. It is intended to extend the advantages of this institution to all who are willing to pay for the benefits attending regular treatment and nursing, the charges to be made in accordance with the position and means of the applicants for admission. A minimum fee of two guineas per week is, however, named as the lowest remunerative charge. That this new institution will do good cannot be doubted, and especially is it to be welcomed for the reason, as its prospectus suggests, that "It often happens that a man who could not, without loss of self-respect, accept the position of an in-patient in a purely charitable hospital, and whose means are yet not sufficient to provide the constant and skilful care and treatment which the sickness requires, would gladly secure the benefits of an hospital for himself, or for his wife or child, on a moderate weekly payment." The Bolingbroke Pay Hospital meets a necessity of the time, and with the guarantee of the names of those forming its President and Committee of Management, it may be confidently expected to do a large amount of good in its locality. We wish the undertaking every success.

The Position at Guy's.

VAGUE uncertainty is the ruling feeling with respect to the consequences which the "giving way" policy adopted by the staff at Guy's Hospital have brought on that devoted charity. Spite of Dr. Pavey's assertions addressed to a contemporary, that the staff have triumphed so far as to have been able to retain the services of a sister marked for discharge, it will hardly be felt that this indicates the restoration of that dignity which the profession of medicine has a right to call for recognition of, in those who are its lay members. Ungrateful as the task must be, we cannot refrain from insisting on that we have again and again uttered, viz., the staff of Guy's has been grievously wanting in a proper defence of the greatest interests of medicine, by pursuing the self-stultifying course they adopted under coercion from the governing body. Whatever the immediate and personal consequences of a straightforward, right, and manly determination to resist the ascendancy of ignorance and officialism, they should have persisted in it to the end that they might not bring discredit on the profession they represented. As it is they have alienated the sym-

pathy that would have been their's without limit, and have won for themselves doubting consideration in place of trusting confidence. The whole pitiful scandal is a miserable study of weakness on one side, arrogance on the other, and shows most plainly the crying necessity for Parliamentary interference in readjusting the relations borne by medical and lay officers in hospital management.

Preliminary Examinations in America.

THE *Detroit Lancet* has examined the catalogues of sixty-three regular medical colleges for 1880-81. Of these only fifteen advertise any preliminary examination. The nature of this examination may be termed definite in six of the announcements, and indefinite in nine. As a type of the definite, it quotes the examination at the Medical Department Yale College :—

1. Mathematics—algebra to quadratics ; Euclid, two books ; metric system of weights and measures.

2. Latin, translation of easy prose, or of Virgil's Æneid.

3. Physics—Balfour Stewart's "Elementary Physics," or any equivalent work.

As a type of the indefinite preliminary examination, it quotes from the catalogue of the Medical School of Maine : "Candidates for matriculation will be examined, to give evidence that they possess a good English education."

The colleges advertising a definite preliminary examination are :—Harvard, Yale College, Bellevue Hospital, University of Pennsylvania, Michigan College and Detroit College.

The colleges advertising an indefinite preliminary are : —Maine, Dartmouth, Albany, Howard University, Michigan University, Chicago College, Medical College of the Pacific, Women's College, Chicago, St. Louis College.

In three of the colleges it is stated that applicants failing to pass the required examination may be conditioned, as is the custom in literary colleges.

Provident Dispensaries.

THAT well-regulated, efficiently and honourably conducted dispensaries for the poor, at which those of humble means are able to receive medical aid without submitting themselves to the stigma of charitable and gratuitous relief, are a public boon, we have long contended ; and that such institutions can be made remunerative undertakings has been sufficiently demonstrated in our columns. We are therefore glad to notice that the Annual Report of the West Cheshire Provident Dispensary indicates a satisfactory amount of success in its working for the year ending the 30th of last month. During the 12 months 1,027 members have received benefits from the dispensary, and the committee have been enabled to considerably reduce the pecuniary liabilities under which they were labouring. The desirability of multiplying *bona fide* establishments of this kind need not now be insisted on. They will help to relieve the pressure on the general hospital out-patient department, and at the same time create a better feeling of independence in the breasts of the poorer classes, who but for them are compelled to seek gratuitous advice. The extension of real provident dispensaries will do only good.

Colour Blindness.

THE Ophthalmological Society of the United Kingdom has commenced its active life in a most promising manner. Its first meeting was held on Thursday last, and was completely successful. That it does not intend to be a mere passive agent in the spread of certain science, is proved by the fact that among its earliest proceedings was the appointment of a committee to consider the subject of colour blindness in its relation to public dangers. This committee will be instructed to memorialise the Board of Trade on this question, and to suggest to it the necessity of taking steps to remedy the evils consequent on the prevalence of this form of disease among those engaged in the chief services, such as railways, river and sea traffic, &c. That a proportion of those engaged in transport service are found to be affected with Daltonism is true, and also that all precautions at present employed do not succeed in entirely weeding them out ; while that the possibility of grave harm resulting in consequence admits of no denial. The importance of the step taken by the Ophthalmological Society in this respect cannot, therefore, be overrated.

The Voice.

AT a very recent meeting of the Academy of Medicine of Paris, Dr. Krishaber read a very interesting communication detailing his experimental researches on the voice, especially with reference to the intensity of sound. The paper terminated with the following conclusions :—1. The vocal cords, generators of sound, when isolated, produce only very feeble sounds, the musical value of which it is difficult to determine. 2. The intensity of these primary sounds produced by the vocal cords is powerfully reinforced by the pharyngo-buccal and pharyngo-nasal cavities which act as resonators. 3. The vestibule and ventricles of the larynx have no influence on the intensity of the sound in the animal used in the experiments, whose larynx greatly resembles that of man. 4. The voice owes its characteristics of "timbre" to the same sources as those of intensity with this difference, that the timbre of the voice is especially determined by the bucco-nasal cavity, and its intensity by the pharyngeal cavity, the amplitude of which consequently is one of the most essential conditions of the power of the voice.

The American Association for the Advancement of Science.

THE twenty-ninth annual meeting of this body was held at Boston at the end of August, and proved very successful, nearly a thousand persons having been present. Several members of the medical profession who have distinguished themselves in physiology and other sciences were made Fellows, and a section in biology has been created. The *New York Medical Record* (September 18), after commending the addresses of Prof. Agassiz on the Echinoderms, and of Prof. le Conte, before the Entomological Club, observes—"Taken with other recent scientific contributions, including especially the work of Prof. Huxley 'On the Cray Fish,' they show a certain change of attitude, which naturalists are now assuming, on the subject of the development of vegetable and animal forms. There was a time, not long ago, when every voice

was strident in advocacy of evolution. Now, evolution is received as an established fact, and scientific effort is directed in explaining the many difficulties that lie in the way of the special applications of the hypothesis. This is the better and truer spirit; for, to increase our knowledge, we need research, not polemics."

The Value of Various Diuretics.

Dr. Marnel, in a paper recently published in the *Bulletin de Therapeutique* on the different diuretics arrived at the following conclusions :—Nitrate of potash uncertain with respect to the quantity of fluid, increases the amount of solids eliminated in a marked degree. The most active doses seem to be from 4 to 6 grammes (60 to 90 grains). Chlorate of potash, less active than the nitrate as regards the solids, acts more on the quantity of water, which it increases considerably. Acetate of potash is uncertain both as to water and solids. Iodide of potassium seems to diminish the urinary secretion. Salicylate of soda, uncertain as to the water, increases the amount of solids. Of the three vegetable substances experimented with, digitalis, colchicum, and squill, the first alone is truly diuretic. It increases at once the amount both of water and of solid matters. Tincture of colchicum is almost without action on the urinary secretion. The same holds good respecting tincture and oxymel of squill, which were remarkable for their great diversity of results. Altogether the author does not believe much in diuretics.

The Physiological Action of Conium Maculatum.

In a communication to the French Academy of Science in 1879, Drs. Bochefontaine and Tiryakian expressed their opinion that conium maculatum contained two active principles endowed with different properties, conine, conicine, or cicutine, paralysing the central nervous system, and the other acting almost like curare. A salt prepared from hemlock by M. Mourrot, hydrobromate of conine, gives results similar to those of conine.

Dr. Bochefontaine has recently, through M. Gosselin, presented a further note on this subject to the Academy of Sciences (*La France Medicale*). According to this, conine is absorbed by the mucous membrane of the digestive organs, for after having been given in solution to several individuals it caused general weakening and disappearance of violent pain in the stomach. Conine diminishes or abolishes the physiological properties of the nervous centres before acting like curare on the nervo-muscular connective substance (Vulpian). Dr. Bochefontaine thus summarises the comparative action of hemlock and curare : hemlock may act like curare, but it produces besides physiological effects not observed in animals under the influence of curare.

Removal of Nævus.

Dr. Sigler states, in the *Pharm. Centralb.*, that nævus may be removed by means of croton oil, in the following manner :—Push a number of needles through a cork, so that the points project 3 to 4 millimetres. Dip the points in croton oil, then insert them in the mole and withdraw. This is a sort of Baunscheidtismus. A scab will form upon the mole; and after it has dried up and dropped off the operation is twice more repeated.

Landlordism and Labourers' Dwellings.

Out of the mass of falsehood and bosh which is daily served up for Irish "Nationalist" readers, we exhume the following statement :—

"As the law stands at present the owners of property are unable to give in most cases leases for a long term of years without the consent of the next heir, and as the term which they can give is too short on which to build mechanics and labourers' cottages with any prospect of being recouped for the outlay, it is the means of deterring builders from attempting to supply a great want—that is, comfortable and healthy dwellings for our labouring classes. I could point out some hundreds of fertile acres which are now almost lying waste—the owner of which is an absentee—adjoining a town, the mechanics and labourers of which are the most rack-rented and miserably-housed persons in Ireland. The landlord will not build mechanics cottages, and he alleges his son's marriage articles prevent him from giving long leases."

We have reason to know that with regard to certain localities there is truth in this statement, and it is to be hoped that, in the coming Government Land Bill, some method may be found by which landlords may be empowered to grant building leases for the accommodation of the artizan population.

Assaulting the Prison Doctor.

At the Westmeath Quarter Sessions last week Eugene White was charged with assaulting Dr. Middleton, physician to the gaol. The doctor swore that on the day in question he was in his consulting room, and the prisoner came in; he dealt the doctor a severe blow on the head with a stone which he held in his hand; the blow was so severe that he fell over. The prisoner then rushed at him and tried to strike him, but was prevented. The prisoner was sentenced to nine months' imprisonment and hard labour.

The Medical Society of the College of Physicians of Ireland.

The election of twelve Councillors of the Society took place last week at its first meeting for the session. Drs. Benson, Churchill, Fitzpatrick, Finney, Foot, Gordon, Grimshaw, Harvey, Hayden, H. Kennedy, J. W. Moore, and J. M. Purser, were chosen. Drs. MacSwiney, Little, and Walter Smith were not elected. Dr. Alex. Nixon Montgomery was chosen Hon. Sec. in place of Dr. G. F. Duffey, resigned.

The Irish Certificate System.

We understand that at its first meeting in October the King and Queen's College of Physicians resolved that in future no certificate should be accepted as a qualification for the license of the College unless it sets forth the actual number of lectures attended by the holder of it. We highly commend this praiseworthy attempt to define more accurately the "diligent" attendance which each candidate is supposed to put in.

Melancholy Death of a Doctor.

Last week whilst Dr. Burns, of Tandragee, a gentle-

man well known in the district, was at luncheon, a piece of meat stuck in his throat and obstructed the passage. Assistance was immediately rendered, but the obstruction was not removed, and death ensued in a few moments. The coroner held an inquest, and a verdict of accidental death was returned by the jury.

Congenital Absence of the Spleen.

Drs. Kock and Waschmuth, of Altona, cite in the *Berl. Clin.*, 1879, the following unique case observed in the hospiall of that city. Patient, æt. 49, male, attacked with typhoid fever, when confirmation of the diagnosis was attempted by percussion over splenic region; it was impossible to obtain dulness. The patient died, and at the autopsy no trace of spleen could be found; the splenic artery being also absent. The other abdominal viscera were normal.

The Victoria Cross.

Lieutenant Robert George Scott, of the Cape Mounted Rifles, on whom Her Majesty has recently conferred the Victoria Cross for conspicuous bravery in action when both his hands were badly shattered by the untimely bursting of a grenade he was throwing, is the son of Robert Charles Scott, M.R.C.S.E., retired Fleet Surgeon, Royal Navy, and nephew of Sir Edmund Burrows Sinclair, M.D., of Dublin.

Typhus in Dublin.

We regret to learn that sporadic cases of a most virulent form of typhus are being reported in Dublin, and that a frequency of the disease amounting almost to an epidemic has been noted in Cork Street Fever Hospital, the centre of infection being apparently the North Dublin Union.

Her Royal Highness the Princess Christian formally opened the new Hertfordshire Convalescent Home at St. Leonard's on Thursday last. The building contains between forty and fifty beds, and starts free of debt.

The election of Regius Professor of Physic in the University of Dublin takes place on the 10th. On the same day the Septennial election of a Professor of Surgery will take place, when, no doubt, Dr. Edward Bennett will be re-elected *non dis.*

The death-rate per 1,000 last week from the seven principal zymotic diseases in the large towns, ranged from 2·1 in Birmingham, Leeds, and Plymouth, to 6·7 and 7·6 in Salford and Leicester. Scarlet fever showed the largest proportional fatality in Dublin, Sunderland, Liverpool, and Leicester; and measles in Leicester. The highest death-rate from fever (principally enteric) occurred in Portsmouth, Brighton, and Salford. Diphtheria caused 11 deaths in London, 3 in Liverpool, and 2 in Bradford. Seven fatal cases of small-pox occurred in London, one in Dublin, but not one in any of the other large towns.

In the principal foreign cities, the rates of mortality, according to the most recent weekly official returns were, in Calcutta 22, Bombay 32, Madras 34; Paris 24; Geneva 17; Brussels 24; Amsterdam 19, Rotterdam 20, The Hague 22; Copenhagen 17; Stockholm 29; Christiana 24; St. Petersburgh 33; Hamburg 21, Dresden 22; Breslau 24, Munich 31; Vienna 20, Buda-Pesth 32; Rome 30, Naples 26, Turin 20, Venice 19; Lisbon 37; Alexandria 46; New York 25, Brooklyn 22, Philadelphia 16, and Baltimore 17. Small-pox caused 17 deaths in Paris and 16 in Rome.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

The Health of Edinburgh.—For the week ending with Saturday, the 23rd October, the mortality in Edinburgh fell from 117 to 67, leaving the death-rate at 16 per 1,000. While chest diseases accounted for 30 deaths, scarlatina proved fatal in 15, as against 20 cases in the preceding week.

Death-rate of Glasgow.—The Glasgow death-rate for the week ending with Saturday, the 23rd October, was 20 per 1,000 of the population per annum, against 21 in the previous week, and 18, 21, and 23 in each of the corresponding weeks of 1879, 1878, and 1877.

Dr. Low's Latin and Greek Class, 1854-59.—The annual dinner of this class of the Glasgow High School took place on the 26th ult., in Messrs. Ferguson and Forresters, under the presidency of Dr. Campbell Black. We had the pleasure of inserting last year the somewhat unique Latin menu card. On the present occasion the Greek language was employed for this purpose.

The Evolutions of Organisation.—At the opening of the winter session last week at the Glasgow University, Professor Cleland, F.R.S., delivered a thoughtful address on this subject, which will well repay perusal. The address will be found in another column.

University of Edinburgh Medical School.—Professor Turner is always learned in his utterances, and though his address at the opening of the New Anatomical Buildings in the University last week, contains nothing startling, his "Rise and Progress of the Edinburgh Medical School" will be read with considerable interest by the many thousands who claim Edinburgh University as their Alma Mater. The address will be found in another column.

Glasgow Western Extra-Mural Medical School.—The winter session of this school was inaugurated on Tuesday last week with an opening address "On Recent Progress in Surgery," by Dr. Knox. Dr. Scott Orr, president of the Faculty of Physicians and Surgeons, who occupied the chair, said, in opening the proceedings, that he had great pleasure in presiding, because the movement was one which deserved encouragement, and he trusted that, like a cluster of ivy, it would spread its branches all around. He had reason to know that the Faculty and the authorities in the University had been alive to the fact that an extra-mural medical school should be opened near the University; and so far as Edinburgh was concerned such a course had been very successfully pursued.

Adulteration in Glasgow.—At the opening of the winter session of the Royal Infirmary Medical School last week, Dr. Clark, the Lecturer on Chemistry in the Medical School, and public analyst for the city, delivered the opening address, taking for his subject "Adulteration," in the course of which he reviewed the various Acts for preventing the adulteration

of food and the work done under them, both in Glasgow and the United Kingdom.

ANDERSON'S MEDICAL COLLEGE.—The winter session was opened on Tuesday last week with an introductory address by Professor Dittmar, F.R.S.E., the subject chosen being "Respiration."

Obituary.

DR. JOHN HOGG.

ON the 18th October, at 25 Connaught Square, Dr. John Hogg, who has been in practice in London more than half a century, died at the age of seventy-seven. Deceased obtained his Edinburgh degree of M.D. so far back as 1827. He was the author of a series of "Chemical and Medical Tables," "The Health and Habits of the Inhabitants of London," and "The Prevention of Consumption."

For many years a pitiable martyr to rheumatic gout, Dr. Hogg found it necessary to abandon practice at a comparatively early age, otherwise his undoubted abilities and his kindly disposition might have been turned into a career of great professional success. Besides two daughters he leaves two sons, one a surgeon-major, the other a major in the army.

DR. FRANCIS JOHN WEST.

WE have to record the death of Francis John West, Esq., M.D., Resident Medical Superintendent of the Omagh District Lunatic Asylum, which took place at the asylum on Saturday week, in the sixty-ninth year of his age.

Dr. West had been in charge of the Omagh District Asylum since its erection in 1852, and although the responsibilities of that charge increased from year to year until at length, in point of size, the Omagh Asylum stood third in Ireland, the institution ranked throughout as one of the most successfully managed in the kingdom. From the blue books issued by the Government from year to year, it has been seen that the percentage of recoveries was always most encouraging, the death rate uniformly low, not a single evidence of complete efficiency missing, and that yet the cost per head had been lower than in any other asylum in Ireland. To those with whom Dr. West associated, he was known as a genial and warm-hearted friend, most hospitable in his own dwelling, and the soul and centre of every circle in which he was found, while to the general public he was most attentive, courteous, and obliging. Especially, however, does this great sorrow press upon the bereaved home-circle, and to Mrs. West and family we respectfully offer our earnest sympathy.

The funeral took place on Wednesday, and was attended by a large number of the gentry and inhabitants of the neighbourhood.

Literature.

THE PRACTITIONER'S HANDBOOK OF TREATMENT. (a)

THIS is a second edition of a work, the scope of which may be said to embrace the philosophy of medicine. The idea of the author in elaborating his subject was first to give the physiology of each subject, then to review its pathology in so far as these bear upon treatment, next to examine the action of remedies, and finally to facilitate the labours of the practitioner by giving him examples of well-concerted prescriptions. Something of this kind appears to have presented itself to his mind as a result of his own observations, for he alludes deploringly to the circumstance that notwithstanding the many and great advances that of late years have been made as regard the investigation and diagnosis of morbid action there exists an impression, "that the highly-educated medical men of the present generation are not more successful in practice than their less accomplished, but more practical predecessors," the reason of this being the fact that "we attach an exaggerated importance to one series of facts, and under-estimate the value of others — that diagnosis is merely physical rather than genuine."

In actual treatment of a patient he lays stress upon the necessity for personal diathesis, as well as individual conditions, sanitary or insanitary, being duly considered; also upon the evils attending "unilluminated empiricism" as distinguished from "an intelligible and intelligent plan."

But in order to give a really correct impression of his manner of treating particular subjects, the shortest and best plan is to summarise his own remarks. On the subject of blood and specific poisons he expresses himself to this effect: A blood poison being received into the system there does not follow a separate group of symptoms and changes, though pyæmia and erysipelas possess some fairly special characteristics; the tendency is ever towards an asthenic type of pyrexia; there is rapidly advancing adynamy; the progress of these cases is swift, and a fatal issue but seldom averted. Whether the "infected poison" in such cases consists of a decomposing article wafted from the putrefying material of our organism, or "some body form of life, bacterial or other," is a question to which he rather alludes than discusses, more particularly in relation to the subject of antiseptics. Among the characteristic symptoms of blood poisoning he enumerates petechiæ, vibices, hæmorrhages, general fluidity of blood, and poisonous properties of blood, colliquative diarrhœa, and proneness to decomposition; but, on the other hand, we cannot forget the fact that characters in all respects like these occur in epidemic yellow fever in the West Indies, the propagation of that disease on such occasions being untraceable to any other cause than that very indefinite one to which we assign the name of *epidemic influence*. He would appear to adopt the theory that "malarial poison" is an actual entity; the results in man of that entity, intermittent and remittent fevers, and dysentery. The "poison," itself, "is produced in swamps, fens, marshes, jungles, &c., and at Hong Kong from disintegrating granite," and so, doubtless, it is. But explanation is not forthcoming as to the prevalence of these same diseases in localities where the existence of *malaria* as such is impossible. He believes in the malaria-destroying power of *pinus* and eucalyptus, but the circumstance is not alluded to that the natural *habitat* of those genera of trees is in healthy localities; that eucalyptus is not by any means the only tree, the planting of which conduces to the healthiness of marshes, nor is it the only plant that does so, see, for example, thistles near Rome, sunflowers in South America; nor is the additional part recorded that in certain places in India no such good effect has occurred from the Australian gum-tree. It would, of course, be impossible, were it within the scope of the work in hand, to enter into such inquiries as are here indicated, but the remarks now made arise naturally from the work before us.

On the subject of fevers his remarks are of great value, alike when the result of his personal observation, and from the comparison between works of authors who have studied that large and important class of disease in foreign countries He remarks on this subject that as typhus fever follows overcrowding—as typhoid or enteric it forms the Nemesis of sanitary negligence; as exanthemata it is the plague of our youth; as relapsing it hangs round periods of famine; as *malarial or climatic* it prevails on the Gold Coast and the Gulf of Mexico; it occurs as hectic in the consumptive, and as surgical fever and pyæmia in other cases—the evident deduction being that the author believes in the unity of fever. He observes that a prolonged high bodily temperature will *occasion* that state known as typhoid *condition*; but is it not rather that the condition thus named occurs simply as a cessation of that state of hyper-pyrexia, of which increased temperature is itself an effect, in the same way as any other of the characteristic phenomena, or, to use a very ordinary simile, the cooling of the embers as the fire

(a) "The Practitioner's Handbook of Treatment, or the Principles of Therapeutics." By J. Milner Fothergill, M.D. London: Macmillan & Co. 1880.

becomes low. This view would seem to derive support from the extract the author gives from Dr. Tweedy at the page we quote (85). The expression "typhoid condition" is frequently made use of in that and the succeeding pages; it is stated that "from its frequent occurrence in *specific fever* it has acquired the name *typhoid condition* and was once supposed to be found solely in specific fever." Da Costa's view is quoted that "no blunder is more common than to misconstrue into *typhoid fever* or *typhoid condition* of the system," nor can we help thinking that the distinction herein drawn is of very great practical importance. But space limits our remarks, therefore we can do no more than express a hope that the work before us may be extensively read and pondered over, as its great merits entitle it to be.

Literary Notes and Gossip.

THE American Neurological Society offers 500 dols. for the best essay upon the "Functions of the Optic Thalamus." The essays are to be sent in before the meeting of the Society in 1882.

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WE have referred back, and fail to find such a dearth of new books in medicine and surgery, during the publishing season of October as in that of 1880. A score or two of new books and new editions has hitherto been a not uncommon occurrence. A reference to another part of this column will show that the new ventures are almost *nil*.

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THE subject selected by the Statistical Society for essays in the competition for the Howard medal and prize of £20 for 1881 is "On Jail Fever from the earliest Black Assize to the last recorded Outbreak in Recent Times." Essays must be sent in before June 30th, 1881. Fuller particulars will be found on reference to our advertisement columns.

* * *

DR. RUDOLF WAGNER, the eminent chemical investigator and author, whose "Handbook of Chemical Technology" has probably become known to many of our readers through the English translation by Prof. Crookes, died suddenly last month, in his 58th year. Dr. Wagner was at the time of his death Professor of Technological Chemistry in the University of Wurtzburg.

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THE rumour to which we gave currency of a project for bringing out a monthly journal in this country devoted to laryngology, otology, &c., upon the basis of the German monthly which is edited by Professor Weber-Leil, is we understand, shortly to become *un fait accompli*. A staff has been decided on, and the first number will probably be published in January by Messrs. Baillière, Tindall, and Cox.

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THE Library Associations of the United Kingdom held their annual conference in Edinburgh last month. The chairman, Mr. Small, of the University Library, delivered the opening address, in which he dealt with the work of the past three years and of their future prospects. Speaking of libraries in Edinburgh, he mentioned that they represented a total of upwards of 700,000 volumes.

* * *

THE Halifax Literary and Philosophical Society celebrated its fiftieth anniversary on Thursday last by an operatic performance under the stage managership of a well-known member of our profession, and a valued contributor to these pages, Mr. T. M. Dolan, F.R.C.S. Besides his managerial offices, our *confrère* displayed his literary abilities by writing a prologue to Balfe's "Sleeping Queen" for the jubilee. This prologue is a piece of epic poesie of no mean order, and we congratulate the author on his successful *debût* as an amateur dramatist.

* * *

SMITH'S Visiting List for 1881 is now ready, and has been forwarded to us for notice. So familiarly known is this admirable companion to the busy practitioner that little more than the announcement of its appearance is necessary to secure for it a wide and hearty welcome. The new issue is in nothing behind its predecessors, and fully maintains the uniform excellence always associated with the productions of the enterprising firm from whose establishment it comes.

A VALUED contributor to our columns, Surgeon-General Gordon, C.B., Hon. Physician to the Queen, has, with the approval of the Indian Government, generously presented a prize of fifty guineas for competition, to be awarded to the writer of the best essay "On Fevers, as affecting British Soldiers in India." With a view to afford ample time for the preparation of essays, Dec. 31st, 1881, has been decided on as the latest day for their receipt. The conditions and requirements enjoined will be found on reference to another column.

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AS the time approaches for the election of Lord Rector to the different Scotch universities, names suitable and unsuitable, are pushed forward with zealous persistence. Those of literary eminence, however, appear to be most favoured, and it is not improbable that representatives of the world of letters will be elected to fill the vacant chairs. The two last put in nomination are for the University of St. Andrews, viz., Sir Theodore Martin and Mr. Freeman, the historian. Both are so well known and popular that political opinions alone will decide the choice.

* * *

IN a work recently published in Germany calculations are made by the authors, Dr. Boehm and Professor Wagner, which give the population of the world at 1,455,923,500, divided in the following way:—Europe, 315,929,000; Asia, 838,704,000; Africa, 205,679,000; America, 95,495,500; Australia and Polynesia, 4,031,000; Polar regions, 82,000. The most curious features of this table are the very large number of Asiatics—ten in fourteen of all mankind—and the comparatively small number of the dwellers in America, considering the size of that country.

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MESSRS. APPLETON & CO., of Philadelphia, announce the early issue of the following new American books:—"The Practice of Medicine," by Dr. Roberts Bartholow. "The Science and Art of Midwifery," by Dr. W. T. Lusk. "Gynæcological Operations," by Dr. James B. Hunter. "Syphilis and Marriage," by Alfred Fournier, translated by Dr. A. P. Morrow. "A Treatise on Insanity," by Dr. A. W. Hammond. "A New Edition on Diseases of the Nervous System," by Dr. W. A. Hammond, and a new edition of "Van Buren on the Rectum."

* * *

THE death is announced of M. Piesse, of Paris, whose name has been associated with medical literature for the last half-century. He was a constant contributor to the leading reviews, writing chiefly upon philosophical and medical subjects, he having, in early life, studied at the Montpelier School of Medicine. M. Piesse translated several scientific works into French, and his numerous articles on medicine were reprinted in 1857, under the name of "La Médecine et les Médecins." Deceased was an associate of the Academy of Medicine, and a member of the Académie des Sciences Morales et Politiques.

* * *

AN important-looking royal quarto book has just reached us from Messrs. Smith, Elder, and Co., entitled "The Descriptive Atlas of Anatomy," containing ninety-two plates, with the arteries and veins coloured. A hasty glance would lead one to suppose it to be a useful book for the student, but we reserve our opinion upon its merits for a fuller examination. No name appears on the title-page, and the statement in the preface that "it has been revised by a metropolitan hospital surgeon, and a successful teacher of anatomy," gives no clue to the authorship. If a successful teacher, his name should sell the book; hence, why a mystery?

* * *

IN our last columns of "Literary Notes and Gossip" we mentioned that another candidate for professional favour in journalism, the *Specialist*, had made its appearance in England under the editorship of Dr. Hardwicke, of Sheffield. Our American friends, with instinctive imitation, start two months later the *Specialist and Intelligencer*, under the editorship of Dr. C. W. Dulls. We have no desire to make a bad pun upon this gentleman's name, but really his first number is dull indeed, and we can only express our surprise that with the wide field at his disposal he could find no more original matter with which to fill his columns than papers which had appeared two months previously in the London *Specialist*.

* * *

A MEMBER of our profession, whose name will long remain in the annals of literature, has just passed away, from phthisis,

in the person of Dr. E. T. Sparks. Deceased had been ailing for some time past, and had taken up his residence at Mentone. At the time of his death, however, he was staying in England, at Crewkerne, Dorset. Dr. Sparks's most recent work was on "The Health Resorts of the Riviera," an honest and interesting piece of writing; but his most important book was his translation from the German of "Binz's Therapeutics," the nature of the undertaking requiring the nicest discrimination in reproducing the German equivalents in accordance with English and American pharmacopœias; to which, also, he added much original work of his own. Few could boast of higher linguistic and literary attainments, and his death, though not unexpected, will be regretted by all who had the pleasure of his acquaintance.

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One of the most important and considerable works connected with medicine and surgery is that of which the first volume has just been printed for distribution by the United States Government. This consists of an "Index Catalogue of the Library in the Office of the Surgeon-General, U.S. Army," and comprises a list of books, papers, and pamphlets contained in the huge collection at Washington. The extent of the task on which the editor, Surgeon J. S. Billings, has entered may be estimated from the proportions of the first instalment of his work. This includes titles ranging between A—Berlinski, and constitutes a volume of over 1,000 large, handsomely-printed, double-columned pages. The whole undertaking will probably be completed in fourteen such volumes, but we may hope for the following issues at intervals of time less than the three years spent over the primary one. It is quite possible to understand how, even with the assistance of a large staff, the editor has found it impossible to finish his tremendous duties in a less time, for the library whence the materials have been drawn is of proportions extremely vast. The work, however, is a permanent monument that reflects the highest credit alike on those to whom it is due, and to the truly liberal spirit of the Government that sanctions and pays for its production.

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New Books and New Editions.—The following have been received for review since the publication of our last list, Oct. 6th:—"Index Catalogue of the Library of the Surgeon-General's Office, United States Army." "The Hygiene of Catarrh," by T. F. Rumbold, M.D. "The Laws of Health," by W. H. Corfield, M.D. "Demonstrations in Physiological Chemistry," by C. H. Rolfe, M.D. Klein and Smith's "Atlas of Histology;" part xii. "The Croonian Lectures on Typhoid Fever," by W. Cayley, M.D. "St. George's Hospital Reports," vol. x. "Neurasthenia," by J. Stretch-Dowse, M.D. "The Brain and Diseases of the Nervous System," vol. ii., Neuralgia; by J. Stretch-Dowse, M.D. "Surgical Lectures," by R. Davy, M.B. "The Function of Vision and its Anomalies," by Dr. Giraud-Teulon; translated by Lloyd Owen, F.R.C.S.I. "The Descriptive Atlas of Anatomy," by ——.

***

Pamphlets.—The following have been received since the publication of our last list, Oct. 6th:—"On Chronic Accidental Poisoning," by Hy. Barnes, M.D. "The Forms, Causes, and Treatment of Tinnitus Aurium," by W. Douglas Hemming, F.R.C.S.Ed. "Vox Populi," by Charles Lunn. "On Hygiene in Ancient India," by Surgeon-General C. A. Gordon, C.B. "Hints on the Application of the Poro-plastic Jacket in Spinal Curvature," by Paul Swain, F.R.C.S. "Report of the National Association for the Protection of the Insane." "Kopf on Diet and Hygiene." "Annual Report on the Sanitary Condition of Wandsworth.

Correspondence.

THE CREDIT FEE SYSTEM IN DUBLIN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—If you can afford me space, I should be glad to have the opportunity of saying a few words on the subject of your recent leading articles on this subject.

Having been for eight years a lecturer, and for five years a registrar, in a school where the credit system prevailed, I have had some experience in its working. I have long since come to the conclusion that the credit fee system is an egregious mistake, most calamitous in its effect in every direction. It puts everything on a false basis. It is really in the long run anything but a pecuniary advantage to the student or his guardian. It gives the idle and negligent student the whip hand of his teacher. It has caused the idea of paying for the *instruction* given in a course of lectures to be utterly lost sight of, and has made the certificate to be regarded as the only thing considered worth paying for, or charging for. That it has had a deteriorating effect on the instruction given cannot, I think, be questioned; but I shall not now stop to discuss this point. I shall only express my full concurrence in your statement, namely, that the credit system makes honest school management almost an impossibility, and that it has been the source of the loose and discreditable practices in the issuing of certificates for which Dublin has of late been unpleasantly notorious.

In your account of the Credit System you imply that it is usual to get a deposit of a guinea on each course of lectures. This does not put the case at all as badly as it in reality is. Students are often entered for a *complete session* on payment of two guineas, or even one. It is only a few weeks ago that a third year's student, who was extremely anxious to take out the forthcoming session at the Carmichael School, came to me on three several occasions to try to get a relaxation of our rule. He urged that he was in temporary difficulties; that he could not pay more than a guinea; and that for that sum he (or anyone else) would be taken at his previous school. At first he asked me to bring his case before our Board, but on finding he would have to appear personally, he wrote to me stating that, being unwilling to do this, he had entered at his old school.

Again, there is a very important item in the matter which ought not to be lost sight of. It frequently happens that a student comes up to town with the full fees in his pocket. Finding that it is not necessary to pay more than a deposit, he is induced, in an evil moment, to adopt this course. The balance is not returned to his father, but is spent on what is often the commencement of a course of profligacy; and it is only when the time comes for him to go in for his diploma that his father discovers that his school and hospital fees have never been paid. Personal knowledge of several such cases induced me to urge upon my co-directors the advisability of giving up, or at least modifying the credit system. We have lost pupils thereby; and I have no doubt we shall lose more.

As regards remedial measures, I am afraid the case is not quite so simple as you suggest. If all schools and all hospitals were really in earnest in believing the system to be essentially bad, a little determination would put a stop to it. But I fear this belief is far from general; and hence any agreement entered into by the various schools not to give credit would necessarily be a constrained one, and would only last until there was reason to suspect one of the signatories of having broken faith.

The one fact which gives the credit system the power and sway it has in Dublin is the lateness of the "First Half" of the Royal College of Surgeons. A student can, and generally does, complete his school work before he is allowed in for this examination. If we had sessional examinations credit would be reduced to six or nine months, and this would immediately rob the system of all its strength. But even without sessional examinations the same thing might be effected by a very simple and otherwise very salutary arrangement, viz., by the adoption by the Irish licensing bodies, or by the Branch Medical Council as representing them, of the plan recently

put in force by the University of Dublin. This body, as many know, requires a return from each school, at the close of each session, of the attendance of Trinity College students, during said session, and I have it on good authority that the facts in such returns, and not the certificates, will decide whether a student is to be admitted to examination or not. Hence no school can afford to make this return unless all fees have been paid. Now if the Branch Council were to adopt a similar course, and to forward a copy of the returns to each licensing body, the credit system would be reduced to a sessional matter, and we might then hope for its speedy disappearance altogether.

In conclusion, I have only to say, that should your efforts to abolish the credit system be successful, you will have earned the gratitude of those, whether teachers or pupils, who are really interested in the cause of medical education.

I am, Sir, faithfully yours,

REUBEN J. HARVEY.

7 Upper Merrion Street, Dublin.
30th Oct., 1880.

THE CORK FEVER HOSPITAL INQUIRY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—We have the honour to forward a copy of a resolution of the Council of the Irish Graduates' Association, and beg to request that you will be good enough to notice the same in your next issue.

Yours faithfully,

R. T. DANIELL, F.R.C.S.I.
JAMES THOMPSON, M.D. } Hon. Secs.

Leamington, Oct. 22, 1880.

COPY.

The Council of the Irish Graduates' Association desire to convey to Professor MacNaughten Jones, of Cork, their sympathy with him under the trying circumstances in which he has been lately placed, and to express their opinion that he acted with the best of his judgment as a physician and in accordance with the ordinary rules of professional propriety.

The Council also consider that the thanks of the profession as a body are due to Professor JONES for the able manner in which he defended the action of a medical attendant, responsible for the life of the patient, as no physician or surgeon should be held responsible for the result of treatment if due care and skill has been devoted to the case entrusted to him. They clearly recognise the incompetency of any non-medical authority to pass judgment on a purely medical question. That a copy of this resolution be sent to the principal medical journals.

DUBLIN SANITATION A HUNDRED-AND-TWENTY YEARS AGO.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The enclosed bill of mortality for Dublin in the year 1762, is full of interest at present, when our death-rate within the City bounds has risen so high. In this list we find that Dublin then suffered from an epidemic of small-pox, proportionately far more severe than ours, accounting for one-eighth of the entire mortality, that "measles" was also epidemic. That above one per cent. is accounted for under "drowned," "murdered," "executed," and "suffocated in lime kiln;" and having made these deductions, what a healthy city Dublin must then have been, free from water closets, new modes of house sewering, air holes for letting air pass into the sewers, and through the drains into our private residences (teste Professor Cameron) without pestiferous stenches from manure works or gas washings, and I venture to say with a poor population, as much crowded into rooms, as improvident, as drunken, and as vicious, at least, as we have now residing here.

A YEARLY BILL OF MORTALITY FOR THE CITY AND SUBURBS OF DUBLIN ENDING THE 25TH OF DECEMBER, 1762.

Males buried this year	1,273	Males baptised this year	1,043
Females buried this year	1,317	Females baptised this year	1,447
Increase in Burials this year ...	198		
Increase in Christenings this year	281		

Of the Diseases and Casualties this Year.

Aged	225	Inflammation of lungs ...	
Asthma	43	Lunatic	2
Ague	2	Measles	86
Bloody flux	6	Palsy	7
Child-bed	2	Quinsy	23
Consumption	79	Rickets	5
Convulsions	3	Suddenly	46
Decay	184	Small-pox	370
Drowned	14	Suffocated in lime-kiln ...	5
Dropsy	8	Sore-throat	
Fever	960	Spotted fever	
Fits	200	Teeth	63
Flux	4	Worm fever	3
Gout	18	Murdered	4
Gravel	2	Executed	
Jaundice	11		

At present I will only point in the briefest way to the two great evils, which are both remediable, and that, without expense. 1st. The water of the Vartry is over soft. This is easily remedied by placing in all its reservoirs quantities of the common Kildare limestone, which might be made into artificial islands. This would dissolve in sufficient quantity to supply the water with its needful lime. 2nd., and above all, *diminish our excessive water supply.* As nearly as I can ascertain, ten million of gallons of water are spilled in the city daily; it is already almost saturated with water. Little more escapes into the Liffey by drains than used to flow there before the Vartry was brought to Dublin. The wet is causing disease; the damp is decaying the woodwork, and even the brick in the houses; it is rendering the tenements of the poor damp, wet, and unhealthy to an extreme degree; it is promoting the decay and putridity of our abundant filth; indeed, Dublin never abounded in worse stenches in every part than at present; it also has made our atmosphere humid to excess. As you look down on our city from any height, it is seen covered not with dry smoke as formerly, but sunk in dense fog and mist, and any one who takes the trouble to look along our streets can see the unhealthy vapour in the atmosphere.

Wet is decaying our houses and destroying human life; the cause lies *within* the city bounds, and is easily explained. Outside the corporation jurisdiction, the city is probably as healthy as it ever was, and the mortality far from excessive.

Yours, &c.,

W. FRAZER, F.R.C.S.I.

P.S.—Even if this excessive water supply were promptly checked, the returning health of the city must be a slow matter; the soil is so saturated with damp that months and probably years of high mortality may be looked for. It is the cause of the rapid decay and falling of so many brick houses, which in a dry atmosphere would have lasted far longer. Every quarter of the town displays the destructive action in full operation.

PUBLIC HEALTH SALARIES AND SUPERANNUATION IN IRELAND.

AN influential deputation representing the Irish Medica Association, waited by appointment on the Chief Secretary for Ireland on Monday last for the purpose of laying before him their views as to the recent decisions of the Irish Local Government Board respecting the Public Health salaries of medical officers, and also to the assessment of superanuation allowances.

The deputation was introduced by Mr. Meldon, M.P., and the chief speakers on behalf of the Association were its President, Dr. Clapman, Dr. J. W. Moore, its Chairman of Council, and Dr. Jacob. Mr. Henry Robinson, the Vice-President of the Local Government Board, was also present. We shall present our readers with a full report next week, the late hour at which the interview terminated making impossible a record of it in our present issue.

Royal College of Physicians of London.—The following candidates were admitted members on October 28th :—

Davy, Henry, M.B., Lond., Lancaster House, Savoy Street, W.C.
Heron, George Allen, M.D. Glasgow, 40 Margaret Street, W.
Mann, John Dixon, M.D. St. Andrew's, Manchester.
Smith, Robert, M.D. Aberdeen, Charing Cross Hospital, W.C.

The following were admitted Licentiates on October 28th :—

Bulteel, Marcus Henry, Stonehouse, Plymouth.
Corbould, Henry Francis, Thornton Heath.
Cotterell, Edward, University Hospital, W.C.
Henry, Joseph, 63 Camden Square, N.W.
Hubbard, Henry William, Ford Park, Plymouth.
Jennings, Edward, 12 George Street, Manchester Square, W.
Sisley, Richard, 1 Park Row, S.W.
Smith, George Munro, Clifton.
Swale, Harold, 10 Leicester Place, W.C.

King and Queen's College of Physicians.—At examinations held during October the following diplomas were granted :—

MEDICINE.—George Henry Butler, John Edw. James Deane, Harry Chalmers Hudson, John Hugh Jones, Francis Joseph Lambkin, John Murphy, Edw. Connell Adair Ramsay, Henry Geo. Swain.
MIDWIFERY.—Harry Chalmers Hudson, John Hugh Jones, John Murphy, Henry George Swain, Edmond Wall.

The following licentiates were admitted members :—

Daniel Patterson Barry, John King Forrest, Francis M. Harricks, George William Hatchell, Alexander Richard Joice, George Kell, Henry Anthony Wills Richardson, Francis Patrick Staples, Peter O'Reilly, Eliza Louisa Walker Dunbar.

Royal College of Surgeons, England.—The following gentlemen passed the required examination, and received the diploma in dental surgery, at a meeting of the Board of Examiners on Oct. 27th :—

Carnock, George Dennis, Cable Street, E.
Hindley, Henry Newton, Alfred Place, Bedford Square.
Palmer, Thomas Frederick Barton, Peterborough.
Robbins, Cornelius, Epsom.
Wonfor, Thos. Walter Cropley, London Street, Fitzroy Square.

NOTICES TO CORRESPONDENTS.

DR. MATHEWS DUNCAN is thanked for his note.

DR. SAUNDERS.—*Chaulmoogra oil* is obtained by expression from the seeds of the *Gynocardia odorata*, a large tree growing in East India. The seeds are an old remedy, but the oil has been extracted and first introduced into practice in this country about eighteen months by Messrs. Corbyn, Stacey, & Co. Used externally and internally it has obtained considerable reputation as an alterative tonic in scrofula, rheumatism, syphilis, leprosy, and certain skin diseases. The dose is about six grains.

MR. WHITELAW.—Hardly a question for us to answer. Write to the *Law Times* or the *Solicitor's Journal*.

F.R.C.S.—Under consideration.

SURGEON-MAJOR HOGG, Netley.—Your interesting paper shall appear in an early number.

A FORMER STUDENT.—The address this year was delivered by Prof. Turner. You will find it in another column.

OBSTETRICAL SOCIETY OF LONDON.—This (Wednesday) evening, at 8, Specimens will be exhibited by Dr. Roper, Dr. Herman, and others.—Papers: Dr. Wade (Birmingham), "On a Case of Chorea in Pregnancy successfully treated by Dilatation of the Cervix Uteri."—Dr. Braxton Hicks, "On Congenital Abnormality of the Uterus simulating Retention of Menses."—Dr. Charles H. Carter: "Absence of the Vagina; Uterus Distended by Retained Menstrual Fluid; Operation; Recovery."

EPIDEMIOLOGICAL SOCIETY.—This (Wednesday) evening, at 8, Inaugural Address by the President.—Mr. Netten Radcliffe, "On Certain Appearances of Cholera since 1873 in the Countries lying between India and Europe."

MR. H. D.—We shall be happy to assist you to the extent of our power.

DR. SMITH, Bruxelles.—Your work has probably miscarried in the post; it has not been received at our office.

DR. GRAHAM BROWN, Edinburgh.—We are much favoured by receipt of your note, and shall be glad to give space to the abstracts.

DR. J. M. C.—Thanks for your kindly interest; but, however true, the communication would be dangerous, and we deem it prudent to suppress it.

HARVEIAN SOCIETY.—Thursday, Nov. 4, at 8½ p.m., Mr. A. J. Pepper "On a Case of Treplining for Double Compound Fracture."—Dr. Broadbent, "On a Case of Heart Disease."

VACANCIES.

Bawnboy Union, Newtowngore Dispensary.—Medical Officer. Salary, £90, with fees, and £15 as Medical Officer of Health. Election Nov. 16.
Essex and Colchester Hospital.—House Surgeon. Salary, £100, with board. Applications to the Secretary, at Colchester, before Nov. 18.
Fulham Union.—Medical Officer for the 3rd District. Salary, £60, with the usual extra fees. Applications to the Clerk of the Guardians, Fulham Union, Hammersmith, W.
Glenamaddy Union Workhouse.—Medical Officer. Salary, £50. Election, Nov. 16.
Glenamaddy Union, Glenamaddy Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health, and £10 as Consulting Medical Officer of Health. Election, Nov. 16.
Listowel Union, Ballyhorgan Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, Nov. 8.
Meath Hospital and County Dublin Infirmary.—Resident Surgeon and Registrar. Election, Nov. 30. (See Advt.)
Norfolk Hospital.—House Surgeon. Salary, £100, with board. Applications, with testimonials, to the Secretary at Norwich, before Nov. 19.
Omagh District Lunatic Asylum.—Resident Medical Superintendent. Election, Nov. 17. (See Advt.)
Royal College of Surgeons, England.—Examinerships in Anatomy and Physiology. Written applications to the Secretary before Nov. 13.
University of Dublin.—Regius Professorship of Physic. Nomination, Nov. 10.

APPOINTMENTS.

BEACH, F., M.B., M.R.C.S.E., Medical Superintendent for the Asylum for Children at Darenth.
BURTON, A. H., B.A., M.B., M.R.C.S.E., a Clinical Assistant to the Central London Throat and Ear Hospital.
FARKSTEIN, H., L.R.C.P.E., M.R.C.S.E., Medical Officer to the Newington District of the Sculcoates Union.
FRAZER, W., B.A., M.D., Medical Officer to the Boscombe Infirmary, Bournemouth.
HEATH, H. T, L.R.C.P.Ed., L.R.C.S.I., Medical Officer to the Second District of the Mansfield Union.
HEMMING, W. D., F.R.C.S. Ed., Medical Officer to the Boscombe Infirmary, Bournemouth.
HUGHES, T. H., M.R.C.S.E., Medical Officer to the Pwllheli District and the Workhouse of the Pwllheli Union.
HUNT, T., M.D., a Clinical Assistant to the Central London Throat and Ear Hospital.
JACKSON, G., L.R.C.P.L., F.R.C.S.E., Surgeon to the Plymouth Public Dispensary.
JESSOP, W. H., M.R.C.S.E., House Physician to the Royal Hospital for Diseases of the Chest, City Road, London.

Births.

BOYS.—Oct. 25, at Pill, near Bristol, the wife of A. H. Boys, M.B., of a son.
CREED.—Oct. 30th, at Rathkeale House, Kensington Park, W., the wife of C. P. Creed, M.R.C.S., of a son, stillborn.
DICKENSON.—Oct. 24, at 66 Upper Leeson Street, Dublin, the wife of A. N. Dickenson, L.R.C.S.I., of a daughter.
SWANZY.—Oct. 27, at 23 Merrion Square North, Dublin, the wife of H. R. Swanzy, F.R.C.S.I., of a son (still-born).

Marriages.

LEWTAS—WILSON.—Oct. 26, at the Parish Church, Kingston-on-Thames, John Lewtas, M.B. (Lond.), to Annie Chambers, second daughter of the late H. Threlfall Wilson, Esq.

Deaths.

ASPLAND.—Oct. 24, at his residence, St. Helen's Field, Alfred Aspland, F.R.C.S., of Dukinfield, in his 65th year.
BARBER.—Oct. 23, at 28 Capel Street, Dublin, John Patrick Barber, L.R.C.S.I., aged 28.
BURNS.—Oct. 27, at Tandragee, co. Armagh, John Burns, M.Ch., accidentally choked.
CARSON.—Oct. 22, at Ardmayle Glebe, co. Tipperary, the Rev. William Carson, A.B., M.D., rector of Ardmayle.
CRONIN.—Oct. 30th, at Claremont House, Brixton, the wife of Edward Cronin, M.D., aged 74.
HEARNE.—Oct. 22, at Southampton, of apoplexy, Edwin Hearne, M.B., F.R.C.S.E., aged 60.
HORNSBY.—Oct 21, at High Street, Bromsgrove, Worcestershire, George Harcourt Hornsby, M.R.C.S.E., in his 28th year.
LEWIS.—Oct. 10, at Brechfa, Carmarthen, D. H. Lewis, L.S.A.L., aged 29.
SPAULL.—Oct. 26, at Essex House, Hammersmith, Jane, the wife of Barnard Spaull, F.R.C.S., aged 75.
WEST.—Oct. 23, at Omagh, Francis John West, M.R.C.S.E., Resident Medical Superintendent District Lunatic Asylum, aged 68.

ST. MICHAEL'S HOSPITAL, KINGSTOWN.—RESIDENT SURGEON.—The Authorities of this Hospital have decided to appoint a duly qualified Surgeon to fill the above appointment. Salary £80 per annum, with apartments, light, and fuel. The election will be held on Saturday, the 20th inst. Applications to be sent in on or before Wednesday, the 17th inst., addressed to the Medical Officers, St. Michael's Hospital, Kingstown, co. Dublin.

DR. MARTIN'S RUBBER BANDAGES
(GENUINE),
By far superior to any of the numerous imitations, are now being sold at less cost than those of other manufacture.

IMPORTANT NOTICE.—Each Bandage bears Dr. H. A. Martin's signature, without which none is genuine.

No. 1B. 10½ ft. by 3 in., No. 28 wire gauge, price 4s. 0d.
No. 8 14 ft. by 3 in., No. 28 wire gauge, ,, 5s. 6d.
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No. 7 14 ft. by 3 in., No. 24 wire gauge, ,, 7s. 0d.
No. 9A. 21 ft. by 3 in., No. 24 wire gauge, ,, 10s. 6d.

Complete Price List, also Dr. H. A. MARTIN'S Pamphlet describing the Method of Treatment, post free on application to the Sole Agents,
KROHNE & SESEMANN, Surgical Instrument Makers, 8 Duke Street, Manchester Sq., London.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 10, 1880.

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THE STUDY AND PRACTICE OF RATIONAL THERAPEUTICS. (a)

By Professor CHARTERIS, M.D., and F.F.P.S.,

Professor of Therapeutics and Materia Medica in the University of Glasgow.

The lecturer prefaced his address by expressing his gratitude that by recent University ordinances the sensible attributes of drugs, their combinations in various forms, and the essential knowledge acquired by handling, and, it might be, tasting them, had been relegated to another part of the course, while in the one they were about to begin an attempt would be made to introduce the student chiefly to therapeutics. He then went on to state that the training of medical men fitted them to act as directors or guides in matters which related to health and disease. There were certain sanitary laws accepted now by all educated nations, and the hygiene of the future was now happily clear. But had they laws as distinct in therapeutics? Had they unanimity in the treatment as they had in the prevention of disease? Medicine was one of the oldest sciences, and wise men had devoted life-long labours to stay the advance of disease. Had those labours been successful? Had the therapeutics of the past been confirmed by the experience of the present? Did they go back to the old masters, and from their dicta and aphorisms could they still drink in the refreshing draught of wise thought and ripe knowledge? That could be done in many kindred studies; and how was it that it did not hold good in medicine? Some years ago a keen Scotch logician asked, Has the practice of medicine made a single step since Hippocrates? The old masters they still loved and reverenced; but they were amazed, sometimes, alas! amused, when through the incisive words of Galen and Celsus they were taught how these men regarded human life as a battlefield of spirit and humour, of disease and health.

The old physicians were men of keen observing power and real diagnostic acumen. According to their light they watched disease and prescribed remedies. Disease was to them a real material essence. It was an enemy which had entered and would destroy the body unless attacked by the powerful aid of materia medica compounds and ousted from the frame. The sharper the struggle the quicker the victory. They knew nothing of anatomy, nothing of pathology, and hence wild hypotheses sprung up in their minds as to the real nature of the enemy, whose outward features they clearly saw, and against whose inward workings all their skill and ingenuity were directed. They had no particular reason for giving any drug. They simply knew its action, and according as the action was hurtful or the reverse they adjudicated on its utility in particular diseases. To account for what it did, how it fared when it entered the system, they reared fantastic and misleading theories to satisfy their own minds and the minds of their pupils. Such theories as time advanced became painfully ludicrous, and with the growth of other sciences it came to be a reasonable question whether medicine was a science at all. The clear mind of Bichat saw the dilemna in which doctors were placed, and during the days of his too short life he struck the keynote of the present and hopeful future of therapeutics, and showed succeeding investigators the path they had to pursue. Professor Charteris then gave a few illustrations to show what was the path of rational as contrasted with empirical therapeutics, and referred to the investigations of Majendie as to the action of the bark of the Upas tree, which was the same as that of strychnia, and to the inquiries which had led to the knowledge of the position which digitalis held as a drug in its application to the cardiac system. The spirit of inquiry thus aroused had entered the domain of special therapeutic agents, and had brought out the powers and uses of quinine and of salicin. These results of therapeutic success had not been accomplished without much labour and great care. He felt bound to say they were the result of experimental inquiry on the lower animals, and these inquiries had in this country been hampered in recent years by unjust and odious trammels. We had emerged from the era of vital spirit, and the sentimental action o

(a) Delivered at the University of Glasgow, November 3rd.

our legislators could not throw backwards the rising tide of rational therapeutics. It had moved onwards too far for that. They could not be reduced to the logic of the country practitioner, who gave as his reason for a crowded and medley prescription "that amidst such a profusion of shot it was strange if one did not hit the mark." But yet honest work might be stayed in this country, where it should have its natural home, and it would be forced to accept conclusions from Continental laboratories—a very galling and unnecessary step.

No course of lectures on therapeutics could now be deemed complete which did not deal with the health resorts of Europe. He could not attribute to them any wonderful or mysterious properties. He could not fancy that old saints hovered over their springs, and that the blessing of guardian angels consecrated each glassful; but yet he would be belying the evidence of his own senses if he did not tell them that against the chronic diseases, the whole tribe of ailments connected with digestion or nervous exhaustion, they possessed healing virtues as manifest and as clear as the sparkling waters they bore to the surface. The gouty deposits were dissolved by the neutral baths of Wildbad, and the rheumatic joints were supplied by the hot springs of Wiesbaden. The Strudel of Carlsbad had stood the test of four centuries, and had ever been effectual in reducing the engorged liver and the swollen spleen, while its alkaline properties showed that it probably was the best medicinal remedy for diabetes. For the enervated statesman, the tired litterateur, the dyspeptic man of business, there was no tonic so potent as the famed Elizabethan, and the cool, care-dispelling breezes which sweep gently down from the Taunus Mountains. It would therefore be seen that medicine had made some steps since the days of Hippocrates. The humoral doctrine of credity had passed away, and the village Sangrador had no opportunity of wielding his lancet. It had outlived the polypharmacy of the Solidists, and the doubting policy of Stahl. It had utilised the water cure of Priesnitz, for in that were the elements of truth, while it had ever exhibited the firm front of an unrelenting foe to the preposterous and pestilential doctrine of Hahnemann. It had falsified the predictions of croakers, and still claimed, and justly claimed, its rights to be considered a science. From rude assaults of open foes and bitter malignings of traitor friends it had emerged purified by the combat and unstained by the victory.

He would not attempt to sap the fresh enthusiasm with which students had approached their studies, nor tempt them by specious Nihilistic theories to shiver in the cold blast of expectancy when they were launched out into the world and met their first serious and difficult case. He should tell them what had been done by others under similar circumstances, and what they also might accomplish. It was not enough to mark the symptoms of disease, to note its peculiarities, and to study its causation. That knowledge, however essential, would be sorry consolation to friends or relatives if it could be applied no farther, and if they stood idly by the bedside, as interested, yet inefficient, spectators. A sceptical young physician would never become a successful or trusted senior. A practical age needed practical work. Fortified by rare instruments of precision and wondrous means for prosecuting research, they were expected by the public, whether learned or ignorant, to do much; and were they to be dumb when asked for guidance and advice? It might not be their lot to achieve a great discovery in their art, but it was within the probabilities of all to be earnest and hopeful workers in the contest against disease; and yet not always too hopeful, for there would come a time when they should see their arts unavailing. Whenever a fell and fatal malady sets its seal upon the human frame they should be true to what their honest convictions told them. They should not speak of cure when hope was gone. They should not drag the honour of their profession through the mire of quackery. Be it theirs to act the patient, but not less ennobling, part and give from the armamentaria at their disposal little resting-places from suffering to those who were wearied with the struggle, and, it might be, longing for the end; so acting in trying to heal when recovery was possible, so palliating when it was not, they would prove themselves worthy alumni of the ancient University of Glasgow, and add to its great and growing fame.

REMARKS ON THE RELATION OF CUTANEOUS ERUPTIONS TO ULCERATION OF PEYER'S GLANDS IN CASES OF FEVER IN INDIA.

By Surgeon-General C. A. GORDON, M.D., C.B.,
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Among other views expressed with reference to the phenomena of fever as affecting British troops in India, the statement has of late years been made that there exists a direct relationship between the presence of a particular kind of cutaneous rash and that of infarction of Peyer's glands; and the further view has found favour that had this connection been sought it would have been discovered many years ago. How far either assertion stand actual examination, I hope to show in this paper; suffice it here simply to remark that as a matter of fact the diagnostic value of different kinds of eruptions in the course of febrile disorders was well understood and carefully noted by careful observers from the earliest date of medicine as a science in that country.

In the paper on Fever in India, I lately had the honour to read before the Epidemiological Society, I referred to particulars in this subject contained in my first special report on that class of diseases; in these notes I desire to epitomise those observations, as they refer to particular statistics in the Madras Presidency and Burmah, so that the results obtainable may the more readily be obtained, namely:—

1. *Wellington.*—Total cases returned as of "enteric" fever, 26, of which number 15 recovered, 9 died, and 2 remained under treatment. In the 15 cases of recovery cutaneous eruptions 13 are thus recorded, namely, lenticular spots, 1; taches bleuatres, 2; not specified 1; suspicious, 1; rose eruption, 8. In 2 there was no eruption. In the 2 that remained rose spots occurred in both. In the 9 fatal cases an eruption occurred in 3, namely, "typhoid" in 1; rose eruption in 2; in 6 there was no eruption. Of the 3 in which eruption appeared, namely, Nos. 11, 14, and 15 of List, pp. 108 to 155, in 1, namely, No. 11, Peyer's patches were ulcerated, arachnoid, thickened, and effusion in its cavity, congestion of stomach, jejunum and ileum; in 1, namely, No. 14, there was *no ulceration* of Peyer's glands, but congestion of the cerebral membranes and of the lungs: in 1, namely, No. 15, Peyer's patches were congested and ulcerated, the arachnoid congested and containing effusion. Of the *six* in which no eruption occurred, ulceration of Peyer's glands was present in *five*, namely, Nos. 1, 5, 9, 10, and 23; in one of these, namely, No. 1, the condition of the cerebral and thoracic organs was unrecorded; in 1, namely, No. 10, the cerebral vessels, duodenum, jejunum and ileum were congested; in 3, namely' Nos. 5, 9, and 23, there was congestion of the lungs in addition to that of the cerebral vessels as described above. In the case in which Peyer's glands were not ulcerated, namely, No. 6, there existed adhesion between the dura mater and the calvarium.

The results thus obtained are to this effect, namely: of 3 fatal cases in which eruption was present ulceration of Peyer's glands existed in 2, no ulceration in 1. In 6 cases in which no eruption was present, ulceration of Peyer's glands existed in 5, none in 1.

2. *Bangalore.*—Total cases, 35; recoveries, 23; deaths, 12. In the cases where recovery took place an eruption was present in 20; there was no eruption in 3. The nature of the eruption in the several cases was rose spots in 9; characteristic, 9; sudamina in 1; "spots" in 1. Of the 12 fatal cases an eruption occurred in 4, namely, "rose eruption" in 2, suspicious in 1, and character mis-stated in

1; in 1 the circumstance of its occurrence or now occurrences is unstated; in 7 there was no eruption. Of the 4 in which eruption appeared, namely, in Nos. 4, 24, 34, and 35 of the list, post-mortem examination was made in 1, namely, No. 4; in 3 Peyer's glands were ulcerated, 1 of these, namely, No. 24, being attended also by congestion of the lungs, stomach, and large intestine; a second, namely, No. 34, by congestion of the lungs alone, but inasmuch as "typhoid eruption" in it was said to have been present, *after* death there is a discrepancy with the definition of that eruption, given at p. 3 of my first special report; in 1, namely, No. 35, Peyer's patches and the caput cæcum were both ulcerated. In the case in which the existence or otherwise of eruption is unrecorded, namely, No. 30, no post-mortem examination took place. Of the 7 cases in which no eruption appeared, namely, Nos. 1, 3, 23, 26, 27, 31, and 32 of the list, in 5, that is in all except Nos. 27 and 31, Peyer's glands were ulcerated; in 1, namely, No. 27, they were simply congested; and in 1, namely, No. 31, ulceration was confined to the ileo-cæcal valve. In 3 cases, namely, Nos. 1, 3, and 32, the inner surface of the large intestine, as well as Peyer's glands, were ulcerated. In 3, namely, Nos. 23, 26, and 32, the state of the mucous surface of the large intestine was that of congestion, Peyer's patches in the same cases being ulcerated. In 3, namely, Nos. 1, 3, and 26, the brain amd the lungs were both congested; in 1, namely, 27, the lungs were congested. the brain normal; in 2, namely, 31 and 32, the state of the brain was unrecorded; in 31 the lungs congested; in 32 their condition not stated.

The *general results* as above are that, of 4 fatal cases in which eruption occurred, ulceration of Peyer's patches was present in 3; in 1 no post-mortem examination took place. In one case in which the presence or absence of eruption is unrecorded no post-mortem examination took place. Of 7 cases in which no cutaneous eruption appeared, Peyer's patches were ulcerated in 5, in 1 they were simply congested, and in 1 ulceration was confined to the ileo-cæcal valve.

3. *Bellary.*—Total cases, 4; recoveries, 3; death, 1. In the three recoveries an eruption was present in all; in one—namely, No. 1, it was described as of prickly heat; in one—namely, No. 2, as lenticular and again, as like acne; in one—namely, No. 3, as doubtful, and not characteristic. In the fatal case no eruption occurred. In the post-mortem examination ulceration of Peyer's glands, "in different stages of development," was found.

4. *Secunderabad.*—Total, 40 cases: 25 recoveries; 14 deaths; 1 remaining. Of the 25 recoveries eruption was present in 16 cases, absent in 9. In the cases in which it was present, it was described as consisting of rose spots in 10, characteristic in 3, raised papular in 1, pink spots in 1, and "dusky" in 1. In the case remaining no eruption was present. Of the 14 fatal cases, the presence of an eruption was recorded in 5, its character "rose-coloured" in all; unrecorded in 1—namely, No. 23; and in 8 there was no eruption present. Of the 5 cases in which eruption was present, ulceration of Peyer's patches existed in 2—namely, Nos. 1 and 12; there was no such ulceration in 1, namely, No. 37; and in 2, namely, Nos. 13 and 14, no post-mortem took place. In 2 of the above, namely, Nos. 1 and 12, the lungs were congested, the state of the brain unrecorded, and in none of the other cases is the condition of the cerebral or pulmonic organs mentioned. Of the 8 cases in which no eruption occurred, ulceration of Peyer's glands was present in 4, namely, Nos. 18, 26, 27, and 32; it was absent in 4, namely, Nos. 15, 33, 38, and 40. In some of these two latter classes does a record appear of the condition of the other organs. In the one case in which the existence of eruption is unrecorded, namely, No. 23, ulceration of Peyer's patches existed; but in it a note by the treating medical officer occurs, to the effect that the case was not one of enteric fever.

Briefly, then, of 5 fatal cases in which eruption was present, ulceration of Peyer's glands existed in 2, was absent in 1, and unrecorded in 2; in 8, in which no eruption was present, ulceration of Peyer's glands was present in 4, absent in 4; in 1, where the existence or non-existence of eruption was unrecorded, ulceration of Peyer's glands was found.

5. *Kamptee.*—The results were 2 cases, both fatal. In one an eruption was present; its character, red maculæ, like spots of typhus; in the other no spots were present. In the case in which eruption was present no post-mortem examination took place; in the case in which no eruption was present, ulceration of Peyer's glands existed, the brain in the same case highly congested.

6. *Cannanore.*—There were 48 cases, with 9 deaths and 39 recoveries. Of the 39 cases of recovery a cutaneous eruption occurred in 20 cases; no such eruption in 4; and in 15 the presence or absence of one was left unstated. Of the 20 cases in which eruption was present, its character is thus described—namely, suspicious maculæ, petechiæ in 1, spots in 5, lenticular spots in 9, roseolar rash in 2, indefinite in 1, rose rash in 1, rose-coloured petechiæ in 1, and sudamina in 1. Of the 9 fatal cases, eruption was present in 5, not present in 1, and in 3 its presence or absence is unrecorded. In the 5 cases in which it was present, its characters are thus described—namely, enteric eruption in 2, spots in 1, characteristic, and in the same case as doubtful, in 1, and lenticular spots in 1. Of the 4 cases in which eruption was present, namely, Nos. 1, 21, 28, and 34 of the list, ulceration of Peyer's patches being also present, the circumstance appears that in 1, namely, No. 1, the character of the eruption was simply described as enteric, congestion of liver was also present; in one, namely 21, the lungs were congested; and in two, namely, Nos. 28 and 34, both the brains and the lungs were congested. In one case in which eruption was described simply as spots, namely, No. 5, ulceration of Peyer's glands was noted in one record as being present, in another as not being present. In one case in which no eruption was present, namely, No. 42, the ileo-cæcal valve was ulcerated; Peyer's glands not so; the lungs congested. In three cases in which the presence or absence of eruption is unrecorded there was ulceration of Peyer's glands in all; in 2, namely, Nos. 3 and 7, the colon was also congested. In one, namely, No. 23, the lungs were congested. The brain healthy in one, namely, No. 7; its condition unrecorded in either of the other 2.

Thus, of 5 fatal cases in which eruption was present, ulceration of Peyer's glands existed in 4; in 1, unrecorded. In the case in which no eruption existed, there was ulceration of the ileo-cæcal valve; in all 3 cases, where the presence or absence of eruption was unrecorded, ulceration of Peyer's glands was present.

7. *St. Thomas's Mount.*—There were 2 cases, 1 death, 1 recovery. In the case of recovery no record as to the presence of eruption or otherwise existed; in the fatal case no eruption was present. In the latter, the inner surface of the small intestine was covered with ulcers, but it is not actually stated whether or not Peyer's glands were implicated.

8. At *Palaveram*, one case, and it fatal. No eruption present in it; Peyer's glands not ulcerated; the mucous surface of the large intestine congested.

9. At *Maliaporam*, one case, the subject of it recovering. In it an eruption of pink spots occurred in the abdomen, and seventy in quantity.

10. At *Rangoon*, six cases, returned as of "enteric" fever occurred, one fatal, five recovering. In the five that recovered, eruption, namely, as roseolar rash, was present in only one, namely, No. 1; in the other four no record exists of its presence or absence. In the fatal case, namely, No. 5, there is no record of the existence of eruption, but in the post-mortem examination ulceration of the mucous surface of the ileum was found, although the circumstance is left unstated whether or not Peyer's glands were implicated.

11. At *Thyet Myo*, eight cases; three deaths and five

recoveries. In the five cases that recovered an eruption was present in two; its character, rose-coloured spots in one, namely, No. 1; and "characteristic" spots in one, namely, No. 8. In the remaining three no record of the presence or otherwise of any eruption occurs. Of the three fatal cases an eruption, and that *measly* in character, occured in one, namely, No. 4; in one case, namely, No. 2, no eruption occurred; and in one, namely, in No. 5, there is no record as to its existence or otherwise. In neither of these cases were Peyer's glands ulcerated.

In the Andamans, two cases, of which one fatal, one recovered. In the case that recovered the presence of an eruption of "bright red spots" was noted. In the fatal case, namely, No. 2, there was also an eruption of rose spots on the abdomen. Post-mortem examination revealed ulceration near the ileo-cæcal valve, but whether or not implicating Peyer's glands was not recorded. From the particulars thus given the following points become evident:—In 78 cases returned as enteric or typhoid fever where the patients recovered, and the presence of cutaneous eruption was recorded, the forms in which it was noticed are thus enumerated: suspicious maculæ, petechiæ; 1. spots, 6; lenticular spots, 11; roseolar rash, 3; indefinite, 3; rose rash, 1; rose-coloured petechiæ, 1; sudamina, 2; taches bleuatres, 2; suspicious, 1; rose eruption, 17; characteristic, 13; prickly heat, 1; like acne, 1; pink spots, 1; dusky, 1; papular, 1; rose spots, 11; bright red spots, 1. Of 20 fatal cases in which the presence of an eruption was noted, its characteristics are thus described: enteric in 2; spots, 1; characteristic, and in another part of the same report doubtful, 1; lenticular spots, 1; typhoid, 1; rose eruption, 9; suspicious, 1; nature not specified, 1; red maculæ-like spots of typhus, 1; measly, 1; rose spots, 1.

Of these 20 in which an eruption of some kind was present, ulceration of Peyer's glands was found in 11, equal to 55 per cent.; no ulceration in 3, equal to 15 per cent. In 27 cases in which there was no eruption ulceration of Peyer's glands existed in 16, equal to 59 per cent., as against 55 shown above; no ulceration in 8, equal to 29 per cent., as against 15; in 2 cases, equal to 14 per cent., ulceration affected the ileo-cæcal valve alone; and in one case, equal to 7 per cent, no record occurs as to the presence or absence of ulceration. In the seven cases in which the presence of eruption is unstated ulceration of Peyer's glands was present in 4, equal to 57 per cent. as against 59 and 55 as above; ulceration was not present in one, equal to 14 per cent. as against 29 and 15; in 2 the presence or absence of ulceration was unrecorded, equal to 28 per cent., as against 30 and 7.

From the above particulars, so far as the limited number of cases they represent justify conclusions, the conclusions which may fairly be drawn from them with regard to fever in India, designated "typhoid or enteric" are the following, namely:—

1. That great variety exists in the nature or character of symptoms which have appeared in the course of those fevers, and that this variety occurs both in cases where the patient subsequently recovers, and in those that end fatally.

2. In a total number of 54 fatal cases of fever stated to be "enteric" or typhoid in nature, an eruption of some kind was present in 20, equal to a ratio of 37 per cent.; there was no eruption in 27, equal to 50 per cent.; and information on this point is wanting in 7, equal to 13 per cent.

3. Of the above 54 fatal cases ulceration of Peyer's glands was present in 31, equal to 57 per cent.; not present in 12, equal to 22 per cent.; in two cases, equal to upwards of 3 per cent. ulceration was confined to the ileo-cæcal valve; and in 9, equal to 16 per cent., its presence or absence is unrecorded.

4. That no relation was found to exist between the presence of cutaneous eruption and the existence of ulceration of Peyer's glands.

5. That neither is the presence of an eruption distinctive of enteric fever as there recorded, nor of ulceration of the aggregated glands of the ileum.

6. And, as a final result, the theory enunciated in the opening paragraph of this paper is only partially supported by the statistics given.

COMPARATIVE VITAL STATISTICS OF NEW ZEALAND WITH EUROPEAN COUNTRIES. (a)

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VARIOUS and most ingenious attempts have, from time to time, been made by authors, both lay and medical, to estimate the minimum death-rate which the human family will eventually attain to when hygienic science has progressed sufficiently in civilised states. Dr. Benjamin Ward Richardson, for instance, in some of his lectures has seemed to place the possible average of life at about 100 years.

However this may be, there can be no question at all but that, at this moment, the masses of mankind, even in the most advanced countries in Europe, have a mean length of life greatly inferior to that which they might attain to, were their surroundings more healthful. England and France, for instance, than which no great European states are more prosperous or more solicitous for the health of their subjects, are still unable to lower the death-rate for any number of years below 22 deaths per 1,000 inhabitants living.

Prussia, where education in science is well known to be sedulously attended to, exhibits a death-rate of upwards of 26 per 1,000; whilst the death-rate of Austria and Italy both exceed 30 per 1,000 inhabitants living.

The death-rate in early infancy in most European states is very high. In France, leaving still-births out of account, the infantile death-rate in the first year of life is 170 per 1,000 born. In England it is probably quite as high, although, owing to the loose way in which registration of newly-born children is allowed for as long as six weeks after birth, a number of infants dying in the first few weeks of life remain uncounted, being buried as still-births.

In Germany the cypher of infantile mortality rises in some cities to the dismal figures of 330 per 1,000 born. In Russia and Italy the figures are as high, and in some cases even higher than these.

With regard to the birth-rate, in most European states, such as Germany, England, and Italy, the birth-rate varies from 40 per 1,000 inhabitants yearly to 36 (England), or to 31 (Sweden and Denmark). France has the very exceptionally low birth-rate of 26 per 1,000.

The marriage rates of various European states are also variable. Although there are more married persons in France in proportion to the number of inhabitants over the age of 15 than in any other European nation, the marriage rate in England varies from 17 per 1,000 to 15·8 per 1,000 inhabitants yearly; the figure for Prussia varying from 20 down to 15½; and in Belgium from 17 down to 14½ per annum. The marriage-rate varied in France from 14·9 per 1,000 in 1854, its minimum, up to 19½ in 1872.

Curiously enough, it is not to Europe that we must turn in our day to learn what is the natural death-rate of members of the race to which we belong. It has been reserved for an island seated as far distant from our own islands as possible to give us an idea of what the progress of modern hygienic science is tending towards.

New Zealand has a climate in the northern island comparable to that of Italy, and, in the southern island, to that of Devonshire. Even as early as the first year after their discovery, the islands were found to be extremely healthy. A hundred years ago Captain Cook put into one of the sounds of the South Island to refit, with his entire

(a) A paper read at the Edinburgh Meeting of the Social Science Association, Health Section. Dr. Beddoe, F.R.S., in the chair.

crew affected with scurvy. In fourteen days he tells us that they were restored to health. Surg.-Major Thompson, in a work entitled "The Story of New Zealand," adduces statistics which prove that the colony was the healthiest of all the military stations in the British Empire, and much more so than England itself.

The recent colonial statistics of Mr. Hayter fully confirm this view. Thus in 1877 the total number of deaths in the colony was 4,685, equivalent to 11·47 per 1,000 of the population. This is little more than one half of the average death-rate of England and Wales, which may be taken at 22·3 per 1,000.

Probably, then, we may be justified in supposing that New Zealand is one of the most healthy climates for our branch of the race yet known. It is more so than other colonies of Australia, and travellers from the adjoining colonies, where the same climate does not exist, are said to be struck with the ruddy complexion and vigorous look of New Zealand children. It is so marked, we are credibly informed, that when the elder members of a family have been born in Victoria, a difference in favour of the children born in New Zealand can be observed.

The healthful climate of New Zealand seems to be partly due to the absence of those extremes of heat and cold which are so perceptible in the United States of America. There are also scarcely any marshes, the danger of which is well-known in many European States, such as Italy, France, and Holland. The Islands are long and narrow, and hence the sea breezes attain the most inwardly situated localities with their purifying influences.

The birth-rate of New Zealand is at this moment, perhaps, as high as any in the civilised world. In 1877 it amounted to 42 per 1,000 inhabitants at a time when the birth-rate of France was 26 per 1,000. With a birth-rate of 42 per 1,000, and a death-rate of 11·47, the excess of births over deaths in New Zealand is higher than in any of the Australian colonies. It has been calculated at 197 per cent., that of England (1853-75) being 57 per cent., and of Tasmania 77 per cent., and admits of the population doubling, without the aid of immigration, in less than 33 years.

The proportion of illegitimate births is naturally very low in a country where there are 40,000 men in excess of women, and where, consequently, marriage is largely sought after by the male sex. It amounts to only 2 per cent. of all births, the average in England being some 5 per cent., and in some parts of Austria rising to the remarkable figures of 70 per 100 of all births.

As another indication of the healthiness and comfort of New Zealand, it has been found that the rate of infantile mortality (under one year) is only 10¼ per cent., as compared with that of France (17), and of Germany (30)

The death from pulmonary consumption amounted in 1877 to 81½ per 100,000 of the population of New Zealand, whereas in Victoria the similar figures was 128, and in England, 257, or three times that of New Zealand.

The great productiveness of the soil of New Zealand, as well as the climate, must be credited with much of the benefits it confers on its inhabitants. The value of the exports of New Zealand in 1878 amounted to £6,015,700, being greater than the combined exports of Queensland, Western Australia, and Tasmania. That a handful of people (414,412) scarcely amounting in number to the population of a second-class English city, should, in the thirty-eighth year of their existence, be able to export produce of this value is a fact quite unparalleled in the history of new states.

The chief causes, then of early death in European countries are wanting in New Zealand. There is no poverty to speak of *as yet;* and when it is remarked that the mean age at death among the well-to-do classes in Bethnal Green was found, in 1843, to be 44·5, whilst that of the wage classes was but 22, it will be no mystery why New Zealand as yet has a low death-rate, seeing that it is also so free from swamps and excesses of cold and heat. In London, even at the present time, Mr. E. Chadwick and Dr. W. Hardwicke speak of as low a death-rate as 11·3 per 1,000 among the families of the wealthy classes, and Mr. C. Ansell, of the National Assurance Co. (London) has found the average age at death among the richer classes to be as high as 55. The death-rate in wealthy Hampstead (London) is only about 13 per 1,000. The high birth-rate of 42 per 1,000 per annum in New Zealand is imitated in Europe by Germany, and the result is a very high death-rate of 26 per 1,000. It is only, of course, in such flourishing new countries as that we have adverted to that a high birth-rate is advisable. In any European state it is extremely injurious, and ought to be discouraged. Even in England, which can better afford a high birth-rate, owing to her unparalleled emigration, than any other state in Europe, the separation of the sexes caused by emigration with a rapid birth-rate of 36 per 1,000, which has left us with a surplus of a million women, is no small drawback.

New Zealand, for the moment, is flourishing beyond all expectation. We have seized her hey-day to point the moral that over-population is the main evil of life. If the birth-rate in England and France were, like that of the parish of Hampstead in 1877, as low as some 21 births per 1,000 of the population, we, too, might, as a nation, have as low a death-ratio as 12 per 1,000, and it would not be necessary to betake ourselves to new colonies in quest of a happiness which should be endemic.

ADDITIONS TO OUR MEANS OF DIAGNOSIS.

The Inaugural Address delivered at the Opening of the Session, St. Vincent's Hospital, Dublin.

By F. J. B. QUINLAN, M.D., F.C.P.,
Physician to the Hospital.

After describing the additions and improvements of the institution, the lecturer said :—It is impossible to over-estimate the importance of clinical attendance in hospital; and without thoroughly studying diseases at the bedside you can never pursue your profession with safety to the public or satisfaction to your own conscience. No amount of reading or cramming can replace the careful personal observation in the wards, where, while so much appeals to the eye, the ear, and the other senses, still more is hidden from ordinary casual view, and is only to be appreciated by trained perception and patient instructive reasoning. The annual additions which are now being made to our means of diagnosing and treating disease are truly wonderful to those who were trained a quarter of a century ago, and are slowly but surely elevating medicine to the level of an exact science. One of the most interesting of these is the ophthalmoscope, the little instrument so simple of construction, but so difficult to work, with which we examine the interior surface of the eyeball, and which, having been for years exclusively employed by the ophthalmic specialist, is now equally important to the general physician. During the present month you have seen a striking example in the case of a tall, athletic sergeant of police who was admitted for neuralgic pains in the head. An ophthalmoscopic examination, in search of some possible cerebral derangement, revealed not this, but the now well-known retinal appearance of albuminuria, a malady of which he did not exhibit the slightest ordinary appearance, or of which we had not the least suspicion. A chemical examination of the renal secretion proved that the formidable malady described by Dr. Bright was present; but, taken in time, it yielded to treatment. A few years ago it could not have been detected, unless by accident, until it had reached a stage where it would have clearly displayed itself, and where recovery would have been difficult if not impossible. You have seen the visible pulsation of the retinal arteries in the aortic valve disease of Corrigan, and other forms of heart disease are capable of similar detection; so, also, is inherited contagious disease, purpura, and the early stages of locomotor ataxia. In fact, the ophthalmoscope places under our view a process of living brain and transparent blood vessels with the blood going on; and, without its aid accurate diagnosis of brain disease is hardly possible. The use of the instrument in general medicine is a recent idea now being worked out, and ere long will yield results of great importance. Its use, both in ophthalmology and in general

medicine, will be thoroughly explained to you by the respective teachers.

Another great coming aid to medical investigation is the process of spectrum analysis, which has accomplished such marvels in solar and stellar chemistry, but which has up to the present been resorted to in physiological more than in medical research. Its medical application has just received a great impulse by the publication of "The Spectroscope in Medicine," the work of Dr. Charles Alexander MacMunn, of Wolverhampton, a distinguished graduate of the University of Dublin. This volume gives a clear and intelligible account of the theory and practice of spectrum analysis; it describes admirably what has already been effected for physiology and medicine, and indicates the still greater *rôle* which this instrument is destined to fulfil. In fact, to use the concluding words of the author—"There is no doubt that when the spectroscope comes to be used more extensively than it has been hitherto, a great number of pathological absorption spectra will be discovered; and it remains for those who have abundant clinical opportunities to do their share"—a remark which derives great force from the striking results obtainable from the spectroscopic examination of pathological fluids with the aid of proper chemical reagents. The spectroscope has been used long since here, and about two years ago an excellent method of detecting the presence of bile by its means was adopted in our laboratory. This test is equal in accuracy and delicacy, and superior in simplicity, to any of the chemical plans, and enables the visiting practitioner to at once verify the presence of bile in the secretions by simple inspection, and to avoid the trouble of carrying chemicals about with him, or else bringing the secretion to his laboratory. Polarised light also is being pressed into the service of medicine and pharmacy, and the liberality of our Medical Board has furnished some of the means of initiating a research which is in progress and promises excellent results.

The laryngoscope, or illuminated mirror, by means of which we are able to look down the windpipe and upwards upon the posterior opening of the nostrils, is also becoming one of the aids of the ordinary physician, who is by its means able to often detect the very first onset of pulmonary consumption at a period when it is not recognisable by any other known means of physical diagnosis. Detected thus early, it frequently disappears on removal to a suitable climate, and on the abatement of the causes which have produced it. This fell disease has latterly been much investigated, and Klebs, of Munich, has proved that under certain circumstances it is contagious, owing to the transference of minute organisms from a diseased patient to another in a lowered condition of health. It is, of course, unnecessary to tell you that the laryngoscope has till lately only been used in diseases of the organs of the voice, which without its aid could not be properly examined, and could hardly be treated. The importance of the microscope is now too well known to require more than a passing notice; but when I was a student it occupied a very different position, and by many of the seniors in the profession who were fond of standing on the ancient ways it was held in very low esteem. So strong was the prejudice that one of the early pioneers of the microscope, Dr. Lyons, M.P., entitled an interesting pamphlet on the subject, "An Apology for the Microscope." This instrument needs no apology now; everyone uses it, and it has reconstructed many branches both of physiology and pathology. Every description of practical microscopic work, including drawing and the measurement of microscopic objects, along with the various means of illuminating them, will be rendered familiar to you—a familiarity which, I trust, will also extend to all usual pathological specimens. The career of the microscope ought to be a warning to us all to study and make a trial of every new aid to physical diagnosis according as it appears in the new publications. Even at the present moment many sound practitioners show a tendency to undervalue some of the methods I have just glanced at, and often depreciate the endoscope, the sphygmograph, and other such appliances, "Oh, a good practical man can diagnose disease without them." This is exactly what was said of the microscope, and even of the stethoscope at their introduction. I tell you that twenty years hence every one will be using these aids, and it behoves you now to study them. While you carefully study them, however, it would be a grievous error to rely unduly upon them, and to neglect the careful, painstaking, clinical observation of disease. Hippocrates and the other fathers of medicine had no such aids. Their knowledge of anatomy was rudimentary, and their acquaintance with physiology and pathology *nil*, and yet, by intense observation of symptoms, they accomplished wonders of diagnosis and treatment. You must imitate their careful clinical research, and add to it the lights and resources of modern science; but the physician who relies on the latter and neglects the former is like Æsop's astronomer who fell into the pit while he walked along, his eyes fixed upon the stars, but unobservant of the common objects in the path on which he walked. It is hardly necessary to allude here to the importance of medical chemistry, for physiology and pathology are year by year becoming applied branches of it, and pharmaceutical chemistry is annually adding to our armoury remedies of the most potent character. The progress of modern science is truly wonderful. Years ago Grove proved that heat and motion would mutually reproduce each other. Then Graham Bell turned the waves of vocal sound into an electric current which reproduced the voice miles away. This year he has made the astonishing discovery that this reproducing current will actually travel along a beam of light. All this tends to show that, as all our senses are modifications of touch, so all our forces, chemical, electric, thermal, luminous, and perhaps even vital, are simply modifications of some one great terrestrial force. Over the entrance of the great Athenian school there was a warning that no one ignorant of geometry should enter there, and a similar warning as regards chemistry will soon be imperative for the medical student. The practical chemistry directly involved in clinical medicine will be taught to you in our laboratory; but, speaking of the subject, I cannot refrain from expressing my wish that chemistry, botany and physics could be learned and disposed of at the preliminary examination before the student enters upon his four years' regular medical curriculum. There is too much forced into the present four years' curriculum; and, while something is constantly being added on (as recently ophthalmology and vaccination), nothing is being taken off. The tension is becoming too great, and the obvious remedy is the diminution of the lectures to one course in each department, except anatomy and dissections, in which there ought to be two separate courses—a junior and a senior. The lectures ought to be changed from mere professorial discourses to half of demonstration and a remainder of catechetical examination, and no student should get a certificate who has not attended a proper proportion of the lectures, and at each satisfied his teacher as to his knowledge of the previous one. I have tried this double system with success. I do not believe that any examination solely depended upon, and open to all comers, can be a proper test of a thorough professional education; but when a medical corporation has required a candidate to produce evidence of having received a proper medical training, and has then, by practical examination, partly clinical, done their best to ascertain that he has taken advantage of it, they have done all that can be done. The education should be a progressive, practical, and systematic one, and not mere cramming for a pass; for, as Wolff has truly said, *Perverse studet qui studet examinationibus.*" I think that the licensing bodies should require a roll to be called at hospital. At present the only body which takes any precautions in this respect is the University of Dublin, and their method works well. I would gladly in this address confine myself to scientific medicine, and to medical teaching; but there is one other subject of such paramount importance to our students, that I cannot avoid alluding to it—I mean the present condition of the Irish dispensary medical officers, which is entirely unworthy of the noble profession to which they belong. A young military surgeon, fresh from the schools, receives a minimum pay of ten shillings daily with allowances; the dispensary officer generally has about one-half of this, and I consider that looking to all circumstances, he should receive the same minimum pay as his military compeer, along with his vaccination and other allowances, which he has to earn by actual work. Again, the poor-law medical officer has to support the position of a gentleman, and it is hard, even in the most prosperous districts, for him to save a competence, especially if he has a family. I think, therefore, that when he becomes by age unfit for active work, he should be entitled to a pension on the Civil Service schedule, according to his length of service. This pension is optional with the guardians, and is sometimes given, as frequently refused. There was a melancholy case this year, when it was so refused to an old, infirm, and deserving officer, and when it was represented that the retiring doctor would have no other means of living, one of the guardians considerately replied "that in that case he could apply for out-door relief." During the present month in one of our Metropolitan Unions, the pension of a retiring

officer was cut down because it was understood that he had some private means. In addition to the liberal pension which a retiring military medical officer receives, his wife, should he die before retirement, is entitled to a small pension, and both these boons are properly conferred, even though the officer may have never seen any active service. His poor-law compeer frequently falls a victim to typhus, or some other infective disease caught from the pauper patient he is attending, and thus dies in the public service as certainly as if slain by the bullet of the Afghan. In this sad event is there any public provision for the widow and orphans should they require it as they so often do? Certainly there is, if the union workhouse can be considered as such. Further, it is a notorious fact that comfortable, nay, even wealthy persons frequently obtain red tickets entitling them or their families to free attendance and medicine, and in this case the poor-law officer must give both until he gets the tichet cancelled, which can seldom be accomplished until long after the sickness is over. In this case equity demands that the doctor shall be able to compel the patient to pay him for his advice as a private practitioner, and that the patient should be further compelled to recoup to the union for his medicines, both having been obtained on the false pretence that he was a pauper. The Army Medical Service is now in a satisfactory condition, but it was only when the attitude of the colleges and of the junior members of the profession obliged the military authorities to send out civilian surgeons to Zululand that Government could be induced to remedy the grievances of the department. A similar course of action, firmly and judiciously undertaken, will remedy the just grievances of the Irish dispensary officers." Dr. Quinlan concluded, amid loud applause, by recommending to the class unceasing diligence from the very beginning of their medical career.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

A Case of Hæmophilia.

Under the care of Dr. ANDREW.

Communicated by Mr. S. DAVIES, B.A.

JOHN H., 32, waiter, was admitted into St. Bartholomew's Hospital on September 3rd. He gave the following account of himself:—From early childhood he had been subject to severe hæmorrhage arising from trifling causes, such, for instance, as a slight cut in the finger, or a blow on the nose. On account of this known tendency to bleed, dentists had refused to draw his teeth. At about six years of age he had scarlet fever, and since that time has been subject to rheumatism, of which he has had several attacks. Somewhere about ten years ago he was admitted as an in-patient into Westminster Hospital for hæmaturia. The patient states that he had several attacks of this symptom, and passed large clots of blood in his urine. He was treated with lime-juice; what benefit he derived from this treatment does not appear.

He dated his present illness from five months ago, about which time he found himself getting progressively weaker, and began to suffer at times from cramps in the legs and arms. These cramps generally commenced with a sort of tingling sensation. He appeared to have had some kind of a fit about two months ago, in which his muscles were contracted, but he did not bite his tongue. He was treated in Lambeth Infirmary for two months, but for the last six weeks had had no medical attendance. He had not been at work for the five months preceding his admission into St. Bartholomew's Hospital.

He further stated that for years previously he had been subject to pain in the chest, palpitation of the heart, and shortness of breath. The attacks of hæmaturia were attended with great pain in the right iliac region, which was, however, relieved on the discharge of blood in his urine.

His condition on admission was as follows:—

On the posterior aspect of the left thigh there was a large extravasation of blood, extending about 6 inches upwards, and 3 or 4 inches across; and over the front of the right tibia was another smaller extravasation, which he attributed to a blow dealt some twelve years before; he thought that it had been getting darker in colour for the last six months. He could not account for the extravasation on the thigh.

He could not extend his arms beyond an angle of 120 deg. There was thickening at the external condyles of the elbow-joints, and the joints creaked when they were moved. The right knee-joint could hardly be moved at all, the left with less freedom than natural, and there was thickening in both. Apparently there had been hæmorrhagic effusions into these joints, which coagulating and remaining unabsorbed, had caused the thickening and loss of motion.

His gums had a spongy appearance. He had not observed any melæna. His appetite had always been fairly good. He had been accustomed to take a fair amount of alcohol, principally in the form of gin. Beer and stout, he said, made him drowsy, so he avoided them.

The first cardiac sound was reduplicated at the apex. There were no other physical signs.

His blood was subjected to a microscopical examination. As far as regarded the appearance of the corpuscles, and the relative number of white and red, there was no marked change from the normal. The absolute number of red corpuscles was estimated by means of the hæmacytometer of Dr. Gowers, which is a modification of the instrument of MM. Hayem and Nachet, made by D. Hawksley, of Oxford Street. The result of the examination was that a cubic millimetre of blood was found to contain about 5,400,000 corpuscles, being 400,000 over the average of Vieroidt and Welcker. (*a*)

The urine was of normal colour, acid, of specific gravity 1012, and contained no albumen.

There was no change in the patient till the 10th of September, when a systolic murmur was heard at the apex, and he had pain over the cardiac region.

On the 13th a fresh extravasation appeared in the right upper lid, which gave the patient the appearance of a pugilist who had received a "black eye"; he complained also of shooting pains in the right side of his face and neck. The extravasation in the thigh appeared to be fading away.

On the 17th a hæmorrhagic effusion appeared on the outer side of the iris of the right eye, of scarlet colour. The extravasation in the lid had extended into the lower lid, and had changed in colour from black to green.

The patient was now no longer confined to his bed. His general condition progressed favourably, and the murmur having disappeared, and the extravasations having nearly cleared up, he was considered on the 8th of October sufficiently restored to be sent to the Highgate Convalescent Hospital.

The patient had been put on a half-meat diet, with greens, and two lemons a day. In addition, he had been treated with perchloride of iron.

No family history of hæmophilia could be obtained.

Translations.

THE PHILOSOPHY OF SLEEP AND DREAMS.

By M. DELBOEUF.

Translated from the *Revue Philosophique.*

By EDWIN JACKSON, B.A., M.R.C.S.,
Manchester.

PART II.—THEIR RELATIONS WITH THE THEORY OF CERTAINTY.

(*Continued from page* 369.)

IV.—Why does the madman believe in his delusions? By what sign can we recognise the imaginations of a disordered brain, and what is their logical value? Is there a higher criterion?

We have just seen wherein the dream and the reverie resemble each other, and wherein they differ. In both cases the material of which they are formed is a series of more or less connected conceptions. In the reverie, on the one hand, they co-exist with determinate perceptions which, though enfeebled by our inattention, still by their clearness and their set-off make us notice the fraud. In the dream, on the other hand, any perceptions that we may have are so vague and obscure that our conceptions gain brilliancy by contrast, and the want

(*a*) This examination was made shortly before the patient went out.

of ability to establish a comparison makes us take the objects of our ideas for external realities, in obedience to an innate habit which is irresistible.

Madness, on which I am now going to say a few words, has its place marked out, from my point of view, between the dream and the reverie: the conceptions of the madman, in so far as he is mad, have the same brilliancy as his perceptions.

We remember the worthy Perrette, deceiving herself with the most pleasing pictures, and seeing herself already in possession of a cow and its calf. Let us suppose that the brave woman imagines that she really possesses them, and we shall have before us a poor victim of a delusion. Deceived by all her senses at the same time, not only will she see them feed, but she will hear them low. She will milk her cow into imaginary pails, and will set out in a dairy which has no existence her bowls of milk and lumps of butter which also will have no reality. It may be, however, that sight alone is the seat of error. Then the unhappy woman will never be able to put her hand on her animals, for they will flee at her approach. She will say, in her madness, that an evil spirit torments her and prevents her from doing her work as a farmer's wife; she will finally explain the matter to herself in a way that seems likely in her eyes, and Heaven only knows to what the logic of her suppositions will lead her.

We are acquainted with this kind of spectacle, the whole interest of which rests in an optical illusion. Real actors move on the scene, and also impalpable shadows whose bodies offer no resistance to swords and clubs, which appear suddenly and disappear in the same way. Let us admit for a moment that the actor may be the victim of this performance. He will have before him a personage whom he will see, but will be unable to touch. Will he persuade himself that it is an illusion? Perhaps he may; but which will be the sense that is imposed upon? Will it be that of sight, which sees what does not exist, or of touch, which does not touch what really does exist? It is possible that, supported by experience, he may in the end persuade himself of a mistake in his visual perceptions; but it is also possible that he may fail to explain it.

The poor fellow who believes that he has his stomach full of frogs and toads, and who, when you try to set him right by argument, lays hold of them with his hand, puts them before your eyes, or throws them in your face, is the victim of a sad illusion, no doubt; but how could it be otherwise? Are the foundations of our belief in real things of a different nature? This conclusion follows, at first sight paradoxical, but nevertheless rigorously exact: it is that the victim of a delusion obeys a natural law when he believes in the truth of the fantastic images which haunt his mind. Herein he behaves exactly as I do, who at this moment am perfectly persuaded that I have a pen in my hand, and paper before me, and that I am writing on it the result of my reflections; and just as I should regard as nonsense the attempt of anyone who should seek to convince me that I am dreaming, so he ought to consider us sorry jesters when we deny and try to make him doubt the existence of what he sees and hears and handles every day.

"Hear," says Albert Lemoine, "the reply of a victim of a delusion, whose medical adviser was trying to how her her mistake: 'How do we know objects? Because we see them and touch them. Then I see and hear and touch the demons which are outside me, and I feel most distinctly those which are inside me. Why should I reject the evidence of my senses, when everybody invokes them as the sole source of his knowledge?' When we pointed out to her in proof the example of others labouring under delusions, whom she recognised to be in error: 'What my eye sees, my ear hears, and my hand touches it. The sick people of whom you speak are deceived; one of their senses is contradicted by another; on the other hand, I have the authority of all.'"

Like the analysis of sleep, that of madness leads us then to divide the phenomena it presents into two parts, and to distinguish what is morbid from what naturally follows in virtue of our previous experience, our habits of mind, and our instincts.

The sleeping man sometimes sees a stick receive life, a piece of furniture gifted with speech, a man take upon himself the form of a bird. Poets, those voluntary dreamers, people the forests with enchanted trees, which bleed when struck, which use words of threat or of prayer, which suddenly become monsters or women, to frighten or to soften us. We know into what animals Circe transformed the companions of Ulysses, and Tasso and Ariosto have endowed enchanters with most terrible powers.

The sleeping man is for the time being a dupe; poets are voluntary dupes. But there are also involuntary and incorrigible dupes, who take wind-mills for giants, Maritornes for princesses, and marionettes for people with flesh and blood. The reason of their illusions is known to us; it is that the empty images of their brains strike them with the same vivacity as real images; and if they do not doubt the truthfulness of the one set, why should they doubt that of the other?

In the room in which I am writing these lines some engravings are hung on the wall in front of me. I am absolutely certain that they are there. Now if I every day saw underneath them or beside them other engravings, which, however, in reality did not exist, if I imagined that I touched them, took them down, and dusted them, if I thought I remembered whence and how they had come into my possession, I ought logically to believe in their existence. I am and I feel that I am awake when I see the first set, why should I think that I am dreaming when I see the second set? Has not my mistaken belief my legitimate belief to support it? The assurance of my relatives that it was an illusory idea might momentarily disturb me somewhat, but I shall much more easily persuade myself, and much more *reasonably*, that they have laid a plot for making fun of me, than I shall doubt the constant evidence of my senses. If I do not know how these pictures have come here, I shall rather believe in some slip of the memory than in a continued mistake. If, finally, these pictures refuse to be taken down, I shall be plunged into a very serious difficulty. I shall say that I am the sport of some unpleasant dream; if I have been trained to superstitious ideas, I shall suspect the intervention of some diabolical powers; if, finally, I know that similar illusions may be the result of illness, I shall account for it by the state of my health, shall worry about it, and quite make up my mind that that is it. We know Pascal's abyss, and Descarte's inferno. This is the conclusion I am almost certain to arrive at if the apparitions are temporary, intermittent, or periodic, the reasons for doubting being in this case stronger than the reasons for believing.

(To be continued.)

Department of Lunacy.

THE CERTIFICATION OF LUNATICS.

Mr. Wickham, medical superintendent of the Newcastle-on-Tyne Borough Lunatic Asylum, expresses in his Annual Report to the Committee of Visitors of the Institution, a strong opinion that no man should be deprived of his liberty on the ground of insanity, except as is now the case with pauper lunatics on the order of responsible public officers, such as magistrates. At the same time, he adds, it must not be forgotten that no method that can be devised will give satisfaction to many of those who are affected by it. Much has been said recently, and by thoughtful and influential writers, on the mode in which medical certificates of insanity are procured after consultation between the medical men signing them. The Lunacy Acts certainly prescribe that each shall have a separate interview with the alleged lunatic, and this may be strained to mean that he shall not consult with the other. But it is equally certain that none of the Acts say this, and there is no evidence that such a meaning is correct. And if it were so, it would be so anomalous that the law would be more honoured in the breach than the observance, for it is only necessary to extend the principle in order to demonstrate its absurdity. No man would submit himself to a serious operation without having a consultation of surgeons, one of whom, at least, if he could get him, would be a hospital surgeo

specially skilled in the disease ; but his personal liberty must be signed away by two doctors, who have preserved absolute secrecy towards each other respecting his symptoms, and who have scrupulously abstained from consulting a lunatic hospital physician. By this rule, when a statesman is presented with the seals of office he should be told that, be the questions coming before him ever so delicate, he must not consult with his colleagues, what is wanted being his own unbiassed judgment. Another complaint Mr. Wickham points out is, that two medical certificates are not sufficient, the demand being that three or more should be obtained in each case. In this connection it is worthy of remark that those persons who feel themselves aggrieved by being consigned to an asylum on two certificates only, would probably equally resent any interference with their liberty, even if a score of certificates had been secured. It is certain, at least, that when a legal action arises out of such cases, it does not seem to add to the satisfaction of the plaintiff that a dozen of competent witnesses can testify to his insanity, but letting that pass, so long as the law is held to prescribe that the medical examination shall be without consultation, each additional certificate would be only an additional source of fallacy. To say that a medical practitioner may make a mistake is only to say that he is human ; and it may be suggested that in many instances when he is alleged to have mistaken the nature of the case he has done nothing of the kind, but has only mistaken the public sentiment respecting it.

NERVOUS EXHAUSTION.

Dr. Maclaren, of the Stirling District Lunatic Asylum, has observed amongst the patients sent to that asylum a form of insanity which is not melancholia, and which is not dementia, although it may at first sight be taken for one or other of these, but which seems to be grave nervous exhaustion. That there should be such a form of disorder amongst the educated and refined classes is not to be wondered at, but in the cases admitted into the Stirling Asylum, it has so persistently appeared in men who belong to the skilled artizan class that it has almost seemed peculiar to them. It must be remembered, however, that the intelligent workman of the present day is a very different person from the labourer of a former one, and uses, and probably overtaxes, his brain nearly as much as professional or business men do. The attack to which Dr. Maclaren refers, especially affects the middle-aged whose previous history is, that they have been steady hard-working men, who have saved a little money and who have always been of an anxious turn of mind. In almost all instances, they have been men of aspiring temperament, but without the intellectual ability which has enabled a few of their class to rise entirely above it. Yet they are not content to remain in their station, and so they plod and toil, and become a prey to anxieties. Ultimately the prospect of attaining a high position is lost, and then they concentrate their desires on accumulating money. Their whole time is occupied in labouring and planning to increase their store, and they are vexed by apprehensions lest their schemes should miscarry. The hours which should be devoted to sleep are given up to work or miserly calculations, and then when an illness or a grief comes upon them they break down miserable. They are reduced to a state of utter and complete prostration, mental and physical. The surface of the body is cold and pale, the pulse is feeble, and the mental condition is listless to an extraordinary degree. Power and force seem gone for ever, and the stalwart, well set up, acute looking artizan of a short time ago is reduced to a grey, bent, nerveless invalid. In this utter loss of physical power is one of the marked distinctions between this variety of mental disease and melancholia. The cases of this kind which Dr. Maclaren has seen improved under treatment, but never recovered the tone of former days. Probably, to no one would the graphic term "a complete wreck," be so entirely applicable as to the victims of this type of mental disease.

THE BERBICE LUNATIC ASYLUM.

From the Reports of the Colonial Lunatic Asylum of British Guiana at Berbice we gather that Dr. Robert Grieve, the medical superintendent, is energetic in the introduction of improvements, and in the assimilation of the methods of treatment pursued in the hospital under his care, to those in vogue in the best models at home. The asylum contains upwards of 200 patients of a mixed and rather unruly class, yet restraint is never had recourse to. Fortnightly dances are held, a good band has been formed, and picnics and concerts are provided. Further experience has confirmed Dr. Grieve in the opinion that suitable and interesting occupation is the main element to be held in view in the moral treatment of insanity, combined of course with constant kindness and consideration for the sufferers. The more skill required in the work and the greater the demand it makes upon the mental powers, as long as it is not beyond the grasp of the insane, the better the results. This is shown by the fact that the carpenter's shop turns out more recoveries than any other part of the asylum. Several new industries have been begun of late, fishing for the men, and the making of cocoa nut oil, the preparation of coir, and the manufacture of chocolate. The only difficulty experienced has been in obtaining a constant and sufficient supply of cocoa nuts, about one thousand a week being required.

THE CAUSES OF INSANITY.

After referring to the alleged causes of insanity in the patients admitted into the Lancashire County Asylum during 1879, Dr. Cassidy, the medical superintendent, argues that there is an anatomical and physiological substratum beneath these so-called causes which it is greatly more difficult to reach. For instance, among 13,309 admissions into asylums in England and Wales in 1878, the causation of insanity was attributed in 1,951 cases to intemperance in drink, in 78 cases to pregnancy, and in 102 to fevers. If we consider the extent to which these three so-called causes flourish in this kingdom, it seems fair to conclude that they have less to do with the insanity with which they are occasionally associated than has the weak and unstable nervous organisation upon which they act. The secret of that anatomical brain structure, the quality of those tender cells which is asso-

ciated with the proclivity to insanity, has not yet, however, been revealed to us, and it may be long before it is so.

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,
President of the Pharmaceutical Society of Ireland, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,
Lecturer on Materia Medica and Therapeutics at the London Hospital.

(*Continued from page* 353.

We now come to a class of purgative waters which, although they mainly owe their activity to one ingredient, yet differ from those just mentioned. Whereas the waters of the Marienbad type owe their activity to Glauber's salts the following waters will be seen to owe it to the great preponderance of Epsom salts.

Sedlitz Water.—It would hardly do in a work upon mineral water to pass over the springs of Sedlitz in Silesia—yet from a commercial aspect they are of little account. So little is now known of this once celebrated water that we were not able to get a sample, and, as it is very little used we did consider it necessary to send nearly to Dresden for it. Dr. More Madden in his interesting book on the "Spas," perhaps explains the want of popularity of this water, when he says: "Sedlitz is a wretched looking place, hardly meriting the name of a village, and the wells whence the waters should be derived are a few shallow circular pits whose contents seldom find their way to this country. Instead of the cooling, agreeable draught used in England under that name, the true Sedlitz Wasser is a yellowish, somewhat oily-looking fluid, with a nauseous, intensely bitter taste."

Sedlitz Wasser has no connection with our seidlitz powder except by name; even the indefatigable Baedeker informs us of this "sedlitz gives its name to the now artificially prepared powders which, however, differ materially from them obtained by '*evaporating the mineral waters.*" The first seidlitz powders, however, were an imitation of what, in those days, was the most well-known mineral aperient spring in Europe. (*a*)

If the following be correct, sedlitz water is a very strong one. Some of the other analyses, which are not so recent, give the total constituents as being higher.

According to an analysis of M. Steinman, sedlitz water contains in the gallon:

	grains.
Sulphate of magnesium	795·5
Sulphate of sodium	174·4

(There is no sulphate of sodium given in the other published analyses.)

Carbonate of calcium	52·9
Carbonate of magnesium ...	2·0
Carbonate of strontium	0·09
Sulphate of calcium	41·40
Sulphate of potassium	44·10
Chloride of magnesium	10·60
Carbonates of iron and magnesium	0·50
Silica	0·50
Total	1121·99 grains.

Skeleton analysis of half an imperial pint (10 *ounces fluid*).

Total solids.	Purgatives.	Antacids.	Salines.
70 grs.	61 grs.	3½ grs.	2¾ grs.

We also give the analysis of a water in the Sedlitz district, said to be by Berzelious, and which has very curious composition. It runs thus:—

Saidschutz Water.

	Grains.
Sulphate of magnesium	841·6
Nitrate of magnesium	251·7
Carbonate of magnesium ...	49·8
Crenate of magnesium	10·6
Chloride of magnesium	21·6
Sulphate of potassium	40·9
Sulphate of sodium	468·0
Sulphate of calcium	100 9
Oxides of magnesium and iron ...	2·8
Tin, traces	
Copper, traces	
Total solids	1787·7

We merely give this analysis as we are on the subject of the Sedlitz district, because, if correct, the water is unique, and we know of no water of this character containing 250 grains of nitrate of magnesium. It is occasionally imported into this country. The presence of copper and tin is also peculiar, but would be easily accounted for by the occurence of mineral veins in the district from which this water is procured.

We regret to learn that Lord Rosebery was elected Lord Rector of the University of Edinburgh on Saturday last, over the head of that venerable member of the profession, Sir Robert Christison, by thirty-nine votes. We are tempted to ask the question, What has Lord Rosebery ever done for the graduates of the Institution? The answer is, nothing; while his defeated opponent has devoted a long life to its service and that of the medical profession.

After eighteen years of service among criminal lunatics, the Rev. J. T. Burt, the chaplain of Broadmoor, has been presented to a small living in Northampton. It is a significant fact that there is only one candidate for the vacant postat Broadmoor.

(*a*) Seidlitz powders probably came into vogue about sixty or seventy years ago. In the 5th Edition of "Paris Pharmacologia" we find them mentioned as "the patent seidlitz powders." They had the same composition then (1822) as those now in use. That is to say, a mixture in one packet of acid, carbonate of sodium, and Rochelle salts, whilst the other contains tartaric acid, the result does not resemble the natural water in the most remote degree. When mixed it gives, in solution, Rochelle salts, a double tartarate of soda and potash ($Na\ KC_4\ H_4\ O_6$) with neutral tartarate of sodium ($Na_2\ C_4\ H_4\ O_6$).

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, NOVEMBER 10, 1880.

THE SPREAD OF FEVER.

GREAT as the progress in sanitary improvements has been in recent times we are, speaking generally, still a very long way from being secured against the possibility of ravages of disease, such as made many years in the past stand out in startling prominence on account of the extremely high death-rates from epidemic illnesses recorded in them. In our larger towns, it is true, there is now but little opportunity offered for the spread of contagious disorders, thanks to the untiring energy displayed by the medical officers of health in discharging their duties. There are to be found, however, even yet occasional fit habitats for the "deadly germ," which seem to have escaped, by some unfortuitous circumstance, the cognizance of the sanitary inspector. In London itself this is the case, and we have on a former occasion instanced one of the most offensive of these, while speaking of the laxity which permits the existence of from ten to twenty common privies immediately underneath the bedroom window of a series of suites of chambers in Gray's Inn. This nuisance, to the presence of which more than one serious illness can be attributed, still continues, and it and other cases of the kind should be remembered when we speak in disparaging terms of country arrangements, to which the prevalence of epidemic disorders is ascribed. That it is a much more common occurrence to have human habitations too contiguous to collections of excreta, or too inadequately protected from the injurious influence they can exert, in country districts than in towns, is undoubtedly true; but we venture to doubt whether the sanitary inspectors of the latter are always so careful to remove any possible source of danger as are those of the more obscure neighbourhood. In connection with this subject we have before us two of the admirable reports periodically presented to the Local Government Board by Dr. H. F. Parsons, dealing especially with the sanitary condition of two portions of the district under his supervision, and the relation borne by it to a recent outbreak of scarlet fever in them. Describing a village in South Wales, Dr. Parsons says "of some (old cottages) the roofs are not ceiled. Some are overcrowded, for example, in one case a man and wife with eight children, including grown up sons and daughters, were found occupying a single bedroom of 930 cubic feet capacity, almost without ventilation, and in which also fowls were kept." And again, "There were hardly any sewers in the district. The steep slope of the surface enables the rain water, which falls on it readily, to run off, but the sites of the houses, especially where partly excavated, were noticed in not a few instances to be wet from the springy nature of the ground, and to stand in need of under draining." It may be safely predicted that some such description as this will equally well apply to numerous other situations than that on which Dr. Parsons reports, and it is only by effectually changing the unfavourable conditions under which life must be passed in them, that any hope is to be entertained of their future immunity from the scourge of epidemics. It is a noticeable feature in connection with deficient drainage, that this is almost invariably associated with accommodation for the disposal of excreta of a very rudimentary description. Quoting from the same report, we are told that under the direction of the sanitary authorities a great change has been effected in this respect, but that formerly the most deficient convenience existed, and even now filth is in some places "deposited on the surface of the ground in the immediate neighbourhood of the houses." We find this practice exposed again and again in the reports that are from time to time sent to the Local Government Board, and in view of the disastrous facilities afforded by it for the widespread dissemination of contagion, it becomes pre-eminently necessary that stringent and universal regulations should be adopted for the removal of every chance the continuance of the habit affords for the propagation of disease. This is a subject demanding the earnest and incessant attention of all medical sanitary officials; and they will do well to take to heart the warnings contained in the papers dealing with the health condition of rural districts, that come under their notice. Not alone will they gather from them the frightful dangers co-existing with improper sewage treatment, but, and this particularly with Dr. Parson's reports, they will find them pregnant, with suggestions applicable to all places. By patient inquiry, and by carefully collecting all available evidence, Dr. Parsons has succeeded in conclusively proving, not alone that scarlet fever can be communicated by means of inefficiently treated excreta, but that its unquestionable ravages are distinctly traceable to this mode of dispersion, and with results of considerable mortality. The poor are ever willing to neglect the precautions which seem to them, in their ignorance, both useless and troublesome, but which the

trained observer knows to be absolutely essential to preserve the general health. It is impossible to teach the people what can only be acquired by lengthened and laborious study, and failing this there is but one way of saving them from their own helpless apathy. This way is for the Government to insist, through its officers, on the individual duties owed by each member of the State to all his fellows, and to indicate in precise but sufficient terms the manner and the measure of that duty. In the obedience that must be yielded to these directions, moreover, they must share, who are responsible, in the first instance, for the accommodation as to habitation enjoyed by the poor. It is naturally less remunerative to property owners to provide hygienic accommodation for the poorer class of houses, than for those from the tenants of which higher rates of rent can be obtained. This, without doubt, affords an explanation of the miserable condition in which many rural populations are still, but it will not in the future excuse it. Very much has been done in the direction of remedying the defects which have been, and are, existing, and the powers conferred on local sanitary authorities are sufficient to ensure the non-repetition of offences against hygiene in the future. But it may be doubted whether vigorous enough efforts are being made in all places, to repress the evils to be found in them, many of which have long been existing. The instance we refer to of the condition of things to be found at the back of Ful wood Rents in Holborn, is one to the point. At any moment there might arise from this source a deadly epidemic, and in the interest of those who live in the crowded neighbourhood, it ought to be a question of immediate removal of the offensive structures, and substitution of, at any cost, of adequate accommodation for the securing of a reduced danger from the spread of infection.

The present generation is fortunate in witnessing a revival of hygienic enthusiasm, but the outcome of it is only a slowly productive of all the benefits that will follow on the adoption of plans for improving the national health. Unless these are carried out wherever human beings make their homes, there will be always some spot open to the reception of, and serving as a centre for, the propagation of, disease. The aim of sanitary inspectors must be the effectual repression of every possible nidus of contagion.

THE HOMŒOPATHS AND THE IRISH COLLEGE OF SURGEONS.

The issue of the *British Journal of Homœopathy* for the past month, contributes its *quota* of no less than eighteen pages to the abuse of the Irish College of Surgeons, for having refused to permit its Fellows and Licentiates to substitute infinitesimalism for scientific therapeutics when, tempted to earn a couple of guineas by "colloguing" with homœopathic practitioners. If anyone cares to read eighteen pages of reiterated vituperation, with an admixture of puerility and of satire lacking point, they can surfeit themselves with this sort of stuff, by purchasing a copy of the "journal;" but, if they be curious to ascertain the grounds upon which homœopaths rest their defence against charges brought against them by the medical profession, they must look elsewhere than in the columns of the *British Journal of Homœopathy*, for the whole eighteen pages do not contain a sentence worthy of notice as a reason why infinitesimalism should not be regarded as a "deception," and, therefore, unworthy of the toleration of honourable physicians and surgeons. This is the point which the spokesmen of homœopathy are bound to answer, and they cannot shirk the necessity for doing so by any quantity of pleading as to the legality or illegality of the ordinance of the Irish College of Surgeons. If they succeeded in proving that ordinance unlawful, they would not have taken a step towards proving infinitesimalism respectable, and they will certainly never induce honest believers in scientific therapeutics to enter into cordial association with them until they can offer overwhelming proof of the truth of that dogma, or else purge themselves of the dishonour attaching to the pretended practice of it. Lest any doubt may continue to exist that the profession recognises the practice of infinitesimalism as the pivot round which the controversy turns, we think it well to repeat what we said on the subject a couple of months since.

It is necessary to understand why the profession should be so anxious to keep the skirts of its robe clear of homœopathic contact. We have no desire to be offensive to practitioners of any sort, but it is impossible for us to make the attitude of the profession fairly understood without saying distinctly that it refuses any association with homœopaths, because it believes that the tenets of that schism—and more especially infinitesimalism—are not doctrines which may be honestly held by reasonable, thinking, and educated gentlemen; but are, on the contrary, theories put forward to attract the uninitiated and impressible section of the public. Of the doctrine of "*Similia similibus curantur*," we can conceive a practitioner honestly holding it and acting upon it. But with regard to infinitesimalism, we cannot use any other phrase than to characterise it as a fraud to which no practitioner worthy of professional association should descend. We know, as a matter of fact, that very many homœopaths do not practise on such principle, and we have read the repudiation of it by some of the more honest writers on homœopathy, and we can see for ourselves that the enunciation of that dogma and its methods of practice are wholly repugnant to our sense of reason; and with every desire to take the broadest and most charitable view of the erratic ideas of individual practitioners, we really cannot coerce our intelligence to believe that homœopaths have any more real confidence in the dosology advocated in the homœopathic Koran than we have. We read, fresh from the pen of one of these editors who have attacked the Irish College of Surgeons, that infinitesimalism is not an essential of homœopathy. If not, we ask, why do homœopaths lead their patients to believe that it is? Do they not obtain the confidence of their clients by asserting that their practice is free from the danger of over physicking, and that medicine, as usually practised, is ignorant, useless, and pernicious? If they were to let their patients know that they abandon their dogmas and their dosage when it suits them to do so, and fly to the erroneous and poisonous therapeutics of the average doctor, how many believers in homœopathy would remain at the end of the year? We say that a system supported by means of such dogmata or practices is unworthy of tole-

ration, and unfit for the association of honourable gentlemen, and that it is rightly tabooed.

It is sufficiently evident from the writings in the homœopathic periodicals, that the better class of homœopaths feel the truth of what we have said, and, though they have not the honesty to tell their patients of their recantation and change of practice, they have consciences which revolt against the administration of billioneths. For example, we find in this very issue of the *British Journal of Homœopathy*, a series of resolutions, passed *not* by the Council of the Irish College of Surgeons, or by the arrogant allopathic persecutors of virtuous Hahnemannism, but by the American Homœopathic Association itself. We select the following :—

"Whereas, numbers of professed homœopaths not only violate these tenets, but largely repudiate them ; and whereas an effort has been made on the part of such physicians to unite the homœopathic with the allopathic school ; therefore resolved, that as some self-styled homœopaths have taken occasion to traduce Hahnemann as a 'fanatic,' 'dishonest,' and a 'visionary,' and his teaching as 'not being the standard of homœopathy of to-day,' that we regard all such as being recreant to the best interests of homœopathy ; resolved, that for the purpose of promoting these sentiments, and for our own mutual improvement, we organise ourselves into an International Hahnemannian Association."

What we ask is all this but the ordinance of the Irish College of Surgeons in another form? And how is it that the editor who publishes these resolutions denounces the College for its condemnation of "pay your money, and take your choice," system of practice of homœopathy and scientific medicine in unions?

In an additional article on Triturations in the same journal, we find an equally instructive comment on infinitesimalism. Without pretending to analyse the paper, we may say that it contains a complete statement of the results of a long series of experiments as to the efficacy of trituration to sub-divide insoluble substances, so that those substances may be administered in "high" potencies. The net result of these experiments is candidly stated, and is substantially that after the second homœopathic trituration it is not possible to subdivide these substances any further, and, *ergo*, that the "high" triturations recommended by Hahnemann, and supposed to be administered by homœopaths, are mere moonshine. We confess ourselves incapable of understanding the subtlety of argument by which the critics of the Irish College of Surgeons satisfy themselves that it is honourable and scientific, while leading the patient to believe that he or she is imbibing harmless billioneths, to administer surreptitiously heroic doses of allopathic poisons.

The valuable Metropolitan appointment of Medical Officer of Health for the Marylebone district, vacant by the death of Dr. Whitmore, was filled last week by the appointment of Mr. Wynter Blyth, author of one or two well-known works on Hygiene and Chemistry. There were many applicants for the post, ultimately two were selected, Mr. Blyth and Dr. Saunders, the former gaining a majority of votes on the final ballot.

Notes on Current Topics.

Foreign Bodies in the Auditory Meatus.

At the meeting of the Paris Société de Chirurgie on October 20, a discussion took place on foreign bodies in the auditory canal and their removal. Dr. Despres, after mentioning some cases in which M. Roustau, of Montpellier had removed foreign bodies, (beans in two cases) by means of iron wire, said he considered injections of tepid water in the ear a better method of procedure, and more harmless. We must distinguish cases in which the foreign body has been only a short time in the ear from those where it has been long enough to set up an external otitis. In both cases injection of water may remove the body, or, at any rate, modify the condition of the parts. Dr. Gillitte related a case which occurred last year, where he removed from a child's ear a pea which had been there seven years. By daily well directed injection of water, the body was removed, and the child now hears well. Dr. Terrier remarked that injection of tepid water is a classical procedure, but there are cases where it does not succeed, for instance, where there is much swelling or when the foreign body has got into the tympanum. Very often, however, attempts made by skilful surgeons are unsuccessful at the time, but later a simple injection of water suffices when the inflammation has diminished. When the foreign body entirely fills the passage injections of water can only force it inwards. In such cases it should be put aside with a probe or hook, so that the water may get behind it. The classical method should always be used first, but there are some cases in which it is not sufficient. As Dr. Marjolin remarked, the classical method is often forgotten, and that is why in hospital cases there is often so much difficulty. M. Verneuil said that when a patient came to hospital, and has not been touched, it is generally easy to remove the body by syringing ; but when extraction is more difficult, the patient should be anæsthetised. There is then no risk of perforating the membrane should the patient move ; besides, it is more easy to make a diagnosis. He had seen a child which was brought to him by a *confrère*, who wished him to feel a foreign body with a probe. He pointed out to him the membrana tympani was perforated, and that the probe penetrated the tympanum. M. Faraheuf narrated a case where a child was brought to him on the sea beach with an ear of barley in the meatus. Having a forceps in his pocket, he drew it out without using a syringe.

Essence of Winter Green in Purulent Cystitis.

The essence of winter green, more used in perfumery than pharmacy, is, according to the *Journal de Medicine et de Chirurgie pratiques*, used by M. Perier, of the St. Antoine Hospital, in the treatment of purulent cystitis. It is a powerful antiseptic of a penetrating but not disagreeable odour and non-irritant. Though its price is high, this does not form a bar to its use, as it is given in very small doses. The essence of winter green is procured from the *Gualtheria procumbens*, a North American shrub. Chemically, the essence is called salycylate of methylene, or methylsalicylic ether ; it is only slightly soluble in water. Dr. Perier employs the following combination: ℞ Essence of winter green,

6 grammes; tinct. of guillaya saponaria, 30 grammes; water, 1 litre. This forms an excellent fluid for injecting into the bladder, for washing wounds, and for some simple dressings.

The International Congress.

THE work of organisation in connection with the forthcoming International Medical Congress, to be held in London in 1881, is being most energetically and efficiently carried on, and no pains are being spared to ensure the unqualified success of the meeting. A series of circulars dealing with the arrangements already made have been widely distributed in England and throughout the chief Continental countries, and in America. In three sections, viz., diseases of children, otology, and state medicine, prospectuses containing the list of subjects proposed for discussion have already been issued, the office-bearers in each division being likewise printed with them. In the two subjects first named these circulars are printed in English, German, and French, and communications respecting them are invited from all countries. A very considerable number of distinguished foreign members of the medical profession have already signified their intention of being present at the Congress, and the committee are able to announce the following as having definitely accepted invitations:—Professor Busch, Bonn; Professor Reyher, St. Petersburg; Professor Charcot, Paris; Baron Larrey, Paris; Professor Morache, Bordeaux; Dr. L. Labbé, Paris; Professor Theodore Schwann, Professor von Recklinghausen, Strasburg; Professor Spiegelberg, Breslau; Dr. Benedikt, Vienna; Professor Brandes, Aachen; Dr. Baümler, Freiburg; Dr Munnich, Berlin; Dr. Fokker, Gröningen; Dr. Bidder, Mannheim: Dr. Miculicz, Vienna; Dr. I. Peczely, Buda Pesth; Dr. Waldeyer, Strasburg; Dr. Königsfeld, Aix-la-Chapelle; Dr. Göltz, Strasburg; Dr. Sandre, Oran; Dr. L. Martineau, Paris; Dr. A. Herbert, Paris; Dr. L. Jullien, Paris; Dr. Brachet, Aix-les-Bains; Dr. Lahuppe, Dr. Chervin, Dr. Demous, Bordeaux; Dr. Barr, Geneva; Dr. Joel, Lausanne; Dr. C. Romano, Naples; Dr. S. Giordano, Cannero; Professor Albanese, Palermo; Dr. Keyes, New York; Dr. D. W. Yandell, Louisville, Kentucky, &c.

Sanitary Assurance.

AN association, having in view the "securing to its members, at a minimum cost, those advantages which the progress of sanitary science has made available," was recently formed at a meeting held, to consider the advisability of the scheme, at the Langham Hotel. Sir Joseph Fayrer, K.C.S.I., having taken the chair, the object of the proposed association was explained by Mr. Mark H. Judge, who described it as an attempt to bring medical men and architects together on the great question of house ventilation. The prospectus announces that all houses placed on the register of the association will be at once thoroughly inspected by its officers, who will supply a written report thereon, and an estimate of the cost necessary to ensure thorough repairs. The amount of subscription is fixed at half-a-guinea, an entrance fee of the same amount being required to secure membership; this sum will entitle members to place on the register a house, the yearly value of which does not exceed £40. For houses over this rental value an increased fee will be payable according to a graduated scale. A special mention occurs in the prospectus of the present faulty construction of houses in London, and the dangers arising from impure and sewer air; and it is expected that a large number of persons will hail the opportunity of being able, at a small cost, to assure themselves of the actual condition of their residences in these respects. There is a great area of usefulness open to the Association, and it may undoubtedly be productive of vast benefits. We trust it may become a successful engine of progress in house construction.

Death through Misadventure at Guy's Hospital.

A MELANCHOLY occurrence is recorded as having taken place very recently at Guy's Hospital. A delirious patient, at a moment when the nurse in charge had temporarily removed from the bedside, seized the opportunity to secure a knife left inadvertently in the locker beside him, and with this instrument committed suicide by cutting his throat. How the knife came to be in such close and dangerous proximity to a patient not accountable for his actions has yet to be explained, and also on what grounds the absence of the attendant, even for a moment, can be accounted for. We have the story of the accident only from an indirect source, but it is vouched for on good authority, and should lend weight to the agitation for much needed reform at Guy's.

Injudicious Punishment.

IN a single issue of the *Standard* last week there were reported two cases in which schoolmasters were charged with assaults committed on pupils under their care. In each case a fine of forty shillings and costs were inflicted, and it must be admitted the result of the magistrate's decisions were in accordance with the spirit which ought to dictate such rulings. The offences were committed, as is too often the case in schools, without any consideration being had to the possible evil consequences of improper punishment of young boys. In one instance, for refusing to eat food he objected to, and further rebelling against the form of penance imposed on him, a pupil at St. Mary's College, Richmond, was thrashed with a cane by the principal of the institution, being first dragged from bed by two assistant masters who held him during the castigation. He was then imprisoned all night in a room containing only a bed and a mattress, his sole covering being a night-shirt. In the second case the head master of St. James-the-Less National Schools, Westminster, assaulted a boy, eight years of age, by severely beating him about the head because of his inability to return answers to certain scripture questions set him. The magistrates, before whom these cases were heard, very rightly characterised them as most improper punishment, and referred to the injury which might, and possibly will, ensue, especially in the second case. There is far too much of the promiscuous knocking about of young boys indulged in by schoolmasters, and the occasional summoning of a few of the worst instances will exercise a wholesome influence in repressing a form of chastisement as mischievous as uncalled for.

Pilocarpine and Jaborine.

Drs. Harnach and Meyer (*Annalen der Chemie*) have examined the chemical and pharmacological properties of commercial pilocarpine, and the result of their researches has led them to the conclusion that a new alkaloid, which in lieu of a better name they have called "jaborine," is contained, together with pilocarpine, in pilocarpine of commerce, jaborine being, in fact, formed out of pilocarpine. According to the authors, pilocarpine is, in its physiological effects, analogous to nicotine, while the effects of jaborine they found to be identical with those of atropine. The separation of jaborine and pilocarpine is based upon their different degrees of solubility in various menstrua, the separation being facilitated by the non-crystallisable property of the jaborine compounds. The presence of jaborine in commercial pilocarpine was indicated by the action of the latter upon a frog, traces of jaborine causing spasms of the heart. Pure pilocarpine the authors found to contain no jaborine. After having, by means of its physiological effects, determined the presence of jaborine in commercial pilocarpine, the authors set to work to prepare it in at least sufficient quantity as to enable them to experiment upon it. The raw materials selected for this purpose consisted in part of jaborandi leaves and partly of the so-called false jaborandi, piper reticulatum, and other kinds of pepper. Not having been able to obtain jaborine in a state of perfect purity, the authors have not been at present able to represent it by a formula. Jaborine is a very strong base, differing from pilocarpine by being difficultly soluble in water and easily soluble in ether. Its salts dissolve readily in water and alcohol, and are not crystallisable.

A Good Example.

Dr. Robert Greenhalgh has just set a most commendable example by presenting a collection of about 600 valuable works on medicine, and a number of obstetric instruments to the Samaritan Free Hospital. These, it is hoped, will be the nucleus of a valuable library. Many London hospitals are equally in need of a similar liberal-minded gift.

Purgatives in Phthisis.

When we have to treat constipation in phthisical patients, Dr. Ferrand (*La France Medicale*) advises the following mixture, which may be taken in a cup of tea: calcined magnesia, 2 to 4 grammes; manna (in tears), 30 to 40 grammes. We may, by adding a little honey to this, make an electuary, which can be easily taken in the morning, in the dose of a large spoonful, thus: manna (in tears), 30 grammes; calcined magnesia, 4 grammes; clarified honey, 30 grammes.

The New Naval Medical Warrant.

We understand from private sources that the new Warrant for the Naval Medical Service is at length ready for issue, and has received the approval of the authorities. It will be published early next year, and probably come into force by April next. From what we learn a good retiring pension is granted after twenty years' service, together with increase of pay in the various ranks. We shall, however, reserve our remarks until the terms are given in full.

Unfermented and Temperance Wines.

Mr. Carter Bell, the analyst for Salford, has recently examined nine samples of so-called unfermented wines and two of ordinary tent wines. Of these nine samples, three bearing labels stating that the bottle contained "pure grape juice," "virgin fruit of the vine," &c., consisted of sugar, tartaric acid, salicylic acid, and colouring matter, with a considerable quantity of copper, the result doubtless, of ignorant or careless manufacture. Grape juice was entirely absent. Another sample, labelled "Pure and genuine unfermented fruit of the vine," was evidently a composite article artificially made, and so carelessly prepared as to contain alcohol. One sample of unfermented wine imported from abroad contained some grape juice; but the presence of alcohol and an abundance of yeast cells showed that fermentation had not been arrested. One example was labelled "The selected wine of the Temperance Fraternity." This was an ordinary low class fermented wine, containing a large amount of alcohol. Of the nine samples of the so-called unfermented wines, only one was genuine and was what it professed to be, "Pure grape juice entirely free from alcohol." The samples of tent were sweet and highly alcoholic wines, one sample containing as much as 40 per cent. of proof spirit. This wine had evidently been strongly brandied, no natural wine containing anything like this proportion of alcohol. The number and variety of these so-called unfermented wines testify to a large demand for articles of this class; but the examinations pointed to the necessity of a very careful discretion in their selection.

At an inquest held at Highgate on Saturday last, on the body of an infant, aged six weeks, which had died from being overlaid by its mother, Dr. Danford Thomas, the deputy-coroner, said that the deaths of 300 infants were annually caused in the metropolis by suffocation.

A London coolie ship, having on board several hundreds of its human freight, has arrived at St. Kitts from Calcutta with yellow fever on board. Twenty-seven passengers and twelve of the crew had died on the short voyage, and fears of a spreading epidemic in the island, had caused the strictest quarantine.

The rates of mortality per 1,000 last week in the twenty-three large towns of the United Kingdom, were: Bradford 19, Leeds 20, Newcastle-upon-Tyne 21, Sheffield 21, Portsmouth 21, Plymouth 22, London 22, Edinburgh 22, Birmingham 22, Leicester 22, Bristol 23, Wolverhampton 23, Sunderland 23, Glasgow 24, Manchester 24, Nottingham 25, Oldham 25, Salford 25, Norwich 26, Brighton 26, Liverpool 28, Hull 28, Dublin 35.

The death-rate from the seven principal zymotic diseases per 1,000 in the large towns last week, ranged from 1·8 in Norwich, and 2·1 in Plymouth and Newcastle-upon-Tyne, to 6·3 and 6·4 in Sunderland and Leicester. Scarlet fever showed the largest proportional fatality in London, Dublin, Sunderland, Leicester, and Oldham; and measles in Salford and Leicester. The highest death-rate from enteric fever occurred in Leicester and Salford. Two fatal cases of small-pox were recorded in London, but none elsewhere.

In the principal foreign cities, the rates of mortality, according to the most recent weekly official returns were, in Calcutta 25, Bombay 33, Madras 37; Paris 23; Geneva 20; Amsterdam 28, Rotterdam 21, The Hague 19; Copenhagen 30; Stockholm 31; Christiania 25; Hamburg 21, Dresden 19; Breslau 29, Munich 26; Vienna 24, Buda-Pesth 31; Rome 31, Naples 23, Turin 23, Venice 26; Lisbon 28; Alexandria 47; New York 24, Brooklyn 21, Philadelphia 16, and Baltimore 16 per 1,000 of the population. Typhoid fever caused 49, and small-pox 18 deaths in Paris.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

The Glasgow Hospital and Dispensary for Diseases of the Ear, Buchanan Street.—On Wednesday, the 27th October, this Institution was formally opened by its President, Dr. Andrew Buchanan. In 1872, at the desire of a large and influential proportion of the medical profession of Glasgow, Dr. Patterson Cassells, the well-known aural surgeon, founded a dispensary for ear diseases in the upper flat of these premises for the requirements of poor out-door patients. At first it was commenced on a very small scale, but owing to the untiring energy of its founder, it soon began to thrive, and then in 1880, eight years after its foundation, we find it in a most flourishing condition, with 3,000 ear cases under treatment. Encouraged by this success, Dr. Cassells conceived the idea of establishing an hospital in connection with the dispensary by adding other portions of the premises to those already in use, as many serious cases came under notice which required constant care of an hospital. With this object in view, he set about the task with enthusiasm, and at a meeting of the managing board and staff the hospital in connection with the dispensary became an established fact. The premises are excellently adapted for the purpose, and are transformed into a comfortable and admirably equipped hospital, the different wards containing 15 beds. There are also a lecture and consulting room, besides the various offices, betokening great forethought on the part of the management. A special feature in the establishment is the telephone, which connects Dr. Cassells' residence with the Institution, so that the latter gentleman is always kept informed of what is going on at the hospital.

Faculty of Physicians and Surgeons of Glasgow.—A good deal of surprise is expressed that so many of the older and most respected Fellows of this Corporation take no interest in its proceedings and avoid its meetings. The reason is obvious. The affairs of this body have drifted into the hands of a well-known clique. They have secured a life interest in its offices; and even the blasting of character counts for nothing with at least nine *nine cowardly* Fellows, if the chance of disturbing their *vis inertia* enters into the problem.

The Registrar-General's Returns.—The death-rate in the eight principal towns during the week ending with Saturday, 30th October, was 24·2 per 1,000 of estimated population. This rate is 8·3 above that for the corresponding week of last year, and 4·6 of that for the previous week of the present year. The lowest mortality was recorded in Leith—viz., 14·2 per 1,000—and the highest in Perth—viz., 44·8 per 1.000. The mortality from the seven most familiar zymotic diseases was at the rate of 6·0 per 1,000, being 1·7 above that for the previous week. Scarlet fever continues prevalent in Glasgow, Edinburgh, and Leith. Acute diseases of the chest caused 121 deaths, being almost the same as the number for last week.

Glasgow University Materia Medica Class.—On the 3rd inst. Professor Charteris inaugurated his winter course of lectures by an elegant and thoughtful address, an abstract of which is contained in our columns for this week. Professor Charteris is exactly what he says of his predecessor, Dr. Cowan, "a believing and hopeful exponent of therapeutics," and meanwhile we have pleasure in directing attention to his excellent address.

Alleged Spread of Scarlet Fever by Milk Supply.—During the week ending with Saturday the 30th ult., scarlet fever had appeared in a number of widely separated dwellings in Dundee, and had proved fatal to members of families living in the midst of comfort, with what seemed to be good hygienic surrouudings. The sanitary authorities of the town have followed the outbreak step by step, and have at length, as they believe, succeeded in tracing its origin. All the cases have been found to have their source in the recklessness of a female servant, who, whilst employed at a dairy in the neighbourhood of the town, visited a house where scarlet fever was raging. She was immediately attacked with the disease, and from her it was caught by the inmate of another dairy near at hand. From these two centres of infection the disease was spread to Dundee among the families supplied with milk by the dairies.

Health of Edinburgh.—The deaths in Edinburgh for the week ending with Saturday the 30th ult., were 97, and the death-rate 23 per 1,000. The mortality in the Southern suburbs was at the rate of 29 per 1,000, and half the deaths were due to zymotic diseases. Only one death from fever was reported, There were 14 deaths from scarlatina.

Edinburgh University Rectorial Election.—On Saturday the 6th inst., the Edinburgh University Rectorial election took place, with the following result, Lord Rosebery, 1,024; Sir Robert Christison, 985; majority for Lord Rosebery, 39. There were the usual demonstrations by the students before and after the election. The result, notwithstanding the noble Earl's undoubted ability, is somewhat disappointing. He has just delivered an able Rectorial address as Lord Rector of the University of Aberdeen, and his election now in a similar capacity in the University of Edinburgh, would almost imply a dearth of available talent. Sir Robert Christison has long and faithfully adorned the University of Edinburgh, and his defeat on this occasion, reflects but scant credit on the students of this ancient seat of learning.

Literature.

THE OCEAN AS A HEALTH RESORT. (a)

We learn on the best authority that the recent voyage of Mr. Gladstone in Mr. Donald Currie's fine ship, the *Grantully Castle*, has had a most happy and satisfactory effect in restoring the usual vigour and energy of that illustrious statesman. Those who are worn and exhausted, and require rest in the midst of life-giving air, pleasant and varying scenes, with absence of exertion and fatigue, may hopefully direct their

(a) "The Ocean as a Health Resort; a Handbook of Practical Information as to Sea Voyages for the use of Tourists and Invalids." By William S. Wilson, L.R.C.P. Lond., M.R.C.S.E. With a Chart showing the Ocean routes, and illustrating the physical Geography of the Sea. Pp. 260, crown 8vo. London: J. & A. Churchill, New Burlington Street.

thoughts to the ocean, and arrange for a voyage in a large commodious vessel, with a reasonable prospect that neither time nor money will be fruitlessly spent. To all who may be contemplating a prolonged sea voyage, be they sound or otherwise, we strongly recommend the study of Dr. Wilson's "Ocean as a Health Resort." The work is founded on the author's personal experiences at sea, and on the observations of others who have studied the ocean as a health resort.

A nervous invalid, hesitating as to taking the decided step of embarking for Melbourne, will probably have his fears allayed, and his courage and resolution stirred, when he has concluded the perusal of Dr. Wilson's book. We often find consumptive persons, and those who are said to have weak hearts, in great terror as to the effect of sea sickness upon them. So far as our own experience serves, the after-effects of sea sickness is often beneficial; the effects of vomiting squeeze mechanically all morbid secretions from the lungs, and diminish also congestion of the liver, thus giving much ease to the heart in doing its work. Dr. Wilson truly says that sea-sickness is a discomfort to be borne patiently, "all the numberless remedies that have been proposed have been weighed in the balance of experience, and found wanting."

Life on board ship we find cheerfully depicted, and equanamity of temper among the voyagers very judiciously inculcated. Climatic and meteorological observations on the ocean, and short descriptions of the various places visited and touched at are given in agreeable style, and though necessarily brief, are yet concise, and prepared with an eye to their practical value to all who may think of visiting Australia or Southern Africa.

We should have liked a little more information as to the effects of the ocean voyage and the Australian and South African climates on various classes of invalids; and to have obtained the author's opinion as to those persons who ought not to go to those places. Discussion on these matters would, however, doubtless have caused a great increase in the size of the book, and their perusal might have left an irresolute invalid more doubtful and unsettled than ever; so that in such a work as that before us, perhaps these matters are best left as the author has left them. Few will hesitate to say that advanced cases of phthisis, and cases complicated with diarrhœa, renal disease, and serious hæmorrhages from existing vomicæ, are best left in their own homes in England.

At the close of the work are two meteorological tables, one being that of the log of the *Newcastle*, Captain Charles Le Poer French, and the other from the well-known *Sobraon*, Captain J. A. Elmslie, in which vessel, to our own knowledge, more than one case of early phthisis has made the voyage to Melbourne and back with the result of obtaining a substantial and apparently lasting cure.

The information as to shipping agents and articles necessary or useful in the cabin, we need hardly say will be valuable to the intending voyager.

NATURE AND TREATMENT OF SYPHILIS. (a)

We take up this fourth edition of Dr. Drysdale's work with considerable interest since his diligence in investigating every point regarding syphilis entitles him to a hearing, and the honesty with which he has avowed some changes in his practice induce us to place much reliance on his recent views. The first part treats of gonorrhœa, in which he is little in favour of copaiba or sandal wood, but prefers injections. Gonorrhœal rheumatism, he finds, rare before the third week; it extends only to a few of the joints, and is to be treated by rest, blisters, and compression. Stricture is regarded as the result of chronic gonorrhœa, and hence is to be prevented by injections. It is impossible, our author says, to diagnose gonorrhœa in the female where any uterine catarrh is present, though urethritis may assist in forming an opinion. Still, we may add, urethritis may also exist in the female without gonorrhœa.

Our author assents to the opinion that syphilis was brought by the crews of Columbus from the New World, but he recognises that soft sores had always existed. Those, however, are never the origin of syphilis, though there may be mixed sores. He is thus dualistic, with Hy. Lee and B. Hill, and others. He tells us that soft sores are easily enough prevented, and have nearly been extinguished some years in Paris; but syphilis has increased at the same time in that capital. In the secondary period the terrible headache that sometimes proves so distressing is described, and the loss of sensation from which some women suffer. Fever, rheumatoid affections of the joints, insomnia, irritis, amenorrhœa, abortions, and other affections of this period, are duly considered. Among the eruptions may be named the pigmentary change to which the author was the first in this country to direct attention. Alopecia may be extreme, but is not of much consequence. Mucous tubercles are extremely contagious; indeed, the chief cause of the spread of the disease. The eye affections he regards as more often benign than we have been accustomed to do.

Tertiary syphilis comes on at variable periods, in perhaps 7 per cent. of cases. The question whether the use of mercury in the early period prevents the tertiary manifestations is treated at length; the views of opposing authorities being marshalled in order. Here we may say that in deference to the mercurialists, Dr. Drysdale has departed from his former custom, and gives mercury in small doses tentatively. There thus appears to be a reaction in favour of mercurial treatment in this country, but so far as any who are not convinced, are concerned they have so long to wait before they can collect cases that this tentative process must be unsatisfactory. How can we tell what may happen in a quarter of a century, and yet we must wait that time before saying that anyone treated for chancre to-day will never exhibit any tertiary syphilis. The author gives us an able *resumé* of all that is known about syphilitic nerve disease. The eye affections are also fully considered. In the nose we have ozæna; a tedious and even serious lesion for which vigorous treatment is recommended with iodide of potassium, but the author does not think local treatment of much avail. Here he differs from most rhinoscopists. Further on he cites Dr. Prosser James as an authority on ozæna, as well as on laryngeal diseases, quoting a letter from that gentleman; but he seems to have overlooked his papers in this journal on these subjects, and his more recent writings in which local treatment and the internal use of iodoform were advised. In some other instances letters have been cited, but we think it would be more convenient to refer to published opinions. Moreover, from the views expressed, we fancy Dr. Prosser James must have written the letter in question before the appearance of the last editions of his works. Dr. Drysdale is so diligent in looking up the literature of his subject, that we scarcely feel entitled to complain of this matter. Indeed, he has so fully given the opinions of all opposing authorities as to somewhat cramp himself. He is so anxious to fairly state both sides, that now and then we may feel as if even he felt a doubt. At any rate, he will excuse us for saying we should sometimes prefer more of Dr. Drysdale, and less of other syphilographers.

In the next point we notice, however, he is explicit enough, viz., on syphilis in women, in regard to which we are presented with his great experience at the Rescue Society's Hospital. This subject, vaccination and hereditary syphilis, are successfully treated. Then follow two chapters on treatment, in which not only are the author's views fully and modestly stated, but placed side by side by those of a great number of authorities. Thus, whoso reads Dr. Drysdale's excellent work, will obtain a faithful *resumé* of all that is known on the subject, written by an able and careful observer, who has gained a high reputation as a most industrious and honest syphilographer.

(a) "The Nature and Treatment of Syphilis, and the other so-called Contagious Diseases." By Chas. Robt. Drysdale, M.D., &c. Fourth Edition. London: Baillière, Tindall, and Cox.

Correspondence.

CARBOLIC ACID POISONING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As carbolic acid is now extensively used for disinfecting purposes a few notes on a case of poisoning by that acid may not be uninteresting to your readers. A young man, lodging in a house where I was attending a patient

suffering from typhoid fever, happened to take two ounces of the strong acid which was supplied by the sanitary authorities for disinfecting purposes. The acid was in an ordinary whiskey bottle, and one would naturally imagine the bottle would be labelled "poison;" but no, the original label was still on, and read "Real Old Malt Whiskey." No wonder the poor fellow was so fatally deceived, especially as it resembled the liquid the label set forth in appearance, and the smell being already about the house, would materially lessen his chance of detecting it by its distinctive odour. At the inquest the coroner suggested that the bottles should have a peculiar shape and the acid be coloured, beyond this nobody was blamed. Forty minutes after taking the acid he arrived at my surgery, half a mile from his residence. He staggered into a chair and said he was poisoned by drinking paraffin oil, but the smell at once led me to treat him for carbolic acid poisoning, after taking some oil he became unconscious. I then used the stomach pump, and got about a glass of brownish liquor up, smelling strongly of carbolic acid, he remained comatose for an hour when he died. He exhibited all the signs of poisoning by this acid—muscular twitchings, cadaverous face, small, almost imperceptible, rapid pulse, swollen abdomen; one exception, "the pupils were contracted." The amount he took was about three ounces. A woman died a few days ago in Glasgow from a table-spoonful administered in mistake for medicine. Medical aid was at hand, but without effect. Is there any disinfectant that could be substituted for this acid? Is chloride of lime sufficient in such cases? Do people vomit after taking this acid? Is the stomach pump in all cases admissible? What is the best medicine to administer if able to swallow? Text books treat lightly of this subject. Any information of a practical nature from your numerous readers will much oblige.

Yours faithfully,

MICHARL F. KELLY.

Felling-on-Tyne, Oct. 28, 1880.

ADVERTISING DENTISTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me respectfully to ask is it a fact that the ordinances of the Royal College of Surgeons of Ireland admit of the Fellows and Licentiates of the College consulting with the above class of dentists?

Yours, &c., RUBBER DAM.

[The ordinance of Council declares that "No Fellow or Licentiate of the College shall seek for business through the medium of advertisements or any other disreputable method, or shall consult with, advise, direct, or assist, or have any professional communication with any person.....who follows any system of practice considered derogatory or dishonourable by physicians and surgeons." It is sufficiently obvious from the context that advertising is "considered derogatory" and, therefore, in our opinion, a Fellow or Licentiate is forbidden to consult with a person "who seeks for business through the medium of advertisements."—Ed, M. P. & C.]

ABUSES OF IRISH MEDICAL RELIEF.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I offer you the following grievances for exposure in your valuable journal. Not long ago a man gave me a red ticket to attend his wife. He lived three miles from my residence. He said he had offered to pay two doctors whatever they would charge to go to the case, but each had refused, alleging urgent business. Of course he never thought of paying a *dispensary doctor*. He got the scarlet runner; he knew its value. Though I had plenty of work on hand, I had to go to the case, which was not urgent itself.

Recently I got a ticket to visit a labour case, which a doctor had been engaged to attend, but refused to go to, alleging urgent business. I went and found a case of simple natural [illegible] progressing well; I said there was no occasion for me, [illegible]s right, and I was about to leave the house when the door was locked, and I was kept a prisoner until the case terminated! I drove some miles to see a man said to be in a dangerous state, and after examining him said, "when will you send for the medicine," and the patient replied, "I'll follow you in for it immediately;" and he did so. Within the past six months I was hurried away by a red ticket to a case four miles off, and found I was required to open a gum-boil in a stout young man. Very often I have been taken in bad weather to the country to urgent cases, and when the affected or real alarm was removed by my visit, been told "as the day is bad we'll send in to-morrow or next day for the medicine." Hundreds of times I have gone to cases of colic, in haste, on red tickets, and often found nature had relieved the patient before I arrived. I have several times gone to consultations on red tickets. *Many* of the red tickets are given to persons who could pay, but I very rarely have got a ticket cancelled: the case is generally over before the committee meets, and under the law, as at present, where's the good of complaining? Frequently I am required to visit cases that could easily come, or be brought to me. Indeed, in my district, tickets are rarely, or never refused to anyone who asks for them, and the applicant has his choice of a black or red one. I have an account against a farmer of 30 or 40 acres of land, and his excuse for not paying me is that a farmer and carpenter in his neighbourhood had often been attended by me on a dispensary ticket, the said farmer and carpenter being a richer man than he. Long since I have come to regard the impositions practiced on me as dispensary surgeon *with almost indifference, as things of course.* I always, keep, however, one horse, sometimes two, and therefore have no *car hire* to pay; perhaps this is one cause of me taking them easily. I am sure many dispensary surgeons in the north have come to look on these impositions as I do. What situations of value have not their drawbacks as well as ours?

I am, yours, &c.,

SENEX.

[It is exactly because the majority of Poor-law medical officers have followed our correspondent's example, and treated the impositions put upon them as "things of course," that we have endeavoured to arouse them to help themselves and their brethren by applying for the cancelling of every improper ticket, whether or not it is convenient to themselves to do so.—ED. M. P. & C.]

THE MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS OF IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In this day's issue of the *Medical Press and Circular*, when giving a list of the members of the Council of the Medical Society for the Session 1880-1, you write: "Drs. MacSwiney, Little, and Walter Smith were not elected." In reference to this remark, I beg to state that Drs. MacSwiney and Little had resigned their places on the Council previous to the election, and, consequently, were not ballotted for, and Dr. Walter Smith, Vice-President of the College of Physicians of Ireland, was unanimously elected as one of the Vice-Presidents of the Society.

By inserting this letter in your next issue, you will oblige,

Yours faithfully,

ALEX. NIXON MONTGOMERY,
Hon. Sec. and Treasurer.

45 York St., 3rd Nov., 1880.

Obituary.

DR. EDWARD HEARNE, OF SOUTHAMPTON.

WE have to record with regret the death at Southampton of Dr. Hearne, whose name will be remembered as a frequent contributor to these columns. Deceased was in possession of a large and lucrative practice in that town until the year 1864, when a threatened breakdown of the nervous system, induced by hard work and an over-excitable temperament, compelled him to renounce work altogether, and to seek restoration by repose in Germany. Although his health was much improved by these means, it was never again suf-

ficiently robust to enable him to carry on the wear and tear of general practice, and for the remainder of his life he settled down in the same town as a consulting physician. Dr. Hearne was a scholar, having in his early days taken honours at the London University in physiology, anatomy, medicine, and surgery. He was, moreover, a man who had the courage of his convictions, fighting with considerable pertinacity on every point where he differed either in professional, local, or political topics. This naturally involved him in endless controversies, resulting sometimes in the loss of friends who admired his honesty but not his obstinacy. The town of Southampton has certainly cause to be grateful to his memory, inasmuch as when member of the town council and magistrate he never ceased in his advocacy of sanitary and local measures, which have made that town one of the healthiest in the United Kingdom. Dr. Hearne was born at Taunton in 1820, and at the time of his death a few days since had just passed the sixtieth year of his age.

THE APPOINTMENT AT CARLOW ASYLUM.

The office of Resident Medical Superintendent to the Carlow District Asylum, vacated by the death of the late Dr. Howlett, has been decided in favour of Dr. Thomas Patrick O'Meara, son of Dr. O'Meara, the visiting physician of the Asylum. Without desiring to depreciate the professional competency of the new resident medical superintendent, and without forgetting that his father's services to the institution give him some claim in favour of his son, we protest against the appointment, on the ground that Dr. Thomas Patrick O'Meara has done, said, or written nothing, so far as we know, to justify his being placed in office over the heads of gentlemen who have worked as asylum officers in Ireland for years, and who have, thereby, acquired an intimate knowledge of asylum management and of mental disease. Dr. Thomas Patrick O'Meara was qualified eight years ago, and the Medical Directory informs us that he at one time held office as house surgeon of the Birkenhead Hospital, and unless he possesses some further experience in mental diseases than he thinks it desirable to claim in his description of himself and his qualifications, we believe that the profession will agree with us that his appointment exhales the unquestionable aroma of a job. We feel it necessary to express these views, not in the least in any spirit of unfriendliness to the new resident, but in vindication of the principle of promotion within the department which is the most fair and most advantageous system in this and other public departments. We are aware that the Government had the choice of several gentlemen who knew their business as Irish residents, and who had acquired a right to consideration by their long service as assistants in Irish asylums, and we regret to observe that their zeal and the zeal of those who occupy similar positions within the Irish lunacy department has been discouraged by their supercession by a gentleman who is not known to psychology or to the business of the office into which he has been lifted. The Government, in advertising for a resident medical superintendent, requested candidates to furnish "a statement of their peculiar qualifications for the appointment." Was this notification a joke at the expense of those who were peculiarly qualified? If not, we should be interested in comparing the special claims of Dr. T. P. O'Meara with those of other claimants.

OPHTHALMIC STUDY IN DUBLIN.

Our readers have heard something from our columns of the determination of the ex-medical registrar of the University of Dublin to utilise his influence with the board of Trinity College, so as to concentrate the whole of the ophthalmic teaching of Ireland in two hospitals to the exclusion of all others, and if possible in a special hospital in which he is interested. The teachers of medicine and surgery in Dublin have been last week engaged upon consideration of an attempt to render nugatory the efforts of the Irish College of Surgeons to make instruction in ophthalmology a real part of the instruction of the Irish student. At the suggestion of Mr. Swanzy, the professor of ophthalmology in the College, its Council had decided to require from students an attendance upon the ophthalmic practice of an hospital—either special or general. At the opening of the first session after the promulgation of this order the various hospitals have sought to make arrangements in compliance with this ordinance; and one hospital straightway advertised that it would present to the student the certificate of study in this specialty and of observation of fever cases as required by the Irish College of physicians "free gratis, and for nothing." The purpose and tendency of this advertisement was obvious, and the matter came under notice of the conference of Dublin teachers as an infraction of the compact between the hospitals to act upon a common basis; and it was at that meeting agreed, after an interesting debate, that a fee of £3 3s. should in all cases be charged for the ophthalmic certificate. This decision may or may not be accepted by the recalcitrant hospital; but it seems to us that if the decision be not acted upon by that hospital the matter must be dealt with by the Irish College of Surgeons itself. That corporation is interested, not in the interests of hospitals and schools, but in making the study of its curriculum a reality, and it ought not to permit the decreed certificate in ophthalmology to be anything less than a guarantee that ophthalmology has been really studied.

Although we think that the extremest limit of the all-suffering student has in the matter of certificates been reached, we do not think that the Council of the Irish College of Surgeons can allow another *testimonium* of a course of study to be "thrown into the bargain," as is proposed. It is quite time that the Irish Colleges made it understood that their requisitions are constructed in order that they shall be complied with, and not in order to weight medical pupils with an additional parchment and an additional fee.

THE STATE PROSECUTIONS.

Amongst the Traversers announced for prosecution is Mr. John Dillon, Licentiate of the Royal College of Surgeons in Ireland, and M.P. for Tipperary.

Royal College of Physicians and Surgeons, Edinburgh.—*Double Qualification.*—The following gentlemen passed their first professional examination during the October sittings of the examiners:—

Gordon Fitzherbert Nicholls, Joseph Corne, George Thomas Webbe, John Davis, James McGregor, Michael John O'Brien, Timothy Warren Irvin, Charles Hawkins Copley, Woodhead, Robert Aloysius Hamilton Williams, Andrew Thomas Todd, James Nicol, John Lusk Torrens.

And the following gentlemen passed their final examination in October and November, and were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh:—

Charn Chandra Bose, Henry John Ryder, Philip Edward Muskett, Charles Beamish Duigan, Morgan O'Brien Neville, Francis William Watson Morton, John Edward Shaw, William Joseph Cross, James Allen Todd Barrie, Eyre Mortimer Thuresson, James Simpson Blackwood, Thomas George Beckett, William Longbottom, John Cornelius Garman, Henry James Peard, Gordon Fitzherbert Nicholls, John William Sellers, Henry Hyslop Aitchison, Henry James Gordon, Robert James William Oswald, Edwardo Ronaldo Da Costa, James Laughlin Nevin, Richard Bowman, John William Carter Holding, Henry Murray Wylde Macdonald, James Hickman, Edmund King Houchin, Hugh Hopper, Edward Cudmore McCarthy, Josiah Charles Castor, John Connal Wilson, William Albert Morris, James Craig Balfour, John Denis Mahony, Edward Mageennis, Francis Joseph Hennessy, Robert Love, Arthur George Edward Newland, Hugh Davies Jones, Adam Gillies Compbell, Samuel Stumbels Philips, Joseph Corrie.

Royal College of Surgeons, Edinburgh.—Mr. David Hugo Daniell passed his first professional examination, and the following gentlemen passed their final examination during the October sittings of the examiners, and were admitted Licentiates of the College:—

James Maxwell Ross, Richard John Legge, John Frederick Breach, William Watt, Thomas Jackson, John Harry Hamilton.

Mr. George John Spiers Benison passed his first professional examination; and Edwin Alfred Cormack, Humphrey Wingfield Tracey, and George John Spiers Benison, passed

their final examination, and were admitted Licentiates in Dental Surgery.

Faculty of Physicians and Surgeons of Glasgow, and Royal College of Physicians of Edinburgh.—At the October sittings of the examiners, the following candidates having passed the required examination, were duly admitted Licentiates of the Faculty :—

Bhabbs, S. D., Glasgow.	Jean-Louis, N., Mauritius.
Darwin, Geo. A., Manchester.	Jones, A. T. L., Glasgow.
Deene, Edward, Wincanton.	Le Page, John F., Durham.
Dickson, Peter S., Edinburgh.	MacDonald, Charles, Canada.
Ferguson, John, M.B., Toronto.	Mackintosh, A., Scarborough.
Forsyth, David, Glasgow.	M'Kecknie, Neil, M.B., Ontario.
Gilroy, James, Paisley.	Rawes, Geo. B., Liverpool.
Govan, Joseph, Limerick.	Roberts, Robert, Glasgow.
Hamilton, Oliphant, Glasgow.	Ross, James, Glasgow.
Hannah, Fredk. R., Bombay.	Wigmore, James, M.D., Tiverton.

King and Queen's College of Physicians—Pass List.—In the list of successful candidates for the L.K.Q.C.P.I., published in the *Medical Press and Circular* for Wednesday, Oct. 20, the name of "Denne" should read *Deane*.

NOTICES TO CORRESPONDENTS.

Mr. S. Davies.—Cases received; will appear in an early number.

Mr. F. J.—We will draw attention to the fact in our next column of 'Literary Notes."

THE ARMY AND NAVY MEDICAL SERVICES?

To the Editor of the Medical Press and Circular.

Sir,—As a subscriber I shall presume to trouble you for information on the following subjects:—

(1) Which is a surgeon in the British Army or a surgeon in the Royal Navy the more subject to tropical heat and diseases?

(2) In which service would they be the more likely to accept a candidate of a rather weakly constitution?

(3) How many vacancies have they at present in the Navy?

I am, Sir,
Your obedient servant,
A Candidate.

[1. Both are equally exposed, but the extremes of tropical heat are less severe at sea than on shore. When an epidemic of yellow fever or cholera occurs, it is hard to say whether it is more severe on board ship or in barracks on shore. In either case the occasion becomes the medical officer's opportunity. 2. In neither—"if they knew it"—only the physically strong and active are fit for, or suitable for, service in the army or navy. 3. Unable to say.—Ed. M. P. & C.]

VACCINATION OF POLICE.

To the Editor of the Medical Press and Circular.

Sir,—Would you be kind enough to inform me in your next issue if I, being medical attendant on the police, and also dispensary medical officer, have a right to charge the Board of Guardians for re-vaccinating policemen's children who presented themselves amongst others at my dispensary for that purpose.

I write this, as I see by a local paper that a neighbouring practitioner had his bill to the Board of Guardians taxed, owing to his having charged for a policeman's wife who had asked him to vaccinate her.

I am, your obedient servant,
M.B.

[A public vaccinator is legally entitled to charge his Board of Guardians with *every* patient successfully vaccinated, and for every patient vaccinated *within his district*, no matter of what social position. He is even legally entitled to charge for his private patients, though it is a question of taste and feeling whether he should do so, and he is certainly entitled to charge for police cases. No Board of Guardians has power to make any deduction whatever.—Ed. M. P. & C.]

British Medical Temperance Association.—At the next quarterly meeting of this Association, to be held in the rooms of the Medical Society of London on Tuesday, November 16, at 4 p.m., the President, Dr. Richardson, will give an Address on "Alcohol as an Antispasmodic—a Clinical Survey."

Clinical Society of London.—Friday, Nov. 12, at 8.30 p.m., Mr. James Adams, "On a Case of Ligature of the Common Carotid and Subclavian Arteries for an Aneurism, supposed to be of the Innominate Artery."—Dr. Duckworth, "On two Cases of Myxœdema."—Dr. Sturge and Mr. Godlee, "On Stretching of the Facial Nerve for Relief of Spasm of the Facial Muscles."—Dr. T. Colcott Fox, "On a Case of Persisting Gyrate Erythema."

Hunterian Society.—This (Wednesday) evening, at 7.30, Meeting of Council.—8. Mr. Couper, "On a Case of Nephrectomy."—Mr. Waren Tay, "Notes of a Case of Colotomy performed six years ago for (?) Annular Stricture, Patient still living."

Royal Microscopical Society.—This (Wednesday) evening, at 8, Mr. Chas. Stewart, "Notes on some Acanthometridæ."—Dr. Carpenter, 'New Working Microscopes."

Association of Surgeons Practising Dental Surgery, London.—Nov. 17, at 7.30 p.m., Council Meeting.—8.30. Mr. Augustus Winterbottom, "Cases of Neuralgia dependent upon Non-corrupted Teeth."

VACANCIES.

Chatham, St. Bartholomew's Hospital.—Assistant House Surgeon. Salary, £80, with board. Applications to the Clerk before Dec 13.

East London Hospital for Children.—House Surgeon. Salary, £75, with board. Applications to the Secretary by Nov. 15.

Enniscorthy Union, Killaan Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, Nov. 28.

Essex and Colchester Hospital.—House Surgeon. Salary, £100, with board. Applications to the Secretary, at Colchester, before Nov. 18.

Glenamaddy Union Workhouse.—Medical Officer. Salary, £50. Election, Nov. 16.

Glenamaddy Union, Glenamaddy Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health, and £10 as Consulting Medical Officer of Health. Election, Nov. 16.

Meath Hospital and County Dublin Infirmary.—Resident Surgeon and Registrar. Election, Nov. 30. (See Advt.)

Omagh District Lunatic Asylum.—Resident Medical Superintendent. Election, Nov. 17. (See Advt.)

Portsmouth.—Medical Officer of Health for the Borough. Salary, £500. Endorsed "Medical Officers' Applications" must be delivered at the Municipal Offices before Nov. 22.

Royal Surrey County Hospital.—House Surgeon. Salary, £75, with board. Applications to the Secretary at Guildford before Dec. 6.

APPOINTMENTS.

Bodkin, P. J. T., L.K.Q.C.P.I., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Tuam.

Burke, J. M., L.R.C.S.I., Medical Officer and Public Vaccinator for the Carney Street No. 2 Dispensary District of the Sligo Union.

Charlton, A., M.R.C.S.E., Medical Officer for the Fifth District of the East Ashford Union.

Croly, Dr. Albert, Rathfarnham, Certifying Surgeon of Factories.

Daly, J. C., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to to the Borrisokane Dispensary of the Borrisokane Union.

Ewbank, F., L.R.C.P., M.R.C.S.E., Resident Surgeon to the Cheltenham General Hospital and Dispensary.

Fitzmaurice, U., L.R.C.S.I., Medical Officer to the Listowel Union Workhouse.

Garden, R. J., M D., C.M., Surgeon to the Aberdeen Royal Infirmary.

Hadden, Mr. G., Junior Clinical Assistant to the Glasgow Hospital and Dispensary for the Diseases of the Ear.

Hanrahan, J. A., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the Hollymount Dispensary District of the Ballinrobe Union.

Hedley, E. A., M.R.C.S.E., Medical Officer to the Felton District of the Alnwick Union.

Keelan, P., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Monasterboice Dispensary District of the Drogheda Union.

Moore, W., M.R.C.S.E., Medical Officer for the Lower Milton District of the Kidderminster Union.

Mudge, J., jun., L.R.C.P.Ed., Medical Officer to the No. 4 District of the Penzance Union.

Nelson, T., M.B., C.M., Resident Surgeon at the Birmingham Dispensary.

Oram, A. M., M.B., a Clinical Assistant to the Central London Throat and Ear Hospital.

O'Meara, T., L.R.C.S.I., Resident Medical Superintendent to the Carlow District Lunatic Asylum.

Pinch, W., M.B., C.M., L.R.C.S., Medical Officer to Rochdale Workhouse and the Wardleworth District of the Rochdale Union.

Pirrie, W., M.D., F.R.S.Ed., Consulting Surgeon to the Aberdeen Royal Infirmary.

Robertson, Mr. J. C., re-appointed Senior Clinical Assistant to the Glasgow Hospital and Dispensary for the Diseases of the Ear.

Stephens, W. B., M.R.C.S.E., Consulting Surgeon to the Plymouth Public Dispensary.

Turner, J. E., L.R.C.P.Ed., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Tuam.

Wanostrocht, V., M.B., C.M., Medical Officer for the Seventh District of the York Union.

White, J., F.R.C.S.E., Consulting Surgeon to the Nottingham General Hospital, on retiring, after twenty-one years, from the office of Surgeon.

Births.

Byrne.—Oct. 31, at Pump Street, Derry, the wife of Joseph Byrne L.R.C.S.I., of a son.

Cotton.—Oct. 24, at 47 Abingdon Street, Northampton, the wife of George Cotton, M.R.C.S.E., of a daughter.

Cross.—Nov. 1, at 7 Stanhope Terrace, Regent's Park, the wife of John Cross, M.D., Cantab., of a daughter.

Marriages.

Fothergill—Hammersley.—Nov. 4, at St. Thomas's, Maryiebone, J. Milner Fothergill, M.D., to Adelaide Beatrice, younger daughter of Wm. H. Hammersley, Esq., of Bridge House, Staffordshire.

Lowndes—Lewis.—Oct. 26, at St. Nicholas Parish Church, Liverpool, Frederick Walter Lowndes, M.R.C.S.E., of Liverpool, to Elizabeth Ellen, youngest daughter of the late John Lewis, of Helsby, Cheshire.

Deaths.

Beale.—Oct. 25, at Royal Crescent, Cheltenham, Anthony Beale, Esq., late Surgeon-Major, Bengal Army.

Cooper.—Oct. 31, at his residence, Croydon, George Cooper, M.R.C.S., in his 70th year.

Giles.—Oct. 23, at his residence, 51 East India Dock Road, London, William Giles, M.D., aged 59.

Goodeve.—Oct. 27, at Drinagh, Stoke Bishop, near Bristol, Edward Goodeve, M.B., Deputy Inspector-General of Hospitals (Bengal), and Honorary Physician to the Queen, aged 64.

Moore.—Oct. 30, at Hastings, George Moore, M.D., M.R.C.P., aged 77.

Painter.—Oct. 31, at Beaufort Gardens, S.W., Richard Budd Painter, M.D., F.R.C.S., aged 54.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 17, 1880.

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Original Communications.

ON VEGETABLE PARASITES IN RELATION TO DISEASE. (a)

By Professor GRAINGER STEWART, M.D., F.R.C.P., F.R.S. Ed.,

Professor of the Practice of Physic in the University of Edinburgh.

After alluding to the great interest and practical importance of the subject, Professor Grainger Stewart proceeded to define the various terms made use of in the description of these micro-organisms, and in doing so, followed closely the nomenclature of Cohn. For convenience of description he divided these parasites into four classes:—

1. Organisms which produce local changes unimportant to the general health.
2. Those which cause local changes important to the general health.
3. Those which produce changes in the blood whereby it and the fluids become septic.
4. Those which produce changes in the blood other than septic.

Under the first of these four headings were described the parasites which give rise to ring-worm (*Tinea trichophyton*), favus (*Acharion Schönleinii*), pityriasis versicolor (*Microsporon furfur*), and thrush (*Oidium Albicans*); as well as the *sarcina ventriculi*, and the *bacterium fœtidum*, which causes bromidrosis and the life history of which has recently been worked out by Dr. Thin of London.

The second class included, firstly, a form of furuncle which Pasteur has recently studied, and in which he found micro-organisms in the deeper layers of the boil. They are minute and spherical, united in couples, more rarely in fours. When cultivated in an appropriate medium they give rise to a fluid which, when injected under the chin of rabbits, produces similar boils. Professor Grainger Stewart then described the microscopic appearances in erysipelas, referring to the observations of Orth, Lukomski, and others, who have found masses of micrococci infiltrating the lymph spaces in the skin at the margin of the erysipelatous inflammation. Diphtheria was then described, and the investigations of Nassilow, Ebert, Dolschenkow, Letzerich, &c., alluded to. Professor Grainger Stewart also discussed the spreading gangrene of Koch, and the limited gangrene of Pasteur, and finally, mentioned gonorrhœa and certain other diseases which belong to this class.

In treating of the third division of the subject, Prof. Stewart described the experiments of Panum and of Burdon-Sanderson on the non-organised septic poison, and the subsequent observations of Koch on the various forms of septicæmia.

The fourth class included various diseases which were each carefully described. Among these may be mentioned pyæmia, ulcerative endocarditis, and puerperal fever. This last disease has recently been investigated by Pasteur, who found micrococci in chains in the blood of various patients, in the pus, and in the discharges. The organisms are not always of the same species, and probably various diseases are included under this name. The recent observations of Klebs and Tomasi-Crudeli on the *bacillus malariæ* were next described, and then Prof. Stewart passed on to speak of the *bacillus anthracis*, the organism which causes anthrax (splenic fever, wool-sorters' disease) which has been so completely studied by Cohn, Koch, Cossar Ewart, Buchner, and others. Allusion was then made to the *spirochæte obermeirei*, to the cholera of fowls, &c., and this part of the lecture was concluded by a description of the proofs which Chauveau, Burdon-Sanderson, and others, have given of the particulate nature of contagion.

Passing from the description of these various organisms, and of the pathological processes which their presence occasions in the body, Professor Grainger Stewart proceeded to indicate the various ways in which these diseases might be modified by art.

I.—Sanitation.—This was referred to merely in

(a) Introductory Lecture delivered at the University of Edinburgh at the opening of the Winter Session, on Oct. 26th.

passing, in its two functions of (*a*) preventing the development of the organisms, and (*b*) preventing their spread. The former is effected by avoiding or getting rid of the conditions tending to produce them; and the latter by avoidance of the conditions favouring their spread (*i.e.*, by isolation of the sick, good air supply, pure water, milk, food, &c.).

II.—Listerism.—Named after the distinguished author of the antiseptic system of surgery. This heading included the prevention of the introduction of germs into wounds, and the destruction of those germs which may have found lodgment in the body. Without wishing to speak dogmatically on a matter as to which even yet some most able and highly esteemed surgeons did not consider the evidence in its favour complete, he (Professor Stewart) yet knew something of the results of this method, and he was clear that to it we owed an enormous debt of gratitude. Listerism was quite entitled to take its place along with the other great modern art of sanitation, which was not dreamt of forty years ago; and together they constituted two of the greatest improvements in medicine in the present century.

III.—Jennerism.—The third great group he named Jennerism, because it was first illustrated in connection with Jenner's work on vaccination for small-pox. Its essential idea was that of modifying the germs. Until lately there had been nothing like a satisfactory explanation of the process of vaccination, but he thought such explanation was to be found in the analogies from certain recent discoveries made by Drs. Burdon-Sanderson and Greenfield, and by M. Toussaint "On Anthrax," and M. Pasteur "On the Cholera of Fowls." These discoveries had given us already three distinct forms of Jennerism, in which, by modifying the germs by means of art, they were able to produce a mild disease, and to protect the animal so operated upon from further outbreaks of the disease. They had thus a great many facts which pointed towards the discovery of methods of modifying germs, which he had no doubt would prove of the very greatest importance in practical medicine.

OLD AND NEW MEDICINE. (*a*)

By THOS. MORE MADDEN, L.K.Q.C.P.I., M.R.C.S.E.,

Obstetric Physician to the Mater Miseracordiæ Hospital; Physician to St. Joseph's Hospital for Sick Children.

The history of many so-called discoveries and improvements in medical science well illustrates the observation of the inspired writer that "all novelty is but oblivion;" and every day we find new proof of this in the modern revival of ancient arts. Thus the employment of anæsthetics before surgical operations, the use of the midwifery forceps, the speculum, the uterine sound and porte-caustique, and the employment of sponge tents and nitric acid in uterine diseases (on the credit of the four latter of which, in our own time, some have risen into reputation and fortune) were all long ago well known, but in the course of time had fallen into that desuetude and oblivion which will as surely one day overtake our boasted inventions, and from which they may in due course be again resuscitated and claimed by future discoverers. Lord Bacon says, "the river of Lethe runneth as well over as under ground," and certain it is that the student of now neglected works of the ancient medical writers will find many striking coincidences between so-called recent inventions and the long-forgotten ideas of our predecessors.

The Irish medical profession inherits no mean traditions, and we have abundant proof that at a period when the flickering flame of science was almost extinct in many parts of Europe it still burned comparatively brilliantly in this remote island. In the library of the Royal Irish Academy there exists an extensive collection of ancient Irish medical manuscripts. Some years ago having had occasion to consult (with the assistance of an eminent Celtic scholar, the late Mr. O'Longan), the earliest of these manuscripts, I found convincing proof of the erudition of the ancient Irish physicians, whose office was hereditary—their sole licence to practise consisting in the possession of family manuscripts which were only handed over by the Celtic physician, when dying, to his eldest son, and were thus transmitted for countless generations. In some of these documents, written in the twelfth century, we have evidence of a higher degree of intellectual and scientific culture, as well as a more intimate acquaintance with classic medical literature, than is contained in the volumes of the cotemporaneous "Saxon Leechdoms," published by direction of the Master of the Rolls. But in the later Irish medical manuscripts there is the clearest proof of the gradual deterioration of science, and of the importation of the grosser medical superstitions of the Saxon leechdoms into the conquered country.

Even in the seventeenth century the fame of our professional ancestors was celebrated throughout Europe, and was then eulogised by Van Helmont in terms which time will not allow me to quote here. I shall make no allusion to the part the medical profession have ever occupied in sustaining the reputation of our country for genius and literary ability. Nor need I say a word as to the benevolence of its followers, of which we have proofs in this city in those hospitals, such as Dr. Steevens', Jervis Street, Sir Patrick Dun's, the Rotunda, and others, which are lasting memorials of the philanthropy and self-sacrifice of our profession.

The duties performed in this institution by the Sisters of Mercy, by whose exertions it was founded and is maintained, exemplify, in its perfection, woman's true and high mission in relation to medicine. At the present time the physicians and surgeons of two of the London Hospitals are impeded in their duties and rivalled in their functions by those who should be their trusty assistants in the care of the sick poor. But here, in the ladies by whom our hospital is managed, we find the most zealous, untiring, and willing, as well as the most intelligent possible co-labourers with the medical staff in charge of the patients.

In Dublin we have, up to this time, escaped any permanent settlement of those erratic medical hybrids, the lady doctors, despite the encouragement afforded them by the Irish College of Physicians, in their hopeless contest against Nature's laws. That some women have passed unscathed through the ordeal of studentship—to which none of you would wish to see any lady of your own families subjected—is, I am sure, true; and that a few of these persons have shown considerable medical ability is beyond doubt. There are some masculine women, just as there are some effeminate men. Neither are good types of their kind; and it needs no serious argument to prove the futility of any attempt founded on such exceptional cases, on the part of either sex, to fill the place and assume the functions of the other.

At the present moment the most striking characteristic of medical practice is the splitting up of the healing art into various special branches.

Under some circumstances and in large centres of population there can be no doubt that this specialising system is called for by the exigency of modern civilisation and in the interests of the profession, and it is probable that each special branch of medicine is thereby brought to greater perfection, But whether our art as a whole has thus suffered more than its separate parts have gained by this subdivision is quite another question, and one altogether too wide to be here discussed. In this great School of Clinical Medicine it is our primary duty to recognise the existing condition and requirements of the profession and to prepare you for its present practice.

Whatever may be your future line of medical practice you will find no small share of your attention occupied by

(*a*) Abstract of Introductory Address delivered at the Mater Miseracordiæ Hospital, Dublin, on Nov. 5th.

the diseases of women, and without some special knowledge of gynæcology you will be unable to keep pace with the requirements of the present day.

The deficiency you may, however, to some extent provide against by voluntarily availing yourselves of clinical lectures on that subject, which will be delivered during the coming session.

None of the special branches of modern medical practice have made more rapid progress than gynæcology. Thus, when I first entered on hospital study some "twenty golden years ago" many of the complaints now included in this province were either unknown or entirely ignored by the ablest clinical teachers of that time, who had not the advantage of those methods of investigation, by the aid of which the humblest medical practitioner can now easily recognise diseases which then baffled the most eminent members of the profession.

In medical, as in most matters, converts are generally warmer in their zeal than others. Thus new opinions are controverted, or new inventions are opposed, until, if they be deserving of success, the resistless force of truth bears them in safety beyond the storm of prejudice. Then who so enthusiastic in favour of the last-born of science as those who have striven to prevent its nascence. So it was with the development of gynæcology. At one time the use of the speculum was denounced in terms of exaggerated reproach, at another the employment of the uterine sound was reprobated as a dangerous and useless innovation; in like manner an operation, the value of which in certain cases is now conceded, led to the expulsion of its advocate from the London Obstetrical Society. The various flexions of the uterus, to which so much importance is now ascribed, were said to exist only in the imagination of those who described them; and yet, within a very few years, these, with many other once-reproved practices or opinions, have come to be generally adopted; nay, so far has the pendulum of professional opinion swung back from one extreme to the other, that each of these theories and methods of treatment has been pushed into undue importance, and abuse has thus succeeded to neglect.

Such transitions of medical opinion on matters of practical importance well illustrate the first aphorism of Hippocrates, "experience is fallacious and judgment is difficult," and well show the risk of the premature acceptance or rejection of new ideas, and of acting in your future practice on views which, if adopted in haste, will too often have to be repented of at leisure.

At the same time, I would strongly advise you, whilst availing yourselves of every new light of science, to be most cautious in departing from the well-known and approved rules of practice. For, undertaking the medical care of the lives and health of others, you have assumed no light responsibility, and one which you should here so well train yourselves to bear that none may hereafter have cause to repent the trust they have reposed in you. In your future practice difficulties will present themselves, and complications will arise which no mere book-learning would enable you to deal with fitly. In these moments of trial, when human life will depend on the soundness of your judgment and the promptitude of your action, you will face the emergency calmly, and act judiciously, in proportion as you now avail yourselves of the opportunities which it is our duty in this place to afford you of acquiring such a store of sound clinical knowledge as will make you hereafter the successful and justly-honoured ministers of the healing art.

TUMOUR OF THE CEREBELLUM. (a)

By THOS. STRETCH DOWSE, M.D., F.R.C.P.Ed.,
Physician to the Hospital for Paralysis and Epilepsy.

The patient whom I have the pleasure of showing to you this evening is 34 years of age, and was sent to the hospital by my friend Mr. Mackinlay from the Western Ophthalmic Hospital. There is no family history of brain disease. He contracted syphilis ten years ago. He has been employed as a dockyard labourer, and enjoyed excellent health until the and of last year, when his left eyelid began to drop and he could not raise it fairly; then the sight of the eye began to fail, and so did the sight of the right eye, and after this he saw double. In the month of last July he began to suffer from severe headaches, the pain was of a shooting character, and extended all over the head; it was usually associated with a marked increase of temperature, and very soon after the pains in the head commenced his fellow workmen were in the habit of accusing him of being drunk, although he had taken nothing to drink, for he reeled about just as a man would do when he was drunk. It is a point of interest to note that he never felt giddy, and that he was more or less unconscious of his staggering gait, very much, in fact, as a drunken man would be. When lying in bed, and particularly when half asleep, it seemed to him as though the bed was continually moving round and round, and very frequently, when standing upon his legs, he was compelled to revolve the body, always moving from left to right. At times he suffered from great stiffness of the muscles of the back of the neck, and the head would be drawn forcibly backwards. He was seen by Mr. Mackinlay, who made the following ophthalmoscopic examination:—

Right Eye.—Disc *white* (a little bluish), punched out in appearance; no cupping; arteries very small indeed (like fine hairs); veins about normal size; choroid thin; tension normal; vision = $\frac{20}{70}$ partly, and Jaeger 4 at 8 inches (Minim type).

N.B.—Vision in this eye was rather more acute six weeks ago.

Left Eye.—Disc dead white, and punched out; veins tortuous; arteries very small indeed; tension normal; vision, *nil* absolutely, no perception of light. The pupils moderate in size, rather larger in right eye than in the left, do not respond even to very strong light. Slight ptosis left side.

The following notes will, I hope, give you an idea of his actual state at the present time, which you can confirm by your own observation. The cranial development is regular and not unduly prominent in any direction, yet, perhaps, upon the whole, it is rather large for a man of his stature; when the skull is percussed he experiences no pain, but some months ago it was so painful that he could not bear it to be touched. The cranial nerves are normal; whether the portio mollis of the 7th is involved or not, it is impossible to say, at all events, he is partially deaf with both ears, but more so with the right than with the left. He complains of numbness at the tips of the fingers of both hands, otherwise there is no defect of sensation in any part of the body; the memory is good for the past, but defective for the present. All voluntary movements are co-ordinate when he is lying down, but when standing or walking there is weakness in the lower limbs, with defective volitional co-ordinating muscular power. The unsteadiness of gait and want of balancing power is more marked when he is made to stand in the erect posture with his legs close together and the eyes closed. There is complete absence of reflex patellar tendon, and no reflex movements are excited when the soles of the feet are tickled. The sphincter muscles of the bladder and of the rectum are quite normal, and the processes of nutrition are in no way interfered with. He has never suffered from nausea or vomiting; the appetite is good; the tongue is clean; and the bowels act regularly.

These are the main features of the case, and there can be no doubt of this that the man has an intra-cranial growth, and we have now two points to consider, namely, the nature of the growth and its location within the skull, from the fact that the man contracted syphilis ten years ago, it is quite possible that the growth may be of a sy-

(a) Patient shown at the Medical Society of London, Nov. 8.

philitic nature; but syphilitic growths are rarely, if ever, found in the cerebellum, yet we know that paralysis of the third nerve is very frequently caused by syphilis, and the paralysis of the third nerve was the first evidence of the growth existing; and if the growth is not of a syphilitic character, we have no further evidence to guide us as to what its real nature may be. Now with regard to the location of the growth, I venture to conclude from the signs and symptoms enumerated that its seat is in the cerebellum. Dr. Althaus, in a very able letter on the diagnosis of tumours of the cerebellum (*Lancet*, May 8, 1880), states that the only safe guides for our diagnosis in these cases is cerebellar ataxy and cerebellar vertigo, and these signs are very well-marked in this case, and in addition thereto, we find other signs which are, to my mind, of great importance as confirmatory evidence. I refer to inco-ordination of the ocular muscles, double optic neuritis, retraction of the head, and the reeling gait. Concerning the last sign, Nothnagel states that, in his opinion, disease of the middle lobe is more likely to be attended by reeling than disease of the lateral lobe. There are many other points of great interest concerning the nature of these signs which have been ably dealt with in the valuable paper which was read on Tumours of the Cerebellum before this Society by Dr. Hughlings-Jackson, and published in the *Lancet* of Jan. 24, 1880. There is only one other point to which I care to allude, and it is a point of more than passing interest. I have stated that in this case there is an entire absence of patellar tendon reflex; now this is unusual in tumours of the brain or the cerebellum, and we have the authority of a most careful observer, Dr. Buzzard, who states (*Lancet*, May 1st, 1880) that patellar tendon reflex is not lost as a result of cerebral lesion, but its absence is conclusive evidence of a spinal lesion. I am bound to say that my experience is somewhat different from Dr. Buzzard's in reference to this matter, and I have every reason to believe that some of the normal reflex processes of the spinal cord may be so interfered with by an inhibitory power exerted upon the cord, so that a patellar tendon reflex cannot be generated, although no organic disease of the spinal cord exists. It is clear that in this man no organic disease of the spinal cord does exist, and yet the reflex patellar tendon is absent. I expressed this view some short time since before this Society, and stated the fact that a patient presented himself to me with ataxy, and upon tapping the leg in the most careful way, no patellar tendon reflex could be induced. I then passed the continuous galvanic current through the spinal cord for some few minutes, and I was gratified to find as marked a patellar tendon reflex as I have ever seen, and it is quite possible that further experience concerning the absence or presence of a patellar tendon reflex may aid us in locating cerebellar changes with greater exactness and precision.

The returns for duty paid on patent medicines during the year ending March 31 last shows that the consumption of these preparations is still increasing, the amount being £133,668 against £130,691 in the previous year.

At Swords, near Dublin, a dairyman appeared, in answer to a summons charging him with having removed without a licence sixty-five head of cattle from a farm which had been declared by the local sanitary authority to be infected with pleuro-pneumonia. The Chairman —You are liable to be fined £325, which would be £5 for each animal, but as the bench think that that would be too heavy, they will reduce it to £2. The fine was paid at once.

NEW CERVICAL CURETTE.

By ALEX. DUKE, L.R.C.S.I.,
Assistant-Physician, Rotundo Hospital.

The difficulty of removing the plug of ropy mucus which fills up and in some cases hangs from the "os," as in chronic endometritis, cervicitis, &c., must have been experienced by every gynæcologist, and its detrimental effects (by protecting the cervical walls from the action of the usual escharotics, and so retarding the patient's cure,) must be sufficiently apparent.

It is usually recommended to clear the canal of mucus by the introduction of the probe armed with wadding dipped in glycerine; but this is not at all sufficient, nor does the removal of such discharge as can be seen through the speculum give any idea of how much still remains, the coagulation of which by the subsequent caustic application neutralises, if not altogether destroys, the desired effect of the remedy. The woodcut represents a little instrument which (feeling the want of) I have designed, and which I have found very useful in the cases I speak of. I have named it a cervical curette. It is simply introduced through the speculum into the cervix as far as it will go with facility (which is generally up to the inner os), but in some cases will pass further, owing to the relaxed condition of the parts. It is then rotated slowly several times and withdrawn, when the top of the instrument will be found filled with tenacious mucus, a brisk shake of which will dislodge its contents, and it can be re-introduced till all the mucus is thus removed. The cervical canal is then in a condition to be acted upon by the usual applications, and I have found by this simple means the time occupied in the treatment of a case can be very considerably shortened. The curette has also another advantage; as the rotation of its blunt edges in the cervical canal destroys those granulations and enlarged follicles, for which some practitioners recommend the use of a sponge tent. The instrument is nickel plated, can be cleaned in an instant either by being held under a stream of water or whisked through the same, and it has proved so useful in my hands, that I do not hesitate to make it known, in the hope that it may be equally useful to others. The maker is John Whyte, Dublin.

Clinical Records.

CASE OF SCARLET FEVER TREATED WITH SALICYLIC ACID: SPEEDY RECOVERY. SALICYLIC ACID ALSO USED AS A PROPHYLACTIC.

On the 10th of June I was called to see one of the boys at a school who was suffering from "sore-throat." The throat and tongue at once suggested scarlet fever; but not having a thermometer with me, and the lad H. A., aged 11, appearing in such good general health and spirits, I was in some doubt as to the diagnosis.

The patient had to leave church four days since with a severe attack of epistaxis. Cannot recollect any "shivering fits." Bowels constipated. Pulse 88, not very full. Ordered a swallowing gargle of hydrochloric acid and chlorate of potash, and promised to call again.

In the evening I called, and found the patient in bed, the tonsils enlarged, with some patches of thick, adherent, yellow mucus, marked "strawberry" tongue, pulse 100, quick, regular, and rather small. Respirations normal. No coryza. Temp. 99·2 deg. F. A diffused red blush of a lobster colour, visible all over body, especially buttocks, and mingled with cutis anserina. Urine very copious and pale. The patient was in excellent spirits, without pain except a little tenderness of throat. Appetite fair.

I remembered the remarks of Mr. Pownall and Dr. P. C.

Barker on salicylic acid—both as a remedy and prophylactic in scarlet fever (quoted in last vol. of Braithwaite's Retrospect), and determined to try it in both capacities. I therefore prescribed a draught of sulphate of soda, to be followed by—℞ Acid. salicylii ʒss., glycerine ʒij.—ʒj. 4tis horis.

Next day, 11th, temp. mane 100·6 deg. F. Urine still *pale and free*. Pulse 120, quick, but small, and rather hard. Appetite and spirits good. A rigor last night. Light nourishing food, as much as he feels inclined to take. Patient was isolated yesterday. Bowls of Condy's and carbolic acid placed about the room. Rash very marked.

In the evening patient says he feels "all right." Bowels have acted three times. Urine still very copious and pale. Rash fainter. Throat somewhat less inflamed. Voice less hoarse. Pulse 108, quick and small. Temp. 102·°6 F. Breath very fœtid. Urine shows rather a deficiency of phosphates, no albumen, and abundance of chlorides.

12.—Patient improved. Eruption "discrete." Tonsils slightly *ulcerated*. Temp. 100·4° F. Tongue cleaner, eruption paler, pulse 88, soft and regular. Patient complains of itching, but is in excellent spirits, enjoys his food, has copious pale urine, and says he feels "all right."

13.—Temp, 101·4° F., pulse 92, of fair force and elasticity. Respiration 23. A few herpetic vesicles on face. Eruption pale. Throat much less inflamed, no dysphagia. Mucous patches almost gone, but right tonsil nearly reaches middle line. No swelling of cervical glands. Has had a headache, which is now gone. Tongue cleaning from sides and tip. Desquamation? Urine still very pale and copious; normal microscopically and chemically. At night, much improved. Temp. 99·4° F. Pulse 88, full, firm, and regular. Tongue cleaned right up to base. Tonsils less red and inflamed. and swelling slightly subsided. Mucous patches disappeared. Eruption almost entirely gone.

14.—Temp. 99·8° F. Rather restless night. Commencing desquamation. Marked injection of conjunctiva in parts. Pulse 84, of fair force. Throat almost well. Eruption gone.

16.—Patient up to-day. Convalescence fairly established.

19.—Desquamation taking place rapidly. Dressed with carbolised oil.

20.—Tested urine. Nothing abnormal, but odour which resembles that of diabetes. No sugar.

23.—Patient downstairs and out to-day. Desquamation more marked. He went away a few days after to a farmhouse, where he continued to improve, and has now—July 22nd—shown himself in better health than for a long time back.

From the commencement of the attack every inmate of the house took each morning 1 dr. of glycerine of salicylic acid containing one grain of the acid. Though I saw three of the boys together in the first instance, with sore-throats of a similar character, there was no other case in the house.

I had some hesitation at first about my diagnosis, when I considered the following points:—Patient's apparent health and good spirits, copious and pale urine, no implication of glands, and general absence of constitutional disturbance, also absence of known infection. On the other hand, there was the "lobster" eruption, "strawberry" tongue, slight fever, sore-throat, and mucous patches.

Rötheln occurred to me, but I dismissed it on the following grounds:—There was no coryza; eruption was most marked on *buttocks;* there was *none at all on face;* it was also at first diffuse, and not *patchy*, as commonly happens, in Rötheln. Also the firm, adherent *plaques muqueuses*, which are, I believe, very characteristic of scarlet fever when associated with other symptoms. Moreover, Dr. Fyfe saw the patient with me on the 12th, and concurred in the diagnosis.

The Royal Albert Asylum, Lancaster, has become possessed of the munificent donation of £4,000 from Mr. Edward Rodgett, of Darwen Bank, Preston, for the erection of a detached infirmary in connection with the asylum for the isolation and treatment of infectious diseases whenever they occur amongst the inmates.

Translations.

THE PHILOSOPHY OF SLEEP AND DREAMS.

By M. DELBOEUF.

Translated from the *Revue Philosophique*.

By EDWIN JACKSON, B.A., M.R.C.S.,
Manchester.

Part II.—Their Relations with the Theory of Certainty.

(*Concluded from page* 392.)

I have now passed rapidly in review the different sorts of hallucinations, from well-marked madness to the simplest of mental maladies. It will be observed that illusions are in all cases concerned in them, and that the victim of the hallucination believes in them, because in all other respects he is constantly deriving information from the external world. This is what gives them a coherence rarely met with in dreams. But in madness it is quite otherwise. Demented men and certain melancholic madmen whose state is mostly connected with anæmia or exhaustion of the brain have ideas the strangeness of which is in no respect less than that of our dreams. A gardener carrying a basket of wicker-work is transformed in their eyes into a gendarme taking their enemy to prison. I knew a young mother who, weakened by successive confinements, temporarily lost her reason. She fancied, for instance, that the chickens which the cook was dressing were her own children, and nothing was more distressing to see and hear than her maternal anguish. We had here one of those superpositions of images of which I have already spoken. We must seek the explanation of these and analogous cases in the torpor of the receptive faculty, which establishes a resemblance between malady of this kind and sleep.

It is no part of my subject to examine the possible causes of madness. The question may, however, be looked at from an entirely theoretical and psychological point of view. It follows from what I have said that hallucinations may be owing to two or more causes. They may proceed either from the fact that erroneous conceptions have acquired a brilliancy comparable to that of perceptions, or else on the contrary, the faculty of perception is enfeebled to such an extent that real images are as crude and dull as fictitious images. It is possible that these two causes often act together; that is a point which I have not now to examine. But, be it as it may, we may extend to the wanderings of the insane the definition which Aristotle gives of dreams, enlarging it a little, and say that they belong to the madman in so far as he is mad. Between the conceptions of the madman and those of the sane man there is, then, no difference in their psychological relation; the difference is physiological, or to be more precise, pathological.

I now approach the other questions which it remains for me to speak of. The first is that of knowing by what characteristic we can practically distinguish a conception from a perception, when they have both the same brilliancy. The answer is very simple:—The conception is altogether a personal matter; the perception is common to all. The engravings which are in my room everybody sees, everybody can touch; those which are in my imagination are inaccessible to all except myself.

In the matter, then, of perceptions and conceptions, the evidence of other men is the sole criterion to guide us. But this criterion unfortunately is not infallible. Does it not sometimes happen that entire populations see marvellous apparitions! In his instructive book, "On the Study of Nature," M. Houzeau, Director of the Observatory at Brussels, instances the sepulchral lamps deposited by the Romans in their tombs, which numerous witnesses declare that they saw still burning when the interior of the tombs was brought to light. Now, here is a thing perfectly impossible, and proved to be so. Then, again, what do we see in the descriptions collected by Porta of the opening of a Roman sepulchre in the island of Nisida, near Naples? "Several sober, respected gentlemen, members of various professions," says M. Houzeau, "swear to having seen with their

own eyes, and in the most positive and absolute manner, some chemical miracles, which were a perfect mystery to them." In the middle of the 18th century are certain miracles supported by a collection of proofs such as the best established historical events could scarcely show. In fine, what is stranger still, do we not in our own day see philosophers, *savants*, naturalists, such men as Fechner, Zöllner, and Wallace, allow themselves to be hoaxed by the spiritualistic jugglery of a Doctor Slade?

However, as a general rule, the ideas of a madman, so far as he is mad, are incommunicable; they cannot impose on others; and furthermore, he is always disposed to regard his companions in misfortune as insane, and to consider visitors from without as men of narrow minds, and blinded. And yet, a further reflection throws us back into perplexity: How many men of genius find themselves treated as madmen by people less wise than themselves! To recall only an example taken from contemporary history, how many illustrious men were at first unwilling to believe in the future of railways, or even in their practicability? And if lunatic asylums confine inventors of perpetual motion and of other things physically impossible, are not their doors also sometimes shut behind a sublime dreamer? Hence this dictum, absurd in reality, but true for the commonalty, that genius and madness have more than one point of contact.

We are not at the end of our difficulties. It has happened that madmen have made other madmen accept the most unreasonable pretensions. M. Spring, the author of "Symptomatology, a Treatise on Morbid Accidents," once told me that he had known in a lunatic asylum a God-the-Father who had gained a certain number of worshippers. Indeed, do we not see whole nations, vast human societies, believe in the infallibility of a man whom other men have invested with this prerogative?

However carefully it may be considered, and however well weighed, we are always of necessity brought to this conclusion, which I have enunciated elsewhere, viz., that if on the one hand truth exists, on the other hand an absolute criterion of truth does not exist; that we must distinguish between subjective and objective certainty; that our convictions, however strong they may be, may be unfounded; that truth may have for us only an entirely provisional character. The sole motive which makes us reject a proposition resolves itself into the contradictions which it presents to other propositions considered by us as true. Then, as the number of these has always a tendency to increase, we have no guarantee that new contradictions will not some day arise; the history of the sciences has made us only too familiar with surprises of this kind.

But if distrust in regard to our knowledge is allowable, owing to the deficiences in our intellectual faculties, on the other hand, it is here that we lay our hand at last on the true touchstone of the state of reason. Like every other phenomenon, error has its cause and under this heading it is explicable and in some sense logical. This cause consists in an *incomplete* view of things: to correct myself is to see more and better. The human mind is undoubtedly not capable of seeing everything, and hence it should be careful not to deny the existence of all that it does not see. Then it is this denial—excusable, but unwise—which is the source of all our false judgments. This imperfection of our nature once recognised, it is not becoming in anyone to have an absolute scientific persuasion without reserve concerning any truth whatever it may be. If it is a question of subjective belief it certainly is impossible for us to refuse it to what momentarily obtrudes itself upon us, even to error. This common and quite practical belief does not allow of hesitation. But if it is a question of well-considered adhesion, there is always room—and we ought to leave room—for doubt. There is no proposition however certain we may consider it which may not be the object of doubt. This doubt, which is closely allied to certainty, is speculative doubt. It was a speculative doubt that Descartes expressed when, in writing his "Meditations," he asked himself if he was not dreaming. The doubt, as we see it, is not only reconcilable with conscientious and reasonable conviction, but cannot exist without it. If Descartes had not been fully awake, and if he had not been absolutely certain of his being so he would not have put himself the question in the sense which he attributed to it. Sosis and Giles the cobbler would not have entertained any doubt about themselves if they had not been in their right senses. Speculative doubt is not a sincere doubt, not a true doubt, as oftentimes the man in his waking state meets with it as well as the sleeping man and the madman. It is an altogether theoretical doubt, which relates to things about which in reality we have no doubt, and which is justified by general and higher considerations. This doubt, the sentiment of which is not misleading, is the attribute of a mind in full possession of its reason, and is at the same time the distinctive, sufficient, and absolute sign of reasonable certainty.

This conclusion is at first sight strange, and to some minds it will appear grievous. It will serve as a new theme for distressed and despairing philosophers who will use it as a text for proving man to be a Tantalus thirsting for truth. Such is not our fate; plunged into the inexhaustible ocean, we are not forbidden to moisten our lips with it. It is true that if we consider every human science as a collection of truths, of falsehoods, and of obscurities, placed side by side and without any influence one upon another, and if in consequence we assign to intelligence as its end the incessant augmentation of truth, and the limiting the field of error and of the unknown, then from the day when we perceive that we can know nothing with certainty, we might allow ourselves to be overcome by discouragement and to seek for the annihilation of thought. But let us take courage and console ourselves. If absolute certainty eludes our grasp and always will elude it, relative and indefinitely progressive certainty, the only thing accessible to our finite reason, ought to satisfy our ambition, and is of a nature to satisfy it. Truth is one. There are not truths, there is only *the* truth. The words "particular truth" form, strictly speaking, an inexact expression, and in some respects nonsense. All our sciences, even the most positive, give an interpretation of truth in part doubtful, in part erroneous, and in part incomplete. Thus have we not, on the one hand, even in modern times, gone so far as to dispute the firmness of the bases of geometry? Have we not questioned the foundations of logic? On the other hand, to believe that a proposition which may be true in itself is yet reconcilable with a proposition the falsity of which we do not see is to fail to grasp the former in its true essence. To conclude from the principles of mechanics that perpetual motion is realisable is virtually to substitute for these principles others less true, whilst at the same time professing to retain them. In fine, not to have drawn from a proposition all the conclusions which it contains is not to understand its whole scope. Do Lucretius, Pascal, Lavoisier, and Meyer understand similarly the axiom that nothing proceeds from nothing; that nothing returns to nothing?

Truth never reveals itself to our eyes otherwise than veiled from head to foot, and, as in the case of the Goddess of Sais, no human hand can lift the veil. But this veil is daily becoming more and more transparent, because our sight becomes more penetrating and more correct. Truth, then, is not one of those things the conquest of which may be achieved by annexing them piece by piece; it is rather one of those the entire possession of which is denied us, but which we may worship, and to which we may join ourselves more and more intimately by multiplying the points of contact and the means of attachment. Let us beware of the presumption—nay, the madness, of embracing from first impressions. If the beginning of knowledge is the knowledge that we know nothing, let us not forget that there is nothing of which we know everything. Modesty, distrust, and doubt, these are the characteristics of true knowledge. Is not conceit the ordinary companion of ignorance and folly?

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 12TH.

Dr. E. HEADLAM GREENHOW, F.R.S., in the chair.

MR. HEATH read a brief report drawn up by the committee appointed to examine Mr. Clement Lucas's cases of

cross-legged progression. The report recommended forcible breaking down of the adhesions.

STRETCHING THE FACIAL NERVE FOR THE RELIEF OF SPASM OF THE FACIAL MUSCLES.

Dr. ALLEN STURGE and Mr. GODLEE presented a paper on this subject. The patient, a lady, æt. 72, had been sent to Dr. Sturge by Mrs. Garrett-Anderson. She had enjoyed good health until the death of her husband six years ago. After this her nervous system suffered much, she had fits of depression and debility, and before long twitching began round the right eye, extending subsequently to all the muscles supplied by the right facial nerve. She had gone through various courses of treatment without result, and she finally consented to have the facial nerve stretched. This operation was performed by Mr. Godlee on July 20th, by means of an incision behind the ear from the external meatus nearly to the angle of the jaw. The sterno-mastoid, and the parotid gland were pulled in opposite directions, exposing the upper border of the digestric close to which the nerve was found, as it emerged from the stylo-mastoid foramen. The nerve was raised on a hook and pulled with moderate force. After a few such pulls the right side of the face was completely paralysed. The wound was dressed antiseptically, and healed without a drop of pus, or the slightest constitutional disturbance. The face remained paralysed for two months, and for some days after the operation there was a good deal of pain on the right side, and also in different parts of the head, which returned at intervals during these two months. When seen on Oct. 19th, three months after the operation, the face at rest was nearly symmetrical on the two sides, but there was still a good deal of deficiency of movement in the muscles on the right side. She was, however, rapidly improving, every week making a considerable difference. The operation has now been performed five times, three times in Germany by Baum, Schussler and Eulenberg, once in America by Dr. James J. Putnam, the present case being the first operation of the kind in England. In all these cases there was temporary paralysis after the operation, varying from two weeks in Baum's case to five months in Eulenberg's. It was remarkable that in every case in which the facial nerve had been stretched for spasmodic tic the operation had been successful, whilst in several cases of spasmodic affection of other parts, as of the arm, &c., stretching the nerves of the part had produced no good effect. In these latter cases the spasm had usually been of an elaborate character allied rather to chorea, whereas the former is a simple unco-ordinated spasm of all the muscles supplied by a single nerve. This latter character would indicate a lesion in the centre from which the facial nerve takes its immediate origin, *i.e.*, the medullary centre, whereas the former would point rather to a lesion of co-ordinating centre higher up in the cerebro-spinal axis. Stretching the nerve certainly produces an immediate effect upon the nerve trunk itself, and it probably also produces a remote effect upon the nerve-centres, which effect would be greater upon the lower centres, such as that for the facial nerve in the medulla, than in those further removed, which are supposed to have to do with co-ordination. In all cases where nerve-stretching is employed for spasms, it will be very important to note whether the spasm is of the simple or co-ordinated variety, with a view to ascertain its relative value in the two varieties. The operation is rendered difficult on the living subject by the depth of the nerve and the constant trickling of blood into the wound. The operator should therefore secure a good light and efficient assistance. The posterior or auricular vein may very likely be cut in the first incision, and the posterior auricular artery at any period during the dissection. No vessel of any consequence is, however, likely to be injured if the wound be not carried more deeply than the digestric muscle; should this level be passed, the surgeon will find himself in dangerous proximity to the internal jugular vein.

Dr. BUZZARD inquired if the effects of pressure on different parts of the face had been tried. This treatment had been found to stop chronic spasm, as in a case under his own care some years ago. In another case an accumulation of cerumen in the external meatus set up, by irritation, neuralgic pains, which ceased on removal of the wax and frequent application of a constant current. Dr. Buzzard said he had, at the present time, a man in hospital who was still under treatment, and in whom the supra-orbital nerve had been stretched for neuralgia.

Mr. WALSHAM said that early in the year he had stretched the infra-orbital nerve for severe neuralgia; there was no pain after the operation. He believed the nutrition of the nerve to be that chiefly affected in the operation; this would not influence the intra-cranial centres, and the separation of the supplying minute vessels from the trunk of the nerve might sufficiently account for the effects produced.

Dr. STURGE said pressure had been made on different parts of the face without effect, and the final operation was had recourse to when all other treatment failed.

Mr. GODLEE observed that the stretching must affect both the sheath of the nerve and the vessels. He had another case in which the nerve was stretched the preceding Wednesday, and was succeeded by twitching on both sides of the face.

Mr. CROFT related his experience of a case to which he was called by Leibreich in 1877, and in which he cut down to the infra-orbital nerve of a patient, æt. 65, who suffered from severe convulsive neuralgia, the pain radiating along the branches of the infra-orbital nerve. He removed about ½ inch of this, and stretched it well, until a sense of "giving" was felt in the canal. The operation was performed on Wednesday. On the following Monday the patient left for Adelaide, whence a letter was dispatched saying that for a time pain and muscular spasm persisted, and then subsided. Six months later an attack of gout was followed by convulsive neuralgia, which also subsided. After another six months, however, the pain once more returned, and to it succeeded permanent relief, Mr. Croft felt at a loss to define the correct treatment for such cases, some recommending a sensory, and others a motor, nerve to be operated on. He did not believe the centre of disease to be intra-cranial. He remembered a case where, following amputation below the knee, the exposed nerve ends were irritated, and became bulbous. The nerve was cut down on and resected, the ends being well stretched until they "gave" above. The patient, who was a lunatic, and under constant observation in an asylum, had suffered no return of the pain.

TWO CASES OF MYXÆDEMA.

Dr. DYCE DUCKWORTH read notes of these cases, and exhibited the patients. The first was that of E. M-, æt. 47, who was admitted into St. Bartholomew's Hospital under his care in August of this year. She was a stout woman, 5 feet 4 inches in height, and weighed 13 stone and 2 pounds. She had lived in London for twenty-five years, but was a native of Birmingham. She had had nine children and several miscarriages. There was no syphilitic history. Her complexion was fair, and there was abundant light red hair. The skin of the face was puffy, pallid, and waxy-looking, with the exception of patches of vascularity over the malar bones. The eyelids and lips were especially puffy. The mucous membranes were rather anæmic, and the blood somewhat of damask rose-tint. Several moles were present on the face, scalp, and left shoulder, and attention was directed to these because Dr. Duckworth had observed their presence in four out of some eight or nine cases of the disease which he had witnessed. They were acquired and not congenital; and a question arose in instances of acquired moles concerning both the mental and bodily vigour of the subjects of them. The thyroid body was small. The integuments of the trunk and limbs were all swollen and puffy. The hands were large, clumsy, and void of expression. The several organs in the chest and abdomen were seemingly natural, but the action of the heart was feeble, and the pulse varied from 48 to 84 in the minute, being commonly under 60. The appetite was capricious, and sometimes nausea, with retching, occurred. This patient suffered from constipation. The catamenia had ceased for six months. There was slight dysuria, the urine was of specific gravity—1015 to 1022, and always found free both from albumen and glucose. Many of the morbid physiognomical features suggested, as is usual in these cases, the idea that there was chronic nephritis present. The speech was slow, the voice harsh and snuffling. The patient observed that she was now very slow in expressing her ideas. Her walk was deliberate and shuffling; gait waddling. She felt as if she was on stilts, and could be easily thrown off her balance. Sometimes she fell down, and she never ventured to cross the street. Every movement was slowly executed. It took her an hour and a-half to dress each day. In warm weather her moving power was more brisk, and her ideas flowed more freely. The least chill was acutely felt, and very slowly was the circulation restored. Even in the warmest days of August she felt chilly

sometimes. Thermometric observations showed that there was commonly a difference of a degree between the two sides of the body, the temperature on the left side being the lower of the two. The temperature was taken twice a day for eighteen consecutive days, and the variations were from 93·4° to 97·8° on the left side, and from 95·4° to 99·4° on the right. A chart of these was exhibited. Except on one occasion the temperature was subnormal throughout. The history showed that general swelling began some three or four years ago, when she had to procure larger boots and gloves than she formerly used. She had led an unhappy life with a brutal husband, and had been much exposed to blows and ill-usage. Seven years since she was in Guy's Hospital suffering from paresis of the right leg, with anæsthesia about the ankle. She improved under electrical treatment *and* tonics. These troubles she attributed to injuries. The family history was of no special interest in relation to the case. The father died after rupture of some blood-vessel, and the mother of heart disease. The patient suffered much from cold, and was always dull and morose during her stay in hospital. Stimulants readily stupefied her. She took various tonics and arsenic, and as much good food as possible. No improvement resulted, although the dyspepsia was relieved, and she enjoyed the rest and freedom from home cares. The amount of ordinary œdema in the eyelids and lower limbs varied occasionally. No albumen was found at any time in the urine. The woman still remained under observation as an out-patient.

The second case was that of M. S., a married woman, æt. 46, a milliner. She was born at Retford, but had lived for twenty years in Clerkenwell. She was well-grown, with dark hair, dirty sallow complexion, with vascular patches over the malar bones, and puffy about the eyelids. The facial aspect denoted chronic nephritis. There was one mole on the left cheek. The expression was dull and languid. The thyroid body seemed natural. The hands were "spade-like," and the skin on the backs was harsh and dry. The various organs were natural, but there was bronchial catarrh. The belly was flatulent, bowels constipated. Pulse, 80, while standing. The legs were œdematous, the right pitting more than the left. The urine was of specific gravity, 1005, acid, and void of albumen on every occasion when examined. The catamenia had become irregular this year. The history was that she had noticed herself becoming stouter eight years ago, and her friends thought her failing in health. Two or three years since she found that she could not ply her needle so freely as formerly. Her speech and general movements became gradually slower. She could walk fairly well if not hurried, but was very timid in the street. Lately she accomplished two or three miles. Sometimes she fell down, and had difficulty in preserving her balance. She took a long time to dress herself. There was marked susceptibility to cold and changes of weather. Temperature in the right axilla was 97·4°, and in the left 97·2°. She complained that her food did not taste properly. She had good health till eight years ago. Her father died when she was quite young. Her mother was alive and well at the age of 73. She had one brother and two sisters younger, all in good health. She had one child who died of small-pox at 6 months of age. This case presented many of the well-recognised features of the disorder, and seemed to be progressing slowly. No treatment appeared to control or modify the cachexia in any noteworthy degree.

Dr. SIMON had brought for exhibition another example of the disease. He described features not previously mentioned, as falling away of the hair from the head, pubes, &c., and the breaking off of teeth without pain, and accompanied by bleeding from the gums. His own patient suffered from loss of memory, and s constrained to acts of self-injury. There is with her a history of fourteen years pain in the head, in localised spots, but extending. Points under the eyes and on the tip of the nose become readily flushed and painful. She has had many deliveries and miscarriages. There is marked *dysphagia;* no loss of reflex irritability in the mucous membrane of the mouth.

Dr. THEO. WILLIAMS inquired what thermometer had been employed in taking the temperature.

Dr. HADDEN remarked on the diminished quantity of urea excreted by these patients. The nails, too, were brittle, and he had seen them fall off from two or three digits. He had lately seen an instance of the disease in an adult male, thus proving it not to be peculiar to women.

Dr. DUCKWORTH said the details already collected of the disease pointed to its being of trophic-neurotic origin. The thermometer used was the ordinary ward instrument, and the temperatures were taken, as a rule, in the axilla.

The PRESIDENT suggested that Drs. Simon and Hadden should collect their cases, and favour the Society with the record.

ERYTHEMA GYRATUM.

Dr. T. COLCOTT FOX then read a description and exhibited water-colour drawings and a living specimen of a unique eruption, which he called *erythema gyratum pustans*, affecting in a precisely similar manner the two elder children of a family. There was no family or personal history of importance that afforded any clue to the causation. Dr. FOX said the eruption began as little isolated scattered erythematous papules the size of millet seeds, which spread in a rapid manner centrifugally, and as quickly cleared up in the centre so as to form rings which became fused together, where they met and ultimately covered large tracts with gyrate and festooned figures as in tropical ringworm and some other diseases, each individual eruption lasted from a week to ten days, and left behind considerable pigmentation. Each ring also rapidly desquamated, leaving a very conspicuous ragged fringe adherent to the inner edge of each extending erythematous circle. The great peculiarity in the case was its extreme persistence, for neither brother nor sister had been entirely free since they were from three to four years of age, and they were now both nearly twenty. The eruption was kept up by the constant evolution of one or more papules about the shoulders, upper arms, chest, or buttock and thighs; but three or four times a year or oftener far more extensive outbreaks occurred, lasting from ten days to six weeks, and accompanied by intolerable itching. None had ever appeared on the palms, soles or head. Dr. Fox remarked that this curious phase of eruption evidently belonged to the class erythemata, for no causation by a fungus could be proved. There was no evidence of hereditary syphilis, and psoriasis was out of the question. Chronic erythema multiformis had of late years been described, and the eruption had all the character of an annular erythema except as regards the sites attacked and its extreme persistence. As regards treatment, Dr. Fox, knowing that arsenic had been largely administered, had recourse to tonics simply, and within the two years during which he had observed the cases they had certainly improved in a most marked manner.

Dr. CARRINGTON recognised the case as being an old out-patient at Guy's Hospital. Under treatment by arsenic it had improved, and Dr. Pye Smith had regarded it as one of psoriasis.

Dr. F. TAYLOR also remembered the patient as having been under his care at Guy's. The eruption was then of a higher colour than the drawings shown. He did not recognise the disease.

Dr. CAVAFY thought it not right to attribute the improvement described to the effect produced by the arsenical mixture. There are probably many forms of chronic erythema not described in text-books, and the example cited might be some such.

Dr. FOX said he had been guided to his conclusions concerning the effect of the remedies employed by the patient's own statements.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, NOVEMBER 1ST.

ALFRED WOODHOUSE, President, in the Chair.

THE presentation by Mr. S. J. Hutchinson of a photograph of a curious picture in the Dresden Gallery representing a surgeon extracting a tooth, led incidentally to a discussion on the subject of ancient Egyptian dentistry. The President questioned the correctness of a statement made by Sir Gardiner Wilkinson to the effect that teeth stopped with gold had been found in the mouths of mummies. He had made careful inquiries when in Egypt, but could not meet with a single authentic specimen. Mr. Thomas Rogers and Mr. Coleman were of the same opinion, the latter stating that the late Mr. Benomi, a very high authority, said he had never been able to find any trace of a stopping in mummies' teeth. Mr. Charles Tomes also expressed his belief that the authority on which Sir Gardiner Wilkinson made the statement, that of "a Greek merchant long resident at Thebes," was not reliable.

Mr. CHARLES TOMES related three cases of abscess of the antrum, in which there had been almost complete absence of

symptoms; in two of these there were decayed stumps, but in the third all the teeth were apparently sound, and no cause for the abscess could be assigned. He called attention also to the uncertain effect of treatment in these cases, some being cured in a few weeks, whilst in others the discharge continued for years.

Mr. STORER BENNETT read notes of a case of necrosis of a portion of the nasal and palatine processes of the superior maxilla, resulting from an alveolar abscess connected with a canine tooth. The disease came on acutely after exposure to cold and wet. The patient was a healthy man, 50 years of age, and there was no suspicion of syphilis.

Mr. COLEMAN read notes of a case in which osseous degeneration of the pulp of two apparently sound teeth had set up intense cervico-facial neuralgia, which was cured by their extraction. It occurred in the practice of Waller Bey, of Cairo.

The SECRETARY read a communication from Mr. H. W. Jackson, of Lewisham, in which he stated that for fifteen years he had been constantly subject to the occurrence of boils on the right side of the face and neck, which had at once ceased on the extraction of the stump of a decayed upper molar, which had set up a chronic abscess and fistula.

A communication from Mr. F. R. Lloyd, of Agra, was read by the Secretary, in which he related how he had been able to settle the diagnosis of a tumour of the gum by extracting a carious molar which was involved in it, and submitting portions of the periodontal membrane to microscopic examination. He pronounced the disease to be cancer, although there was at that time no pain or tendency to ulceration. The diagnosis was afterwards confirmed, and the patient submitted to operation.

A memoir on the "Papilloma of the Oral Cavity," by Dr. Arkovy, of Buda-Pesth, was then read. Only four cases of this disease had been recorded; to these, Dr. Arkovy added another which was remarkable on account of the situation of the growth, which was attached to the soft palate. The author gave a full account of its minute anatomy, pointing out its close relation to epithelioma, and discussed its etiology and surgical treatment.

Mr. CHARTERS WHITE showed under the microscope a section of one of these tumours.

A discussion followed, in which the President, Mr. Coleman, Mr. R. White, of Norwich, Mr. Charles Tomes, and others took part. The meeting then closed with the usual vote of thanks.

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,
President of the Pharmaceutical Society of Ireland, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,
Lecturer on Materia Medica and Therapeutics at the London Hospital.

(*Continued from page* 394.)

Birmensdorf.

BIRMENSDORF water is a mild aperient which owes its activity almost entirely to the magnesian salts. It is rather pleasant to taste, although slightly bitter. Birmensdorf water is imported from a high altitude (1,300) in the centre of the Swiss Lake district, on the road from Zurich to Lucerne. It seems to be a remarkable pure water, and will, no doubt, find its way into general use. The sample examined was perfectly free from organic impurities of a nitrogenous nature. It gave on analysis:—

	Grains.
Sulphate of magnesium ...	1459·03
Sulphate of potassium	19·20
Sulphate of sodium	590·39
Sulphate of calcium	89·98
Chloride of magnesium ...	31·80
Carbonate of calcium	0·60
Carbonate of magnesium ...	9·02
Carbonate of iron (ferrous salt) ...	12·03
Alumina (trace)	1·20
Silica	2·30
Total solids per imperial gallon	2215·55

Our analyses differ so very much from those formerly published, that we subjoin one.

Bolley's Analysis of Birmensdorf Water.

Sulphate of potash	1·04
Sulphate of sodium	70·35
Sulphate of lime	12·69
Sulphate of magnesia	220·01
Chloride of magnesia	4·60
Carbonate of lime	0·13
Carbonate of magnesia... ...	0·32
Magnesia crenic	1·01
Peroxide of iron	10·10
Alumina	0·27
Silica	0·30
Total solids	320·82

We presume this means parts in 10,000 parts.

As regards the amount of magnesian salts Bolley's analyses does not represent the Birmensdorf water as now bottled, and its general constituents differ. The iron is not likely to exist in this water as ferric oxide, and was probably originally in the form of ferrous carbonate—as a matter of fact we found the iron in a partially oxidised state, but a considerable quantity still remaining in the ferrous state.

We find that Birmensdorf water is decidedly chalybeate, but not to the same extent as given in Bolley's analysis.

Crenic acid (magnesia cranic?) is an indefinite term—which we think is erroneously applied to the organic matters in waters. It is used for all kinds of organic matters found in waters. (Crenic acid is derived from κρήνη, a spring.) Berzelius said that it was nitrogenous, therefore, a water containing it should yield albumenoid ammonia on distillation with permanganate of potassium. Mulder says it does not contain nitrogen, and gives the formula $C_{12}H_{12}O_8$ as representing that substance. It has really never been procured in a sufficiently definite state of purity to justify us in formulating its composition.

We give the skeleton analysis based upon our own investigations.

Skeleton analysis of ½ pint (10 fluid ounces).

Total Solids.	Purgatives.	Antacids.	Salines.
138½ grains.	136½ grains.	1¼ grains.	1¼ grains.

This water is neutral to phenol-phtylein and tropeoline, but on boiling it becomes alkaline, and remains so after cooling. This is not due to the amount of antacids present, which we find are extremely low, but is due to the

large amount of magnesian salts present. All magnesian waters behave in a similar manner, and present a great contrast in this respect to the Marienbad water, which owes its activity to soda salts.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, NOVEMBER 17, 1880.

THE NATURE OF DIPHTHERIA.

IT is the misfortune of the physician to be placed at a disadvantage, compared with the surgeon, depending for its extent on the limits by which the knowledge he possesses concerning the natural history of diseases is defined. In the case of the operator it is possible to definitely circumscribe the accidents and complications likely to beset the path to be pursued in treating a given case; but we can, by no means, yet predicate the course that will, with a probability of certainty, be followed by such cases as come within the category of grave medical cases. Within the past two decades an amount of work has been accomplished towards this end, and a degree of patient investigation of morbid and natural processes in men and animals has been pursued, sufficient to clear up much of the mystery that had long beclouded the knowledge we had upon very many of the diseases that are common scourges and deadly ones. There remain, notwithstanding an ominously long array of unilluminated pages in the history of their succession, and the chief hope we are able to entertain, to cheer us in the present, is that engendered by the indefatigable explorers who are persistently seeking to extend the limits of the known farther and farther afield, and into the region of the unexplained and the unrecognised. In relation to diphtheria this is being effected in America under the direction of the National Board of Health, which is apparently newly awakened to the importance of the trust it has to discharge. Drs. H. C. Wood, and H. F. Formad, instructed by the Board, have been pursuing a series of elaborate inquiries into the nature of the diphtheritic virus; and although, it cannot be quite said that they have materially added to that which had been already demonstrated by preceding investigators, yet by confirming the conclusions of many observers, they have achieved much that is good in itself. Experiments were first conducted with the object of determining whether the received opinion that diphtheria is non-communicable by direct infection to lower animals is correct, and the results have shown the conclusion to be a true one. Cats, dogs, rabbits, and a goat, were the animals employed in the first series of trials, which comprised inoculation in the mouths and thighs, with bits of fresh diphtheritic membrane. Examination, post-mortem, of six rabbits, which died within fourteen days of the operation, showed, in each instance, that tuberculosis had been set up; but it is highly important to note that in no case did local or general symptoms succeed on inoculation of the mouth; inoculation in the thigh, however, was followed by the deposit of caseous material in the tissues, by the absorption of which death was induced; or this might be ascribed—in some instances, of early disease undoubtedly so—to the immediate absorption of a non-specific poison. By a series of other experiments, it was further shown that this tuberculous condition may be produced by other means than the introduction of diphtheritic matter, even inorganic agents such as wood or wire sufficing to set it up.

It has been asserted that the pseudo-membrane, if introduced into the trachea, is equal to the production of diphtheria. In order to test the accuracy of this belief, dried membrane was placed in the trachea of four rabbits, one of which, dying five days after, was at once opened, and in its trachea was discovered a delicate pseudo-membrane, in some places, 1 mm. thick, and infested by micrococci. Tubercle, moreover, was found in the viscera, but there could not be demonstrated any blood bacteria. Similar results were obtained when ammonia was injected into the trachea; four rabbits, a cat, and a dog, were selected for the purpose. Except the dog, all died; death generally occurring in two or three days. In all the creatures false membranes developed on the trachea, and tubercle internally, while on the membranes were distinguished micrococci and bacteria. The experiments also further proved that the same membrane, which, placed in the trachea, will set up fatal pseudo-membranous trachitis, when inoculated on the thigh, causes death only indirectly, by exciting tuberculous deposits. Very important, too, is the fact elicited by a special series of experiments made to determine it, that pseudo-membranous trachitis may be produced by such foreign bodies as pus and ordinary sloughs, thus proving it to be no more than an extreme inflammation.

The general conclusion arrived at by the investigations is, that the infectious element of diphtheria may be described as a septic poison, capable of exciting extreme irritation of the mucous membranes, and producing intense inflammation, which also may be excited indirectly after absorption, when carried in the blood current to the tracheal lining membrane. Bacteria are declared to be only very improbably associated with the disease, but the possibility is dwelt upon.

We are indebted to the *New York Medical Record* for a *resumé* of Drs. Wood and Formad's labours, on which we, purposely, do not comment at present. We shall, however, hope to do so fully in an early number.

THE SCOTCH INTRODUCTORY ADDRESSES.

If we discard the technical introductory addresses recently delivered in the Scotch Universities by one or two of the professors, such as those of Professors Cleland and Charteris at Glasgow, and Professor Turner at Edinburgh, it is remarkable with what unanimity the other professors assailed—and it is significant of the times—what they are pleased to term, and vexed evidently to recognise as, the materialistic and rationalistic current of popular opinion at present. As a matter of course two of the clearest thinkers, and most elegant writers of the day, Huxley and Spencer, came in for a fair share of attention, and the customary vituperation. Now this is a matter which falls quite competently within the domain of the physician—particularly of the medical psychologist—especially as the pronenesss of medical men to scepticism, if not absolute Atheism, is unjustly proverbial, and is accepted as merited in quarters where we should not have anticipated it. The church in Scotland, and those immediately dependent on the perpetuation of eccleciasticism, are profoundly agitated at present in endeavours to reconcile their means of living with the dawning intelligence of the multitude, and the perplexities of many are rendered still more inextricable by the ingenuity which education commands, and is not slow to employ in this process of reconciliation. It is too well known to practitioners of medicine to what a painful extent mental aberration is due to religious perplexity of some kind or another, and it is much to be doubted whether the well-meaning attempts alluded to are calculated to obviate this contingency. The question presents, Is it not compatible with a happy and useful existence—with even a Godly existence—to cast aside that which in the nature of things lies of necessity beyond the domain of sense and reason, which is, therefore, thus incomprehensible, and of which no amount of empty and high-sounding talk will ever enable humanity, as at present constituted, to take cognizance. Are there not thousands of men and women, too, of spotless reputation who do this, and avow it; and as many who secretly think thus, but whose avowal thereof is restrained by social considerations, or false and pusillanimous notions of propriety. For too long a time mythology and morality have been regarded as inseparable. It were well if people reflected a little more that the ultimate tribunal to which all our knowledge is referable is that of *human observation and experience*, and that all our conceptions of the external world (and we can have no other) are appreciated alone through the medium of our senses. If this undoubted and unassailable position were more frequently kept in view, from what an amount of inconsequent and illogical rubbish would society be exempt. Professor Blackie, of Edinburgh, is a versatile man, a good linguist, an indifferent rhymer, and, in his own opinion at least, an authority on most subjects. In an address, on the occasion of the opening of his class, "On Science and Literature in their Relation to Culture," he indulged in the now customary fling at Huxley and physical science, with what success a quotation or two from his address will show: "Whatever discoveries may be made with regard to the composition of Professor Huxley's favourite primordial substance called protoplasm, or the special functions of this or that convolution of the brain, or the missing link between any type of curious buckler-headed fishes in the Devonian bed, and the rich crop of tadpoles and toads in the Triassic strata, it will remain an impossibility that any science which concerns itself chiefly with the shell or pulp of inferior organisms divorced from vitality can be so interesting to human beings as the soul of living man. For it lies in the very nature of physical science that it occupies itself principally with things from which life is gone, or, at least, which cannot be examined when the living processes are in a complete state of normal exercise." . . . "God is life, and God is love. Of this prime source of all human greatness mere physical science can teach nothing." Professor Blackie is inexcusably in error in thinking that physical science takes not equally, if not greater cognisance of the living than of the dead organism. It sees in the living the completion and the perfection of organisation; from the dead it deduces conclusions as to the living within the domain of sense and reason, and in harmony, as already stated, with human observation and experience. Further it does not pretend to go, and with as much ardour and reverence as Professor Blackie, it regards in the best sense of the term the proper study of mankind to be man. That which physical science regards as the sum of the phenomena of healthy cerebration, the "Modern Athenian" maintains to be a distinct entity, whose study is to be specially relegated to what he calls "moral science," "the science directly of the living man;" and this, science, according to him, "is known not by peeping microscopes and far-sweeping telescopes." The interdependence of the *mens sana* on the *corpus sanum* duly acknowledged by his ancient friends, is at least inferentially ignored by the learned Professor. Physical science embraces the study of men, animals, and Nature as a whole—their attributes as well as their material. Blackie's "moral science" comprehends but the cerebral manifestations of man. Professor Blackie affects a fondness for "exact definition;" would the learned gentleman oblige us by an exact definition of his "soul," or "mind,' which we hope we are not wrong in assuming to be synonymous terms? Will he put into understandable English any idea which is not a material reflection, so to speak, *primarily* conveyed to the cerebrum through educated sense? If anyone assert that the sun is inhabited by human beings similar to those which inhabit this planet, we naturally smile at the innocence

of the statement, and ask the proof thereof, sceptical of its being forthcoming, as being a violation of reason and experience; for with the exception of three ancient Hebrews, into the salamander composition of whose bodies we do not stop to inquire at present, the surrounding medium of fire is not *usually* compatible with the existence of organised vital structure. The *onus probandi*, therefore, lies with him who makes any statement which violates reason and sense. The special beverage of his friend the Celt, as the Professor may be assumed fairly to understand, possesses a singular disturbing influence on cerebral circulation, *pari passu*, it affects the soul, or mental functions; even the Professor has been known to sing, if not to dance, in presence of this "holy ecstacy;" it may be pushed so far as to cause coma, from which recovery may take place; but during this state the mental functions are in complete abeyance —the mind has been a complete blank. Should the molecular changes caused in the brain by the circulation of blood, and of which thought is the expression, be permanently arrested, and its organic structure become a prey to decomposing chemical changes, what has become of the mental phenomena, and what proof have we of their existence apart from vitality? These are questions not to be shirked, or ruthlessly pushed aside by anyone owning a philosophic allegiance to truth.

The colleague of the learned Professor of Greek, Professor Charteris (Edinburgh) from his coign of advantage, levelled his ecclesiastical thunderbolts at "Rationalism as Antagonistic to Christianity." By "rationalism," he understood "the doctrine or the tendency of those who admitted nothing that they could not understand, or at least clearly reconcile with reason." The definition is not a fair one. The rationalist is on every hand surrounded by mysteries hidden deep in the bosom of Nature, whose existence is to him indisputable, but which unaided sense fails him in unravelling. The tiny seed, he knows, retains its vitality for thousands of years; of this he has proof afforded by the evidence of his senses; and he believes that, from the dawn of time, the gigantic heavenly spheres observe their magnificent course with a regularity and grandeur whose contemplation prostrates his highest aspirations in the dust. These things he cannot understand; he knows they exist; he can formulate no reasonable solution of their genesis nor maintenance, but he is content to know, and humbly to feel, his ignorance, rather than create any theory which would violate his cultivated reason. Professor Charteris indicated the common possession of this "dreadful materialism" and Christianity, ingenuously claiming for the latter a "reverence for facts," and adding that "it would be a bad day for Christianity when it ceased to claim that as its distinction, amid the many forms of faith and unbelief to which men adhered." It is no business of ours to contend with the amiable professor on this subject; but tried by the standard above submitted, and a "reverence for facts," we would be curious to learn in what form Christianity would persist after having undergone the ordeal. Religion without a reasonable basis, Professor Charteris seems to admit to be worthless; and there is no avoiding the conclusion, faith without some show of reason is simple superstition.

What concerns us as medical practitioners is the care of many of unstable mental equilibrium rendered unfit for their duty to themselves and to society by vain and hopeless striving to comprehend mysteries in religion unfathomable, and in Nature incomprehensible. Is it not compatible with their well-being, and our duty to society that we enjoin, at least, a suspense of judgment on questions beyond the domain of sense and reason; inculcate the beauty of morality, and the manliness of truth; the seeking of good for its own sake, and the shunning of evil as incompatible with a happy and useful existence? and to impress upon such as are thus influenced that it were an outrage on Deity that he can be the Nemesis depicted, especially from Scotch pulpits.

Notes on Current Topics.

Treatment of Delirium Tremens and of Acute Delirium.

Dr. Rousseau treats ordinary cases of delirium tremens with large and repeated doses of bromide of potassium, which he thinks succeeds better than opium, especially when given in an early stage (*Annales Médico-psychologiques*). Only once has he met with the grave form assuming the febrile and delirious character. Remembering the treatment of Dr. Féréol in a similar case, he did not hesitate to adopt his method. After all the usual remedies had been exhausted without benefit, the physician in charge recommended the removal of the patient to a lunatic asylum. On admission he was extremely violent, flushed, eyes glistening, temperature elevated, pulse quick, full, and regular. He was incoherent, delivered interminable monologues, his attention could not be secured. He maintained that he had killed his wife and father, and expected every moment to be arrested by the police. He had hallucinations, and heard voices which made the most singular proposals to him. He thought himself in a forest, and took the persons around him for robbers. He committed a thousand extravagances, executed feats of strength, could not bear his clothes, sought a river to drown himself. From time to time he fell into a stupor with carphology, tried to seize small objects on his clothes, then suddenly awoke. There was a general tremor, speech was embarrassed, the tongue furred, the pupils contracted, and but little sensitive to light, the left a little more dilated than the right, the skin was anæsthetic, the head not apparently painful.

Ten grammes of potassium bromide were administered on admission, but the agitation and delirium continued during that day and night. The bromide was continued, and on the following day he was kept for seven hours in a *cool* bath (*bain frais*), cold compresses being applied to the forehead from time to time. Whilst in the bath he became calm, with a marked diminution of the delirium and trembling. He passed an excellent night and made a rapid recovery, but continued as a precautionary measure the use of the bromide, taking altogether fifty grammes in five days.

The same treatment was also adopted with success in a

non-alcoholic case of acute delirium with extreme excitement—"one of those congestive manias which form the substratum of general paralysis." There was slight embarrassment of speech, pupils unequally dilated, pulse strong and quick, skin burning, the face red and congested. He cried, danced, committed all sorts of extravagances, refused to lie down, stripped himself naked, clasped the coverlet between his arms, saying he was going to be confined of a reptile. He was completely delirious. Ten grammes of bromide of potassium produced no diminution of excitement during the night after admission. On the following day a cool bath was administered for seven hours with repeated cold irrigations of the head, the temperature of which was excessive. The agitation subsided, and intelligence was partially restored during the bath, after which tranquillity was uninterrupted. Mental confusion and delusions still remaining, he was purged for five days by calomel and aloes, at the end of which time he was perfectly sane, with speech and pupils normal. Seen from time to time since, he continues quite well, now nine months since the attack.

Pseudo-Surgical Dentists.

THE following communication, in regard to certain registered dental practitioners, was read at the recent meeting of the Executive committee of the General Medical Council, and referred, for his opinion, to the Council's solicitor :—

23 Ely Place, Dublin,
October 27, 1880.

SIR,—Herewith I beg to send for the information of the Executive committee of the General Medical Council, a list of 15 persons whose names appear in the Dentists' Register as being engaged in the practice of dentistry in conjunction (a) with surgery, or (b) with medicine, or (c) with medicine and surgery.

As their names do not appear in the Medical Register it may be assumed that most of them do not possess any medical or surgical registrable qualification, and my purpose in addressing you is to submit to the Executive committee the question whether these persons—having obtained registration as dentists upon a misrepresentation—are not liable to have their names erased from the Dentists' Register, and also liable to the penalties set forth in the 35th section of the Dentists' Act.

I submit that—in the eye of the law—no person can be said to be in the practice of surgery or medicine unless he be qualified in accordance with the terms of the Medical Acts, and that, therefore, the occasional treatment of medical or surgical cases by an unqualified person is not, legally speaking, the practice of medicine or surgery, so as to entitle him to registration as a practitioner of dentistry "in conjunction with" medicine or surgery.

I furthermore submit that if the names of these persons be not erased from the Dentists' Register, the record of their names therein may be used by them as a *quasi* diploma to practice medicine and surgery, and that their assumption of such title is an infraction of the 40th section of the Medical Act.

I am, Sir, yours truly,
ARCHIBALD HAMILTON JACOB, M.D., F.R.C.S.I.

W. J. C. Miller, Esq.

MR. OLIVER PEMBERTON, F.R.C.S., Professor of Surgery in Queen's College, Birmingham, has been placed on the Commission of the Peace for the county of Warwick.

The Bogus Diploma Business in Boston.

EVEN the Athens of America has been shown to have a diploma selling shop in its midst. Here again the exposure of the fraud is due to the daily press, the Boston *Herald* having drawn the veil which concealed these slippery transactions. The institution bore the name of "The New England University of Arts and Sciences," and the man at the helm was Dr. Henry C. Stickney. He had lived at various places, and the diplomas were dated at all. The incorporation of the university was in 1875, in New Hampshire, but the bill of incorporation was repealed the next year. A comparison of names in the diplomas with those on the diplomas presented to the Illinois State Board of Health reveals considerable similarity, though there are names on one which are not on the other. Stickney's and Smith's names are prefixed alike on both diplomas. Stickney is supposed to have turned out about one hundred doctors. The price of the diplomas ranged from 100 to 145 dols. He was also connected with a similar college in Montpelier, Vt. He acknowledges, in the main, the charges made against him.

Alleged Poisoning by Tartaric Acid.

THE coroner for Plymouth recently held an inquest concerning the death of W. H. Skinner. Deceased, who had been drinking, was heard to call out, saying he was dying. The landlord of the house went upstairs, met the deceased on the landing, and he asked for some water. In reply to an inquiry as to what he had done, he replied that he had taken some tartaric acid. The surgeon said he found the deceased lying on a bed, suffering excruciating pain. A bag containing about 1 lb. 2 ozs. of matter, which he afterwards found to be tartaric acid, was handed to him. The deceased admitted to him that what he drank was taken from the paper bag, and from what he told witness he thought that the deceased took about half an ounce of the acid.

The General Medical Council.

AT the meeting of the Executive Committee the reappointment of Dr. Aquilla Smith and Dr. Leet as the representative of the Irish College of Physicians and the Apothecaries' Hall respectively, were announced. The resignation of Dr. Hudson, the Crown representative for Ireland, was also recorded. Dr. Hudson has unfortunately been able only to discharge the duties of the office for about two years, and we regret to learn that delicacy of health forbids him to undertake the fatigue of travelling to London.

Cyst of the Epiglottis.

DR. E. J. MOURE communicated to the Société de Medecine et de Chirurgie of Bordeaux, on Oct. 15, an interesting and rare case of cystic tumour, occupying the lingual surface of the epiglottis, which he had observed in the clinic of M. Fauvel.

The patient, a young girl, æt. 7½, had complained for two years of pricking in the back of the throat, and had violent fits of coughing. Deglutition was easy, the voice in no way affected. The laryngeal mirror showed the presence of a rounded tumour, the size of a large grape

stone. A small red vessel was seen winding on the bright surface of the cyst. This was attached by a broad base above the middle of the glosso-epiglottic ligament. The surrounding mucous membrane appeared normal; the tumour compressing the glottic valve prevented the latter from rising during phonation, and it was impossible to perceive the vocal cords. Palpation with the finger showed fluctuation, and the presence of fluid seemed incontestible. The voice of the patient was always clear, tone quality good, swallowing easy.

On Dec. 4 Dr. Fauvel excised the tumour by its base with curved scissors, and at once there flowed a small quantity of opalescent liquid, which spouted out into the patient's mouth. The whole sac of the tumour was removed. Dec. 7.—*Without cauterisation* the cough and the other symptoms had almost entirely disappeared; there remain only traces of the morbid growth. The patient came again Jan. 5; it was absolutely impossible to recognise the point of attachment of the neoplasm. The epiglottis rose easily during phonation. The voice had become more supple. Cough and pricking had not reappeared. The patient was cured. Tumours of this kind are rare; this is the second only published in France, the first having been reported in Dr. Fauvel's book.

Pilocarpine: its General Effects and its Action in Syphilis.

Dr. Lewin, of La Charité Hospital, Berlin, has been experimenting on the action of pilocarpine on the salivary and sudoriparous glands. In the course of three years and a half he has treated thirty-two patients affected with different forms of syphilide by subcutaneous injection of pilocarpine. Seventy-eight per cent. of the patients were cured. Of seven cases two were of serious form, and had resisted energetic mercurial treatment; the cure was incomplete, and it was necessary to have recourse to injections of corrosive sublimate to complete it. In five other cases the treatment had to be suspended on account of inter-current complications (endocarditis, hæmoptysis, collapse).

The patients who were cured by the aid of pilocarpine showed large condylomata, various exanthemata, pharyngeal lesions, one a gummatous periostitis, and one ulcer of the leg.

The mean duration of the treatment was eighty-four days. The dose injected each time was usually 15 milligrammes. The cure would be shorter if patients would have daily injections; but as soon as amendment of the symptoms begins they require less and less frequent applications of the remedy.

Pilocarpine seems to prevent relapses with greater surety than mercury or vegetable depuratives. But in respect to facility of application, certainty of result, and rapidity of cure, this medication, is inferior to injections of corrosive sublimate, and often leaves behind it extreme sensibility to the influences of temperature, which obliges patients, after the cure, to keep their room for some time for fear of arthritic and rheumatic troubles.

According to the experience of Lewin and others, pilocarpine and its salts act especially on the salivary and sudoriparous glands. The symptoms which its use may cause, and which may oblige us to suspend the treatment are, nausea, vomiting, cephalalgia, cramps, trembling of the hands, swelling of the submaxillary glands, weakness, loss of sleep, erysipelas of the face, and stomatitis.

Domestic Medicine.

We are by no means violent admirers of the present mania for instructing everybody in what are pleasantly termed the "elementary facts" of medicine and surgery. At the same time the public will have such knowledge, and the demand, of course, regulates and creates the supply. Numerous manuals of domestic medicine more or less valuable have appeared in answer to this demand, and some of them have received notice in our columns, notably among these is Cassell's "Family Physician," which is a more than usually reliable specimen of the class of work. Looking casually through the current part, however, we were struck with some remarks on Méniere's disease under the head of giddiness. When describing the treatment of various forms of giddiness, we are told "for Méniere's disease carefully syringing the ears with tepid water does good." Does it? This will be good news to many physicians and surgeons, whose various methods of treating this disease have hitherto been baffled. Again we hear "sometimes the application of a small blister behind the ear is attended with good results." Is it for this that Toynbee, Wilde, Hinton, Méniere, Politzer, and all the noble army of scientific aural surgeons have laboured? That the public should be told in a work by "physicians and surgeons of the principal London hospitals," that Méniere's disease may be effectively treated by syringing and blisters! If there is one fact which aural surgeons have endeavoured to teach more than another, it is that, syringing the ear, unless there is something to be got out of it, is not only useless, but is positively injurious. This only shows how careful writers should be when compiling a popular work, such as that under notice.

Paracentesis of the Pericardium.

Dr. Hindenlang reports two cases of paracentesis of the pericardium, one from the clinic of Prof. Baümler, of Friburg, and the other observed by Prof. Kussmaul, of Strasbourg (*La Presse Médicale Belge*). *Apropos* of these two cases, Dr. Hindenlang has searched medical literature and brought together fifty cases of paracentesis, giving a favourable result in about one-third. The puncture, with a fine trocar, assisted by aspiration, should be made at a point about 3 or 4 centimetres to the left of the sternum in the 4th, 5th, or 6th intercostal space, according to the extent of the effusion.

The case of Prof. Kussmaul is especially interesting, on account of the co-existence of a pleurisy of the right side, with abundant pericardial effusion. The needle was inserted in the 5th right intercostal space, outside the mammary line, and gave exit to 20 cubic centimetres of clear serous fluid. When the needle was inserted more deeply a thick reddish-brown liquid escaped to the extent of 750 c.c. Four days later the operation was repeated with similar results, 550 c.c. of clear pleuritic fluid were drawn off; a deeper puncture gave exit to 250 c.c. of reddish serum, which was believed to come from the pericardium. The patient was cured.

State Control of Professional Education.

In *Harper's Magazine* for July, Mr. Richard T. Ely publishes a forcible article on this subject. In the course of his remarks he says, the principle of private competition in respect of law and medicine is not sufficient. If a medical quack kills my child it does not help the matter to reply to my complaints: "Well, try another doctor next time." It is heartless. My child is dead, and nothing can help the matter now. "But you should have known that the man was a humbug," says some one. I should have known nothing of the kind. It is precisely because I do not know, because I am no physician, that I require one. Again, in many small towns there is only one physician, and the people have no choice. It is the same case with lawyers. An ignorant or incapable man may cause me the loss of my property, or even my neck. This "next time" theory helps the matter not at all. It is too late. There is for me no next time. The man appeared to me clever; he talked well and I tried him. I judged as well as I could, but my not being a lawyer made it impossible for me to be a competent judge of his abilities. The State, then, does its citizens a real service, and one they cannot do for themselves, in forcing candidates for the legal and medical professions to submit themselves to an examination by competent authorities, who pronounce upon their fitness for exercising the functions of lawyers or doctors. This principle is recognised by every civilised Government in the world, though, perhaps, nowhere so laxly and negligently as in the United States. What is necessary, then, as regards these professional schools, is for the State, by proper legislation, to raise the standard of requirements, and so assist the colleges and universities in giving us an able and properly educated set of professional men.

Another Tannerism

The American fasting speculator, Dr. Tanner, has invented a new method of prostituting science to *auri sacra fames*, and now invites a competition in which he shrewdly foresees himself as the winning champion. Ingeniously turning his former experience to profitable account, he suggests that he shall enter on a water fast of forty days—we presume under conditions similar to those characteristic of his recent exhibition—and that there shall be brought against him six men of his own size and weight, who shall perform a fast of equal length with the adjuncts of whiskey-toddy, and other spirituous drinks. All-reaching "cuteness" is the distinguishing feature of this latest development of sham science, and it is only disgusting that any attempt to import a philosophical appearance into the debasing spectacle, has been made. In the interests of professional dignity it is to be hoped the discreditable proceeding will be treated with the ignominy it merits, and that "Dr." Tanner may be left a solitary witness of the drunken orgies into which he seeks to entice others for his personal gain.

Railway Oppression.

A case of the greatest interest to railway travellers and the general public was decided a few days ago, in which one of the most important English railway companies were adjudged to pay compensation to an engine-stoker in their service. We refer to the trial here, because in the course of it there came out a fact incapable of denial, that the claimant had been kept continuously at work for a period of eighteen hours, and then for refusing to prolong his spell of duty, was at once discharged. On physiological grounds it is impossible that the human frame can sustain such prolonged efforts, and still be capable of efficiently discharging important duties. Railway officials of all people, should be at all times equal to the tasks they have to perform, and the close dependence of this condition on the obtaining of regular and sufficient resting intervals from work, cannot be too forcibly insisted on, in the interests of public safety. This is probably but one instance out of many in which endurance has been overstrained, and it ought not to be beyond hope that it will lead to amendment of a practice always dangerous, sometimes fatal.

The Pygopagi.

The pygopagi is the curious appellation assigned to two young children now on exhibition at the Egyptian Hall, Piccadilly. They present features of singular interest, however, and are well worth inspection, as showing the limits within which it is possible to effect safe delivery of abnormally developed children. The pygopagi are two girls, firmly united at the pelvis, and being everywhere else distinct and separate. Into this conjunction certain of the external genitalia enter also, and how far this may be the case internally must, of course, be a matter of conjecture. Dr. Playfair has manifested considerable interest in the children, and proposes to exhibit them at the Obstetrical Society early in December. As a spectacle the two little objects present nothing to repulse, but are rather attractive in appearance, their movements and expressions being interesting and amusing. That they are perfectly independent in ideas and desires is evident, though they agree apparently in the best possible way. They are well developed for their age, a little over two years, and seem healthy and lively.

Alcohol in Medical Practice.

Dr. T. James Ridge, the Hon. Sec. of the British Medical Temperance Association, has re-published in cheap pamphlet form a paper he read at a conference at Bristol in October last, in which he deals with the question: "What are medical men to say about alcoholic beverages." He endeavours to prove that these should be prohibited by medical practitioners, and employs the statistical method largely to that end. Without entirely following Dr. Ridge in all that his deductions lead to, we are prepared to grant that he has very much evidence on the side he supports; and, further, that an altogether unjustifiable amount of indiscriminate stimulant-ordering is indulged in by physicians. It is difficult, however, to progress from this to absolute deprivation in all cases, and it may be doubted possibly whether Dr. Ridge, and those who go with him, are wholly correct in the inferences they draw from the facts of physio-chemistry they so frequently quote. We are, notwithstanding, glad to see the clear and admirably suggestive address of Dr. Ridge in the form we have received it, and feel sure its widespread perusal will be of service.

The Registrar-General's Quarterly Return.

THE return of births, marriages, and deaths for the quarter ending September 30th, shows that 279,210 children were registered as born in the United Kingdom, while 169,427 deaths were recorded. The natural increase of population was thus 109,783. The death-rate was 19·5 of the whole population, the birth-rate 32·1. In England and Wales the death-rate was 20·4 per 1,000, an excess of 0·6 over the average rate for the ten preceding corresponding quarters, and 4·0 above the exceptionally low rate of 1879. The annual rate for the seven principal zymotic diseases was 5·01, against an average of 4·32 for the ten preceding summer quarters, being the highest rate recorded since 1871; diarrhœa is made to account for the unusual mortality. Leicester, with a rate of 13·3, comes highest on the list; and Wiltshire and Dorsetshire, 2·0, lowest. There were 21,301 deaths from diarrhœa alone in England and Wales during the quarter; and it is curious that year after year Leicester heads the list of deaths from this disease, its proportions being three times the number recorded for London. Deaths from small-pox fell to 69, 49 of which took place in London. Four per cent. of deaths were uncertified, but this number shows a decline from that of recent quarters. In the metropolis it was only one per cent.

Excessive Mortality in Dublin for the Past Quarter.

Births.—In the Dublin district the ratio of births registered during the 13 weeks ended on 2nd October, was 31·7 in every 1,000 of the population. In London the birth-rate was 35·1; in Glasgow 29·8; and in Edinburgh 31·5 in every 1,000 of the estimated population.

Deaths.—The deaths registered in the Dublin district amounted to 2,714, affording an annual ratio of 34·5. The average ratio of the last ten years, 22·3. As was pointed out in previous reports, the burial returns under the Public Health Act came into force in 1879, raising the number of deaths registered by about 10 per cent. The death-rate in London during the quarter was 21·2; in Glasgow, 19·7; and in Edinburgh, 18·8.

Diseases.—There were 832 deaths from *zymotic diseases* registered, being 31 per cent. of the deaths from all causes, and equal to an annual rate of 10·6 per 1,000 of the population. The average number of deaths from these diseases in the corresponding quarter of the last ten years was 423, or little more than one-half of the number for the quarter now ended. The increase is distributed over nearly all the diseases of this class, but is most marked in the mortality from diarrhœa, scarlatina, and whooping-cough.

Small-pox was fatal in 56 instances, being 9 under the number in the corresponding period of last year.

Measles caused 72 deaths, being 39 over average of the last ten years.

Scarlatina proved fatal in 136 instances, more than double the average for the corresponding period of the last ten years.

Whooping-cough caused 95 deaths; the average of the last ten years was only 27.

Fever was fatal in 77 instances (32 typhus, 32 typhoid, and 13 simple fever), 13 over the average of ten years.

Diarrhœa caused 284 deaths, being considerably more than double the average for the corresponding quarter of the last ten years; the average number of deaths from this disease in the first five weeks of the quarter was but 5; in the remaining weeks the average number was 33.

Convulsions carried off 282 persons; the average number of the last ten years was but 145.

Phthisis caused 244 deaths, compared with an average of 219 for the corresponding quarter of the last ten years.

Diseases of the respiratory organs proved fatal in 329 instances, being 126 over the average of the last ten years.

The Mont Dore.

WE are always glad to assist any enterprise having for its object the treatment of patients at home in preference to sending them abroad, with the risks and expenses attendant thereon. It is well known that Bournemouth—the town in the midst of a pine forest—is one of the most healthy and health giving of invalid resorts in Great Britain. With a view of utilising one of the largest and most favourable sites in this town for the purposes of a convalescent home, a company has been formed, with a medical council attached, of which Drs. Alfred Meadows, Horace, Dobell, Thorowgood, and Sansom, and Messrs. Barnard Holt and Meymott Tidy are members, for the acquirement of the necessary capital, to purchase the site build and furnish the necessary establishment, and to carry on a "home hospital," so to speak, on the plan o the Mont Dore, at Auvergne.

The building will be constructed for *summer* and *winter* occupation, ventilated, lighted, and heated on approved principles, with the view of securing for visitors those comforts and luxuries which invalids require or are accustomed to, together with a complete suite of baths according to modern requirements. By the advice of Dr. Dobell a separate establishment will be attached for the treatment of affections of the respiratory organs and for rheumatism, essentially similar to that known under the name of "The Mont Dore Cure." The entire scheme has much to recommend it, and even if looked at from the lowest point of view, the commercial, it is expected to pay a good dividend upon the capital invested.

The Therapeutic Use of Phosphate of Bismuth.

ACCORDING to the *Union Pharmaceutique*, Dr. Tédenat prefers the phosphate of bismuth to the sub-nitrate. The anti-diarrhœic action of the phosphate is identical with that of the sub-nitrate. Thanks to its greater insolubility, however, the phosphate acts in slightly less doses, especially in affections of the stomach. In spite of the acidity of the fluids of the stomach it is completely absorbed.

The dose varies according to the case; generally it is from 1 to 2 grammes. The mode of administration is the same as that of the sub-nitrate. In children it suffices to deposit the desired quantity on the tongue, and give the child the breast or the bottle. The salt is easily drawn, into the stomach, and considerable doses may be given in this manner. In adults the remedy is held in suspension in some liquid. In many cases, lozenges of 1 to 2 grammes

in weight, are very useful; they disintegrate in the mouth, and the phosphate is gradually taken into the stomach.

Hydrobromate of Morphia.

Dr. Landrieux (*La France Médicale*) employs this salt in a solution to 1-50th, and injects from 5 milligrammes to 1 and 2 centigrammes a day. More soluble than the hydrochlorate of morphia, it may be used in half doses, is more sedative, and does not give rise to the sort of purulent diathesis, frequent after repeated injections of hydrochlorate.

The Royal Humane Society.

The Society's medallion has been presented to Mr. Ralph W. Hodges, resident medical officer, General Hospital, Queenstown, for having rescued a child from drowning at the Admiralty Pier, Queenstown, a few weeks since.

The *United Service Gazette* understands that the appointment of Head of the Statistical Branch of the Army Medical Department has been offered to Surgeon-General W. A. Mackinnon, C.B., now principal medical officer at Malta.

It is stated that upwards of a hundred cases of typhoid fever have occurred at Haverfordwest, at least ten of which have proved fatal. It is believed that the pollution of one of the reservoirs supplying the town with water has been the cause of the outbreak.

We understand that on the recommendation of the Chief Secretary for Ireland, Mr. Forster, the Prime Minister has granted a sum of £250 from the Royal Bounty and Special Service Fund to the widow of the late Dr. Robinson; and a sum of £150 to the mother of the late Dr. O'Donovan, of Skibbereen.

The rates of mortality per 1,000 last week in the twenty-three large towns of the United Kingdom, were: Portsmouth 16, Sheffield 18, Plymouth 19, Birmingham 20, Newcastle-upon-Tyne 21, London 22, Leeds 22, Nottingham 22, Bradford 22, Brighton 22, Sunderland 23, Bristol 24, Edinburgh 24, Glasgow 25, Norwich 25, Hull 25, Oldham 25, Wolverhampton 25, Manchester 26, Leicester 26, Salford 30, Liverpool 30, Dublin 34.

The death-rate from the principal zymotic diseases per 1,000 in the large towns last week ranged from 0·7 and 1·9 in Plymouth and Sheffield, to 5·8, 6·0, and 6·5 in Sunderland, Dublin, and Salford. Scarlet fever showed the largest proportional fatality in Norwich, Sunderland, Oldham, Manchester, and Dublin; measles in Salford; and whooping-cough in Portsmouth. The highest death-rate from enteric fever occurred in Bradford, Leicester, and Salford. Diphtheria caused 15 deaths in London, 2 in Bristol, and 2 in Birmingham. Seven more fatal cases of small-pox were recorded in London, but none in any other part of the United Kingdom.

In the principal foreign cities, the rates of mortality, according to the most recent weekly official returns were, in Calcutta 23, Bombay 34, Madras 37; Paris 25; Geneva 22; Brussels 23; Amsterdam 24, Rotterdam 26, The Hague 18; Copenhagen 22; Stockholm 22; Christiania 19; St. Petersburgh 35; Berlin 30, Hamburg 21, Dresden 19; Breslau 23, Munich 28; Vienna 21, Buda-Pesth 31; Rome 35, Naples 23, Turin 19, Venice 20; Lisbon 31; Alexandria 48; New York 26, Brooklyn 26, Philadelphia 16, and Baltimore 23 per 1,000 of the population. Small-pox caused 15, and typhoid fever 43 deaths in Paris.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Health of Edinburgh.—For the week ending with Saturday the 6th inst. the deaths in Edinburgh amounted to 101 an increase of four above that for the preceding week, giving a death-rate of 24 per 1,000. Chest diseases accounted for 40, and scarlatina for 18 deaths.

Glasgow Death-Rate.—The death-rate in Glasgow for the week ending on Saturday, the 6th inst., was at the rate of 26 per 1,000 per annum, against 24 in the preceding week, and 20, 25, and 21 in the corresponding periods of 1879, 1878, and 1877.

The Lord Advocate on Lady Doctors.—By a strange perversity of human nature men who fail in everything else either become doctors—we have many examples of this class in Glasgow—or consider themselves competent to express opinions on medical matters worthy of publication. On the score of failure the Lord Advocate of Scotland is quite entitled to be heard, and so is Mr. W. J. Fleming, of Glasgow. Mr. Maclaren is by family association a radical—*i.e.*, in the political sense, a subverter of the established and existing social order of things. It was, therefore, quite "in his line" that he should have presided, as he did on Saturday, the 6th inst., at the annual meeting of the Edinburgh Provident Dispensary for Women and Children, whose medical officers are Dr. Sophia Jex Blake and Dr. Agnes Maclaren. His Lordship—the Adonis of the "Lady Doctors," pointed to the institution as an answer to those who opposed the entrance of ladies to medical practice from the point of view of over-competition, and advanced an argument in favour of the employment of lady doctors for the diseases of their own sex and of children.

George Sexton, M.A., LL.D.—Can any of our readers inform us who this George Sexton. M.A., LL.D., is? Some years ago we were familiar with the name of Sexton in connection with quasi-quack medical publications. Is the author of "Theistic Problems" the same man? Whence has this gentleman derived his university degrees? At all events, he seems to be animated by the warmth of recent conversion.

Medical Officership of Govanhill.—Dr. Hall having with becoming dignity resigned this *lucrative* post, the Commissioners of Police of this new burgh have advertised for a successor. It is to be hoped that the gentleman so elected will have a proper understanding as to the nature and limit of his duties, and that an honorarium which would not be accepted by a flunkey will not be held as covering all manner of medical work in connection with the burgh. Dr. Hall has our sympathy; and if all medical men acted as he has

done, Bumbledom would not drag our profession so frequently in the mire.

THE ROYAL MEDICAL SOCIETY.—The inaugural address of the new session of the Royal Medical Society was delivered last week by Dr. John Duncan in the Society's Hall, George IV. Bridge. There was a large attendance of students, and Mr. Greves presided. Dr. Duncan, in the opening part of his address, referred to the many eminent men in medical science whom the Society had counted as members, and pointed out that the greatly improved teaching of the present day gave students at this time much greater advantages than their predecessors had possessed in the way of acquiring a full knowledge and a preparedness for the exercise of their profession. In many respects students had shown themselves worthy of these great advantages, and he hoped that they would take up the progress which their predecessors had succeeded in attaining, and carry it to yet further lengths. To this end, however, he would like to see students showing a greater appreciation of the advantages which that Society held out to them. Speaking afterwards on the subject of the great advantages which had been made by modern surgery, he said that the three great points which the present medical generation had made clear were—that the healing of wounds was hindered by friction, pressure, and putrefaction, and that these conditions were to be met with rest, drainage, and antiseptics. He hoped those whom he was addressing would contribute to the early arrival of the day when surgery would be in reality painless, bloodless, and aseptic. A cordial vote of thanks was given to Dr. Duncan for his address.

BABY-FARMING NEAR EDINBURGH.—Baby-farming on an extensive scale has been carried on for some time at Portobello, near Edinburgh, and the revelations made in the course of police investigations last week are of a scandalous nature. The "farmer" is a woman named Macintosh, who has received large sums of money for the care of children, and has disposed of some by sending them into different parishes, where they died from starvation, if not something worse. About nine or ten cases have been discovered as yet, and the police have Macintosh in custody in Edinburgh to await further developments of the case against her, which is causing some sensation.

ROYAL SCOTTISH SOCIETY OF ARTS.—At the annual meeting of the Royal Scottish Society of Arts, held on the 8th inst., it was intimated that the Keith Medal, value £20, had been awarded to Neil Carmichael, M.D., Glasgow, for his "Experimental Investigation into the Principles of House Drainage, with special reference to Traps and Water-closets." This paper in question bore all the evidences of painstaking investigation, and we congratulate D-. Carmichael on the distinction thus honourably won.

Literature.

WORKS ON THE URINARY ORGANS. (a)

I.

THE perplexity of the student may easily be conceived in endeavouring to make a choice of a "Students' Guide" or manual on the urinary secretion. It must really be confessed that a puzzling sameness exists between most of them. Sometimes they differ in the number of pages only! Dr. Tyson's little work is a third edition. In the first 30 pages "The Practical Examination of the Urine; its Physical and Chemical Characters," are briefly but carefully epitomised; and the remainder of the book is occupied with an examination of the organic and inorganic constituents of the urine, and the differential diagnosis of renal disease. It is much to be feared that many of the compounds described as existing in urine either in health or disease, are products of the chemical investigator, and not educts from Nature's laboratory. The compound termed wroerythrin, seems to be one of these manufactured constituents. Dr. Tyson states that "it is found in the urine in all febrile affections, even the slightest catarrh: especially in pyæmia, diseases of the liver, and lead colic." Assuming this doubtful statement to be fact, the clinical import of wroerythrin does not seem to be great. Exception might, we think, justly be taken to certain statements under "The Differential Diagnosis of Renal Disease." The whole subject is open to reconsideration and simplification, especially what Semmola, of Naples, calls "les exagerations Germaniques et les pretensions de l'histologie qui ont deroute la bonne clinique." In alluding to parenchymatous degeneration of the kidney, Dr. Tyson maintains that "most frequently the sole symptom is albuminuria." We believe the presence of albumen in the urine to be no more significant of renal structural change than that of bile constituents to be of hepatic; and would regard a diagnosis of parenchymatous nephritis as based on the mere presence of albumen in the urine, as totally untrustworthy. We certainly cannot agree with Dr. Tyson's allegation that tube casts are rare in parenchymatous nephritis. The book would be much improved if the chemical formulæ were given where ascertained even approximately. Generally speaking, however, the most recent observations are embodied. The illustrations are well executed, and the directions for analysis clear and comprehensive. Altogether, the work may confidently be recommended as an admirable students' guide.

II.

Dr. Whittaker's little work may be described as an atlas of urinary deposits, the illustrations being etched by the author himself on copper. Many of the illustrations are well executed. Exception must, however, be taken to the representation of a pus cell (Pl. xiii., a'). It is much too deeply serrated; and a student will vainly search for any such appearance in purulent urine. The chemical formulæ are generally wrong, and thus misleading to the student. The text is prefaced by a peculiar frontispiece, which seems like a study for the transformation scene of a pantomime. What occult influence it may be supposed to exert on the student it is really impossible to conceive. The book might be improved to the extent, doubtless, of becoming acceptable and useful, at least, to Dr. Whittaker's own students at the Glasgow Royal Infirmary. Meanwhile, its *raison d'être* is dark.

III.

The estimation in which Dr. Legg's little work is held is testified to by its running through four editions in a very short space of time. It may thus be regarded as independent of notice, favourable or adverse. We cannot help thinking that the absence of all chemical formulæ is a mistake, and that the book would be immensely improved by supplying this omission. Otherwise, it admirably fulfills the objects for which it is indended.

I. "A Guide to the Practical Examination of the Urine, for the Use of Students and Practitioners." By James Tyson, M.D. London: Bailliére, Tindall, and Cox. Third Edition.

II. "Students' Primer on the Urine." By J. Travis Whittaker, M.D. London: J. and A. Churchill.

III. "A Guide to the Examination of the Urine." By J. Wickham Legg, F.R.C.P. Fifth Edition. London: H. K. Lewis.

HARRIS AND POWER'S MANUAL OF PRACTICAL PHYSIOLOGY. (a)

MOST hospitals and medical schools issue schedules or papers of directions detailing the proper methods of studying the science of physiology, which are intended for the guidance of the students. Those that have appeared during the last few years at St. Bartholomew's have been collected and published in the form of a separate volume. This work forms a

(a) "Harris and Power's Manual of Practical Physiology. Manual for the Physiological Laboratory." By Vincent Harris, M.D. Lond., M.R.C.P., Demonstrator of Physiology, and Consulting Physician to St. Bartholomew's Hospital, &c., &c.; and D'Arcy Power, B.D. Oxon., Assistant Demonstrator of Physiology at St. Bartholomew's Hospital, &c. London: Baillière, Tindall, and Cox. 1880.

valuable text-book of practical physiology, at once handy, and containing a sufficient amount of information for the ordinary student. The introduction is specially interesting, as embodying directions for preparing specimens for microscopical examination, and dealing with plans for hardening tissues, cutting, staining, and mounting them on slides. A list of the microscopes of the chief makers affords a guide to the student about to choose an instrument. The first part is devoted to practical histology, and the second to physiological chemistry. To each different tissue a separate chapter is devoted, and the preparation of the specimens fully described, together with the general characters and structure of the parts, placed in a manner to render valuable assistance to the person making the examination. A list of the apparatus necessary, and the reagents used is given, so that a glance is sufficient to show what is required for any particular work. That part devoted to physiological chemistry treats on experiments and tests for the different compounds met with in research, and is most complete as far as it goes. An appendix contains much useful information and general hints which cannot properly be classed under the chief headings of the book. The book supplies a long-felt want, and is one which we can cordially recommend.

CONTRIBUTIONS TO ORTHOPÆDIC SURGERY. (a)

The neat little volume before us, of 121 pages, we have looked through with much pleasure, and we might say profit. The author divides his work into two parts. In the first portion he devotes 41 pages to the consideration of the treatment of chronic inflammation of the hip, knee, and ankle-joints.

Dr. Hutchinson decries in the strongest manner the universal mode of treating so-called "hip disease" by the stationary method so much in vogue by routine surgeons. He states that prolonged confinement to bed with a long splint applied, fixing the joint, not only impaired the general health, but induced permanent debility, which would leave the little patient in a worse condition than if left to the tender care of Nature herself without any treatment or appliance whatever. In this opinion we are strongly inclined to agree, judging from a considerable experience in this disease, as we have frequently seen little patients suffering from hip disease among the very poor and poverty-stricken community, where apparently every hygienic rule was grossly neglected and abused, and yet these little urchins recovered from the disease; while the children of the upper classes of society, surrounded as they were with apparently every luxury, sank and died from profuse suppurative inflammation and hectic fever. In the poor the child hobbled about as well as he could in fresh air, taking moderate exercise; while in the other case rest and confinement to bed induced debility, low spirits, suppurative inflammation, and death.

For disease of the hip, knee, and ankle, the author recommends the following line of treatment, which is given in his own words:—"The method of treatment which I have adopted and used exclusively for the last three years, and which has been used satisfactorily by many skilled and reliable surgeons here and elsewhere, is illustrated in figs. 1 and 2. To the shoe of the sound limb a steel plate corresponding to the sole of the shoe is attached, by upright rods, two and a-half or three inches in length, so as to raise the foot from the ground—it is the shoe ordinarily used for shortened leg. The elevated shoe and pair of crutches constitute the apparatus. As the patient stands on his crutches the diseased limb is suspended; the shoe should be high enough to prevent the toes of the affected side from touching the ground, and the sole covered with leather to avoid noise when walking. By means of the elevated shoe and crutches *the weight of the body is removed from the diseased joint, and the patient can enjoy all the benefit of open air exercise*, conditions so evidently necessary as to require no special consideration. With this description of his treatment the author gives a number of carefully recorded cases treated by this method ending in recovery.

The second part of the work is devoted to the subject of club-foot, which is very well described, and the different varieties and modes of treatment carefully mentioned.

(a) "Contributions to Orthopædic Surgery." By Jos. C. Hutchinson, M.D. New York: published by G. P. Putnam & Sons, 182 Fifth Avenue, 1880.

THE ORTHOPRAGMS OF THE SPINE. (a)

In this work of 129 pages, which we have carefully perused, we find the author has divided his subject into four chapters: chapter I. being devoted to the consideration of the *natural spine*; chapter II. to the *unnatural spine*, as it is occasionally met with; chapter III. is taken up with the broad consideration of the possibility of reverting the *unnatural condition of the spine to the natural*, or in other words, considering the principles that must be carried out in curing the different distortions met with in the spine. The last chapter is very practical, and considers principally the *practice of reversion from the unnatural to the natural*.

At page 14 the author adopts a classification of spinal curvature which is very practical, based on its mechanical character into curvature of the extrinsic and curvature of an intrinsic origin; in the former class he attempts to prove the spinal column is healthy but the circumstances may be abnormal, while in the latter class he considers the spine itself is abnormal, and the consequences that follow this condition are results, not causes.

In the perusal of a work of the kind few can read it without deriving much information on the special subject of which it treats. We think, however, the author might have chosen a happier title for his book than the word "Orthopragm," for we must confess we did not arrive at its correct meaning until we carefully read his definition. He explains his meaning of the term at pages 56 and 57, where we find the following in the author's own words:—"This leads to the necessity for inquiry into the mechanical means at command and their manner of employment, and for introducing the word 'orthopraxy' to embody the idea of that science which, by material means connects, adapts, and applies the mechanical forces extant directly to and for the benefit of the human frame. . ." Again, he says, "the human body has been shown to be a magnificently constructed machine. Under ordinary circumstances its formation is mathematically perfect, its material strength and motor powers entirely adequate to its wants, and its integrity unimpaired. Under extraordinary ones its symmetrical accuracy becomes lost, or lapses into distortion, its inherent abilities diminished, and its member abortive or accidentally removed. The human machine in short becomes in some point defective, and in these conditions a complementary mechanism or 'orthopragm' is adapted to make good the deficiency, what the one machine lacks the adjunct supplies, and to rightly effect this object and coadaptation in harmonious subservience to the complex peculiarities of the frame, is the end and object of orthopraxy."

The author being a well-known instrument maker and anatomical mechanician, his object in view is evidently to more clearly show in spinal curvature the time to apply, and the advantages of applying a spinal support or "orthopragm," made of steel or other material constructed on the most improved and mechanical principles, to prevent curvature, to palliate it, or permanently cure it.

We therefore recommend the work as a useful introduction to those surgeons and practitioners devoting special attention to the subject.

THE CORK FEVER HOSPITAL.

Our readers are already acquainted with the report of the Committee of Management of this Institution upon the celebrated inquiry recently held. That report, while it fully enunciated the freedom of Dr. Jones from the charges made against him, propounded certain very peculiar suggestions as to the future methods by which the medical staff were to pursue their functions. These suggestions were, obviously, such as no staff of physicians could accept without protest, and the medical gentlemen connected with the hospital have, therefore, found it necessary to record their objection to the proposed restric-

(a) "The Orthopragms of the Spine: an Essay on the Curative Mechanisms applicable to Spinal Curvature." By Robert Heather Bigg, Assoc. Inst. C.E. London: J. and A. Churchill, 1880.

tions. They accordingly submitted the following protest to the Committee :—

"We, the undersigned members of the medical staff of the Cork Fever Hospital, have read with surprise, in the public press, the new rules proposed by the committee to be adopted for the 'internal management' of the hospital. We desire, respectfully, to draw attention to Rule 4, which defines the power of the committee to frame new rules, and which clearly lays down the condition that 'the assistance of the physicians' should be obtained before new rules are framed. This, as we submit, wise provision, has not been acted on ; and hence we regret that apparent conflict of opinion should arise between the physicians and the committee.

"With regard to Rule No. 11, we submit that the physician in charge of a case is the only judge of the necessity of holding a consultation ; and while we are not aware that there is any fever hospital in the United Kingdom in which a rule of this kind exists, still we have no objection. On the contrary, we desire to meet in formal consultation in any case involving special difficulty in its management, and which presents unusual features. We therefore suggest, as a substitute for the rule of the committee, 'that the physicians, when they think it necessary in any exceptional case, where there is a difficulty, rarity, or doubt, shall hold formal consultations.'

"In reference to Rule No. 12, we, the medical staff, cannot consent to be bound by any pharmacopœia, nor by any collection of formulæ, inasmuch as such restriction would be opposed to the best interests of our patients, seriously affect their chance of recovery, and would greatly hamper the physicians in the discharge of their duty. This must be obvious to the committee, for the simple reason that there are, in daily use, numerous medicines not contained in any official list or pharmacopœia (the latest edition of the *British Pharmacopœia* was issued in 1867), which are, nevertheless, in common use and universally recognised by the highest medical authorities.

"We need hardly remind the committee that sometimes urgent cases may occur which demand immediate treatment ; and how absurd would be a rule which would compel the medical staff to wait for a meeting of a committee, long prior to which the death of a patient might take place, where the rule states that the medicine prescribed must have the approval of the committee. At the same time, the medical staff have no objection to consult as to the propriety of using an extraordinary remedy which the occurrence of an exceptional case may demand the administration of, when ordinary remedies have failed.—WILLIAM BEAMISH, M.D. ; H. MACNAUGHTON JONES, M.D. ; W. T. BUDDS.—Cork, November 4th, 1880."

We do not think that even the treasurer of Guy's and his head nurse could object to this manifesto as being insubordinate or wanting in respect, and we consider that the medical staff have done well to utter a prompt and decisive repudiation of the right of any board of governors to curtail their professional freedom. We are not a little surprised that a committee of gentlemen who displayed so much good sense in the course of the recent inquiry, should have permitted such suggestions as those which evoked the protest to emanate from them. If the medical staff had not spoken out—as we knew they contemplated doing—we should, on the part of the profession, have made it known that consultation and therapeutics are a matter for our professional judgment, and not for committee rules.

PRELIMINARY EXAMINATIONS.

THE Council of the London College of Surgeons has, on the motion of Sir James Paget, adopted the following resolution :—

"That the Council, having assented to the recommendation of the General Medical Council, that 'it is desirable that the examinations in general education should be left to the universities and to such other bodies engaged in general education and examination as may from time to time be approved hy this Council,' &c., and being satisfied that such examinations are now sufficiently numerous and accessible to all persons desirous of studying surgery, and will be duly under the supervision of the General Medical Council, give notice that the examinations held with their authority by the College of Preceptors will cease to be held after September, 1881."

The step thus taken by the Council of the College is deserving of every approval ; but it must be understood that if other licensing bodies do not follow the example, it is because they are differently circumstanced. In Ireland, for instance, the universities are also medical teaching bodies, and to hand over the student to them for the purpose of preliminary examination just at the inception of his professional study would be to give those institutions an overwhelming advantage over the licensing bodies. Therefore in Ireland, it is unlikely that the Colllege of Surgeons will ever follow the lead of its London Sister. There is also in Sir James Paget's resolution an obvious fallacy, for everyone knows that preliminary examinations are not in any real sense "duly under the supervision of the General Council." Though entrusted by the law with such supervision, the General Medical Council has never exercised it, and, in fact, knows very little officially of the preliminary examinations which it recognises, some of which are little better than shams. The general education of the student can never be properly tested except by an examination of uniform standard in each division of the kingdom, held under direct state supervision and independently of all licensing bodies. In Ireland, the examinations held annually under Government control and by the authority of the Intermediate Education Act, afford facility for the immediate realisation of this desideratum, and we look forward to the day when all preliminary examinations now held by Irish licensing bodies shall be abandoned, and all students required to submit themselve to a *bond fide* state test which these examinations offer.

WHISKEY AS A MEDICINE.

A CIRCULAR emanating from the Board of Guardians of the Wexford Union has been forwarded to every board of guardians in Ireland. It encloses a resolution in favour of the placing of stimulants on the list of medicines to be supplied, as such, under the order of the medical officer and not otherwise. This may be supposed to be a movement in favour of temperance, but, except indirectly, it is nothing of the sort. It is merely a *ruse* to induce Government to pay half the cost of stimulants, for while half the outlay on Medicines is borne by the Consolidated Fund, the whole of the expenditure on stimulants falls on the rates. We rather think that the proposal, if acceded

to by Government, would lead to an increase in the monstrous quantity of liquor consumed in Irish workhouses.

We are desired to explain that Dr. Lyons, M.P., would have had pleasure in acceding to the request of the Irish Medical Association to present to the Chief Secretary the deputation which recently waited upon that Minister, but that he had been obliged by temporary indisposition to leave Dublin, and was unavoidably absent on the appointed day.

AN OLD TIN OF PRESERVED MEAT.

During the recent International Food Exhibition, a remarkable tin of preserved meat was brought under the notice of the judges. This tin had been in the exhibitors possession for twenty-nine years, and was, he supposed, some five or six years old when he received it. The tin was of unusual thickness; the exterior had corroded so much that in dusting it carefully two pin holes in the metal were left. It was not convenient to open the tin for five or six days after this, and when the tin was cut open, and the contents emptied, two patches of decomposed meat were seen, spreading from the two pin holes. The rest of the meat was sound, and, after the removal of the decomposed patches, appeared to be in excellent condition. The contents consisted of veal, with a few peas. Thirty odd years is a long test for tinned meat; and the analyst suggests that such a successful result may possibly lead to the use of better and sounder tins than those now in vogue.

ANTISEPTIC VACCINE LYMPH.

Dr. Stern, the Vaccinator of the Breslau Vaccination Institution, reports in the *Petersburg Med. Woch.*, concerning the trials which he has made with a mixture of human lymph and a solution of thymol:—1. The mixture of human lymph with equal parts or double the quantity of a 1 per cent. aqueous solution of thymol, supplies a useful material for vaccination, and especially when this is primary. 1. The mixture at the end of three months seems to lose its power. 3. The pustules exhibit all the characteristics of the true vaccine pustule, and supply lymph suitable for vaccination. 4. The local reaction is remarkably slight.

Obituary.

SURGEON SAMUEL BRERETON OF THE INDIAN SERVICE.

We regret to record the untimely death of this promising young officer, which occurred from small-pox, at Bagdad, on the 9th of June, this being his second illness from small-pox within ten years. He took the License of the Irish College of Surgeons, in the school of which institution he took many prizes. Having served in the French war, and received a decoration for such service, he took first place for the Indian Service in 1872; passed first out of Netley, and was awarded the Herbert Prize. After a few months in India he took a prize in Hindustani, and subsequently served on the Burmah frontier, and eventually volunteered for Cabul, where he remained until the death of Sir Louis Cavagnari. He was then appointed Consul and Agent at Buzreh, and then to the office of Residency Surgeon at Bagdad. His death deprives the service of a most valuable and talented officer.

THE REV. DR. CARSON.

A couple of weeks since passed away this gentleman, who, though engaged in clerical functions, was a member of our profession, and well known in his county for his skill. He had in his youth studied for the medical profession. Endowed with rare talents and abilities, he became distinguished for his professional attainments, having been F.R.C.S.I. and M.D. He practised for some time in Lisnaskea and Enniskillen, and many there remember the young, ardent, and skilled physician, with feelings of respect and gratitude. Having through some of those motives which exercise a control over the lives of all men, felt an irresistible inclination for the Church, he studied Divinity, and after ordination, laboured in his new calling for some time in the parish of Cappoquin, from hence twenty-five years ago he was removed to the Incumbency of Ardmayle and Ballysheehan, and in this retreat he carried on and yearly extended his life-long career of usefulness. Beloved and revered by friends—respected and honoured by his neighbours—sought after by the sick and afflicted from afar, as well as those in the immediate vicinity, his life was devoted to the good of all, and unceasingly and ungrudgingly did he labour to profitably invest, in doing good, those talents with which God had so richly endowed him.

The *Cashel Gazette* says:—

"In every portion of this and the adjoining counties, deep and lasting will be the sorrow felt for one whose talents, time, and advice were free to all. Indeed, so high and far extended had his fame reached, that two days in the week were set apart at his residence, Ardmayle, for the attendance of patients, and from morn to night he was engaged in prescribing for their ailments Year after year his fame as a medical doctor, and his usefulness, became more and more extended, and had only reached its zenith when his own health began to decline, and to one of his penetrating mind it was evident that his course was nearly run. At the solicitation of his friends he visited the Continent, but returned home without benefit, and calmly breathed his last at his beloved rectory on the morning of Saturday, in the 60th year of his age.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Local Reports and News.—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

A Candidate.—The next examination will be held at the University of London in February next. You will find full particulars in our advertising columns.

Inquirer.—The Births and Deaths' Registration (Ireland) Bill passed all stages in Parliament last Session, and is now law.

Tonga.—We are asked by several readers for information concerning this so-called specific for neuralgia. *Tonga*, as it was first shown to us some few months since, was in the form of small broken fragments, consisting of a mixture of woody fibre, bark, and leaves. Messrs. Allen and Hanbury now prepare a fluid extract, so that the profession can test its virtues in a more convenient form. Drs. Murrell and Ringer have reported eight successful cases from its use; Dr. Lush and Mr. Bader have also recorded very favourable results, and the drug has received more than the usual number of endorsements.

The Cambridge Examinations.—Notice is given in our advertisement columns that examinations for the degrees of M.B. and M.C. at this University will begin on Monday, Dec. 13th. Candidates are requested to send their names to the Prælectors of their several colleges on or before Saturday, the 27th inst.

Constant Reader.—Neither Dr. Walter Smith nor any one else—so far as we know—have written on spotted acne.

Harveian Society.—Nov. 18th, at 8.30 p.m., Mr. Henry Power: "Cases of Injury to the Eye, with Remarks on the appropriate Treatment."—Dr. Ferrier, "On a Case of Cerebellar Tumour, with Remarks."

Epsom College Exhibitions.—Notice is given in our advertising columns that a competitive examination for the admission of the sons of deceased medical men as exhibitioners will take place in December next.

A Novel Test for Trichinæ.—A Holstein peasant, says *Public Opinion*, uninstructed in microscopical research, and not possessing the requisite instruments of precision, has devised for himself a new test for the presence of trichinæ in pork. When he killed a pig he was careful to send a portion of it—a ham or a sausage—to his pastor, and then waited the consequences for fourteen days. If his pastor remained healthy, then he felt perfectly easy in his mind, and well assured that his pig fulfilled the requisite conditions of soundness of food, and he proceeded to dispose of it accordingly in his own family. This ingenious method of research has not been considered satisfactory by the district physician.

Army Medical Department.—An examination of candidates for commissions will be held at the London University on the 14th February next, and following days, at 10 o'clock a.m.

MEDICINE AND ADVICE AT FOURPENCE PER HEAD.

A correspondent in Manchester has sent us the following hand-bill, which he says is being freely distributed in the letter-boxes of Manchester, regardless of the position of the occupants, and asks us whether such a thing should be allowed. Fortunately, or unfortunately, this is a free country, and there is no law to prevent a man so disposed putting any kind of trash into your letter-box, provided it does not come under the law of libel. We would, moreover, remind our correspondent that the same Mr. Oliphant Betts issued similar hand-bills in London two or three years ago, and that the proprietors of the *Medical Press and Circular* were put to nearly £300 expenses for commenting thereon. Our opinion, therefore, is needless on the present occasion:

HULME INDEPENDENT DISPENSARY,

3, Radnor Street, 3,

Stretford Road, Manchester.

Medical Officer:

J. OLIPHANT BETTS, M.R.C.S.Eng., L.S.A. Lond., Registered.

Private Address—6 Vine Street, Stretford Road.

Hours of Attendance and Fees:

	s.	d.
Morning, 9 till 12	0	4
Evenings 6 till 9	0	6
Sundays, 7 till 9 p.m. only	0	6
A Single Visit and Medicine	1	6
Weekly Visitation and Medicine	3	0
Vaccination on Tuesdays at 12	0	6
Certificates for Clubs and School Board	0	6
Urgent Cases attended to at all hours at Private Residence ..	1	0

N.B.—Special attention given to Diseases of Women and Children.

VACANCIES.

Adelaide Hospital, Dublin.—Apothecary to the Institution.

Ballinrobe Union, Ballinrobe Dispensary.—Medical Officer. Salary, £100, with fees, and £25 as Medical Officer of Health. Election, Nov. 25.

Cork Street Fever Hospital, Dublin.—Resident Medical Pupil of at least one years' standing. Election, Nov. 17.

Derbyshire General Infirmary.—House Surgeon. Salary commencing at £100, with board. Applications to the Secretary at Derby before Dec. 4.

Enniscorthy Union, Killaan Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, Nov. 28.

Glenties Union, Ardara Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Sanitary Officer. Election, Nov. 30.

Langport Union.—Medical Officer of Health. Salary, £50. Also a Medical Officer to the Workhouse. Salary, £35 per annum. Applications for either office to the Clerk before Nov. 22.

Meath Hospital and County Dublin Infirmary.—Resident Surgeon and Registrar. Election, Nov. 30. (See Advt.)

Nottingham Dispensary.—House Surgeon. Salary, £200, without board. Applications, with testimonials, to the Secretary before Dec. 20.

Royal Surrey County Hospital.—House Surgeon. Salary, £75, with board. Applications to the Secretary at Guildford before Dec. 6.

St. Michael's Hospital, Kingstown.—Resident Surgeon. Salary, £80, with apartments, &c. Election, Nov. 20.

APPOINTMENTS.

Brodie, W. H., M.B., C.M., House Surgeon to the Northern Infirmary, Inverness.

Case, P. W. P., M.B., C.M., Assistant Medical Officer to the Infirmary of the Whitechapel Union.

Clark, A., M.A., M.D., F.R.C.P., Consulting Physician to the North-West London Hospital.

Cunningham, A., M.B., C.M., Medical Officer to the Sydney District of the Chepstow Union.

Dillon, J. T., M.D., M.Ch., Medical Officer to the Ballyhorgan Dispensary, Listowel Union.

Edwards, J. P., L.F.P.S.G., Medical Officer to the Workhouse of the Wolstanton and Burslem Union.

Gibson, J. H., M.D., M.Ch., Medical Officer to St. John's Wood District of the St. Marylebone Union.

Gilbertson, R., M.R.C.S.E., Consulting Surgeon to the Cardiganshire Infirmary.

Grace, H., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the District of St. George, Gloucester.

Haddon, Mr. G. (not Hadden, as inserted in last number), Junior Clinical Assistant to the Glasgow Hospital and Dispensary for Ear Diseases.

Harries, T. D., L.R.C.P.L., F.R.C.S.E., Consulting Surgeon to the Cardiganshire Infirmary.

Happ, E. M., M.R.C.S.E., Assistant House Surgeon to the Bristol General Hospital.

Newmarch, B. J., M.R.C.S.E., Senior Resident Medical Officer to the Royal Free Hospital.

Page, F., M.D., M.R.C.S.E., Surgeon to the Newcastle-on-Tyne Infirmary.

Powell, R. D., M.D., F.R.C.P.L., Physician to the Middlesex Hospital.

Roberts, J., M.R.C.S.E., Consulting Surgeon to the Cardiganshire Infirmary.

Ross, J., M.D., C.M., Medical Officer to the Higher Hawes District of the Aysgarth Union.

Smith, R., M.B., C.M., Assistant Physician to Charing Cross Hospital.

Births.

Gooding.—Nov. 11, at Heath Lodge, Blackheath, S.E., the wife of Ralph Gooding, M.D., of a son.

Seaman.—Nov. 10, at 22 Ledbury Road, W., the wife of Dr. W. Seaman, Army Medical Department, of a son.

Marriages.

MacDonnell—Quinlivan.—Nov. 3, at St. Michael's Church, Kingstown, William MacDonnell, M.D., to Susan, daughter of the late Edmond Quinlivan, Esq., Limerick.

Sherlock—Wogan.—Nov. 9, at St. Stephen's Church, Dublin, H. G. Sherlock, F.R.C.S.I., to Katie, eldest daughter of the late C. H. Wogan, Esq., 45 Waterloo Road.

Williams—Highmore.—Oct. 27, at the Abbey Church, Sherborne, W. Hy. Williams, jun., M.R.C.S., L.R.C.P.Lond., to Louisa Blanche, daughter of W. Highmore, M.D., of Sherborne.

Deaths.

Aitken.—Nov. 3, suddenly, at Douglas, Isle of Man, William Aitken M.D, Deputy Surgeon-General, Madras Army (retired).

Anderson.—Nov. 7, at York Place, Portman Square, London, Alex. Anderson, M.A., F.R.C.S., in his 77th year.

Booth.—Nov. 3, at Barnfield House, Oswaldtwistle, Lancashire, John Booth, M.D., aged 34.

Carrington.—Oct. 29, at Dunkeld, Athole Forbes Carrington, M.D., of Dunkeld, and Sutherland Gardens, W.

Lochrane.—Nov. 5, at Middletown, co. Armagh, Edward Lochrane, L.R.C.S.Edin., aged 95.

Marshall.—Nov. 11, at 30 India Street, Edinburgh, Sarah, wife of John Marshall, M.D., of Chatton Park, Northumberland, aged 59.

Meryon.—At Clarges Street, Mayfair, London, Edward Meryon, M.D., F.R.C.P., aged 71.

Robinson.—Nov. 1, at Woodview, Fintona, co. Tyrone, Alexander Harpur Robinson, M.R.C.S.E., J.P., aged 65.

Straton.—Oct. 17, Alexander Straton, M.D., of Steeple Langford, aged 64.

Trenor.—Nov. 8, at 24 Belgrave Square South, Rathmines, W. Adams Trenor, L.K.Q.C.P.I., aged 76.

Walker.—Nov. 7, at Netherwood Road, West Kensington Park, W., Henry Read Walker, M.R.C.S.E., third son of the late Sanderson Walker, M.D., of St. Michael's, Azores, in his 51st year.

Whitefoord.—Oct. 28, at Albany Street, London, Caleb C. Whitefoord M.R.C.S.E., aged 35.

Wilkinson.—Oct. 25, T. J. Wilkinson, M.R.C.S.E., late of Manchester.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 24, 1880.

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PATELLAR TENDON REFLEX AND CEREBELLAR DISEASE.

By THOMAS BUZZARD, M.D., F.R.C.P. Lond.;
Physician to the National Hospital for the Paralysed and Epileptic.

In the last number of this journal there is a paper by Dr. Dowse on "Tumour of the Cerebellum," which had been read before the Medical Society of London. In the course of his remarks the author refers to a published opinion of mine that patellar tendon reflex is not lost as a result of cerebral lesions; but that its absence is indicative of lesion of the spinal cord, or of spinal nerves. (a) In the case described by Dr. Dowse a diagnosis is made of tumour of the cerebellum, and the author adds—"It is clear that in this man no organic disease of the spinal cord does exist, and yet the reflex patellar tendon is absent."

By the courtesy of Dr. Dowse I have had the opportunity of seeing the patient with him. My examination of the case was unfortunately a somewhat hurried one, but in the course of it I ascertained conclusively the following particulars:—The man walks with a staggering gait, and when he stands with his feet close together there is difficulty in preserving his equilibrium, and a tendency for the anterior part of the foot to be slightly lifted from time to time. He has suffered from pains in the head described as affecting particularly his forehead, which were shooting in character and paroxysmal in their occurrence. He has gone, he told me, a week or so without any sign of them, and then they would attack him very severely for a day or a day and night. The pains are described as a succession of very rapid darts through the head, and especially apt to shoot through the left ear. After a bout of this kind the pains would cease entirely until a fresh attack occurred. He has never had any such pains elsewhere. There has never been any vomiting. The patient cannot hear a watch held close to either ear. He is still affected with double vision, the cause of which I did not investigate particularly, but as there is slight ptosis of the left eye it is very likely dependent on paresis of the left third nerve. He complains of numbness at the tips of his fingers. Examination showed very marked cutaneous anæsthesia of the right leg, its middle and outer portion, where neither touches nor several vigorous pricks with a coarse pin were felt (except in one instance) by the patient.

The pupils are described by Mr. Mackinlay as showing no response to very strong light, and the optic discs, especially the left, in a state of advanced atrophy.

I would venture to suggest that the analgesia described is a well-known symptom of posterior sclerosis of the spinal cord. With so well-marked a symptom as this, coupled with inco-ordination of movement, pupils which do not contract to light, atrophy of optic discs, diplopia, paroxysms of exceedingly sudden and sharp pains through the head, I think the absence of patellar tendon reflex may be most reasonably referred in this case to the existence of tabes dorsalis. It may be worth while to add that in only one of the cases of tumour of the cerebellum which have been under my care since my attention has been particularly directed to the subject of tendon reflex, have I had the opportunity of verifying the diagnosis by post-mortem examination. In that instance the tendon reflex had been most excessive.

(a) Sometimes, also, as in pseudo-hypertrophic paralysis, its absence depends on disease of muscular structure.

ON SYPHILITIC ATAXIA, AND THE PRE-ATAXIC STAGE OF LOCOMOTOR ATAXIA.

By THOMAS STRETCH DOWSE, M.D., F.R.C.P.Ed.;
Physician to the Hospital for Paralysis and Epilepsy, and to the North London Hospital for Consumption and Diseases of the Chest; formerly Physician Superintendent Central London Sick Asylum, Highgate.

There can be no doubt, unless we have contrary proof of the most absolute and positive kind, that

ir egularity of movements and disturbances of volition either in the engenderment of ideas, or in the performance of co-ordinate muscular acts, are, in a very large majority of cases due essentially to some syphilitic affection of the nervous centres. With this fact the clinical observer is becoming every day of his life more familiar, and it is a misfortune of the most serious nature to the patient when these symptoms and signs of inco-ordination are treated as mere trifles, and thought to be due merely to fatigue, or to stomach, or to liver derangement. I have no hesitation in making the statement that every case of locomotor ataxia is curable provided it be treated sufficiently early, and in the most energetic manner. Every case of locomotor ataxy (with very few exceptions) can be traced to a syphilitic origin if due care be taken to inquire carefully into the patient's history.

It is surprising to note for how long a time some men will suffer from attacks of unsteadiness of gait, inco-ordination of movement, abnormal sensations, and acute flying pains before they think in any way seriously of the grave nature of the disease with which they are afflicted ; and then, alas, when too late for any remedies to be of absolute avail, they seek advice on all sides in the most impatient and irresolute manner, and deplore the helplessness of doctors to do them any good. Yet it is true, however, on the other hand, that physicians, either from want of skill, or from a too superficial examination of the patient, do frequently permit an incipient locomotor ataxy to pass from a curable to an incurable stage before taking active measures to prevent such a condition ensuing. I have had many patients to consult me for flying (so-called rheumatic) pains about the body, associated with want of sleep, and stomach and liver derangements, who were quite ignorant that they were suffering from locomotor ataxy, and the fact that they were walking with their legs wide apart, and with their eyes watching the movements of their feet, was in their opinion more a habit than a sign of commencing and serious mischief of the spinal cord. In all diseases of the nervous system it is especially necessary that a careful and early diagnosis should be made, and if this were done we should see far less of the many incurable cases which are constantly presenting themselves to our notice. In this article I shall confine my remarks almost entirely to ataxy of the lower limbs, and give my own experience in reference to its curative treatment, and its differential diagnosis in reference to some other diseases of the brain and nervous system. A physician accustomed to the treatment of the varying forms of nervous disease has generally, comparatively speaking, very little difficulty in arriving at a correct and approximate estimate of the seriousness or otherwise of the symptoms and signs which are presented by his patient, although it may be a matter of grave doubt in some cases as to the extent, nature, and position of the lesion in the brain and spinal cord, which may be the cause of those signs and symptoms. It is far too common a practice, even amongst professional men, to treat with indifference many of the incipient signs of the most serious and grave degenerations of the brain and spinal cord, and to relegate such cases to the class of "nervousness," "mimicry," and hysteria. The man of experience is invariably more careful in making a diagnosis, and in giving a prognosis concerning any lesion of the nervous system, than is the man whose knowledge of such cases is less profound, and of a mere superficial nature. I am compelled to admit that I have in several important instances seen cases of unquestionable organic disease of the brain, which were merely looked upon as due to exhaustion, or mere functional derangement, and which required, so it was thought, only time and change of air to effect their cure. I am quite willing to admit, however, that the diagnosis of a tumour of the brain or a tumour of the spinal cord, let it be syphilitic or otherwise, is in its early stage not unfrequently a question of great difficulty, and so also is the diagnosis of many of those slight and chronic inflammatory changes, which give rise to what we now term a sclerosis, and which leads to many protracted and incurable forms of paralysis. In making the diagnosis of a progressive locomotor ataxia in that stage when our remedies shall be found of avail to bring about a cure, we have certain points presented to us for our consideration which serve as landmarks to guide us to a satisfactory issue, but these vary so greatly that it is almost an impossibility to lay down any hard and fast laws for our guidance with that degree of certainty which is at all times so desirable.

Dr. Seguin, of New York, has given to the profession a clinical lecture on locomotor ataxy which, in my opinion, is a very valuable contribution to the literature of this subject (*a*), and I shall take the liberty of copying his classification, because in almost every particular I can quite endorse the soundness of his doctrine and the truth of his assertions.

For the sake of clearness and definition we divide the course of locomotor ataxy into three stages, and, as Dr. Seguin points out, "The first stage of the disease may well be designated the stage of fulgurating pains, and in association with these pains we find the following signs and symptoms :—

Localised hyperæsthesia.
Diplopia from strabismus.
Ptosis from palsy of third nerve.
Small pupils.
Unequal pupils.
Numbness and slight anæsthesia of feet.
Sexual excitement.
Seminal emission.
Paresis of the bladder.
Diminished tendon reflex.
Impaired sight from atrophy of optic nerves.
Slight joint affections.
Localised anæsthesia.
Absence of paralysis or ataxia in the limbs.
General health excellent.

The beginning of the second stage is characterised by the ataxic movements, and may be called the ataxic stage. The chief symptoms are in order of importance.

Ataxic movements.
Fulgurating pains.
Localised hyperæsthesia.
Ocular paralyses.
Numbness and other dysæsthesia.
Anæsthesia.
Staggering with closed eyes.
Failure of sexual power.
Absence of tendon reflex.
Rectal and vesical pareses.
Gastric crises.
Laryngeal crises.
Vesical crises.
Severe arthropathies.
Amaurosis.
Complicating common transverse myelitis.
Spinal congestion.
Paralytic dementia.
Vesical catarrh.
Preservation of mere muscular force.

The third stage may be said to begin when the anæsthesia and ataxia are so great as to render the patient perfectly unable to stand or to use his legs. This might aptly be called the pseudo-paralytic stage. In this terminal period we may have any of the following symptoms in various groupings, or even all of them.

Fulgurating pains.
Ataxic movements.
Absolute anæsthesia.
Loss of sexual power.
Rectal and vesical pareses.

(*a*) A series of American clinical lectures edited by E. C Seguin, M.D. "The Diagnosis of Progressive Locomotor Ataxia." 1878.

Paralysis of ocular muscles.
Amaurosis.
Deafness.
Various crises.
Severe arthropathies.
Disorganisation of large joints without pain.
Seeming paralysis of the extremities from anæsthesia (and loss of muscular sense).
Dementia.

I think this classification of so much usefulness that I have not hesitated to adopt it here, because I feel sure that it is as perfect as such a differential classification can be, and it would be impossible to classify the signs and symptoms of this disease from a limited number of cases, with anything approaching accuracy of detail; also, I have no doubt there are many observers who would disagree with the main order of frequency and relationship of many of the symptoms and signs which are here laid down. Of course in going over these lists, one would have really little or no difficulty in bringing forward individual cases which would upset these methodised results of Dr. Seguin's careful and observant industry; but this would by no means invalidate the general results of his conclusions.

Now, in locomotor ataxia, or tabes dorsalis, we have a sclerosed state of the posterior root zones of the spinal cord, and I quite agree with Dr. Hammond, that the terms just mentioned to designate this disease are inappropriate, quite as much so, in fact, as calling a disease after the name of the man who first chronicled it. The term ataxy (from á priv and τακτὸς ordered), means a want of order, disturbance, irregularity; but irregularity in locomotion is due to disease of the brain or cerebellum, as well as to disease of the spinal cord, so that we have to consider the especial kind of muscular inco-ordination, which is peculiarly pathognomic of the disease which we are considering. It will be found that the legs in walking are invariably kept extended, the fore part of the foot is thrown well forward into the air, and the heel is brought down to the ground with a thud, so that the foot comes into contact with the ground by two distinct movements, and the more the patient tries to co-ordinate his movements the less co-ordinate they become. A patient that I now have under my care, who suffers from the first stage of syphilitic ataxy, can walk with comparative comfort on a thick Turkey carpet, but when he tries to walk upon a tiled floor his movements are so inco-ordinate that he runs the risk of turning over, and he has to balance himself with his arms to keep himself from falling, and when the eyes are closed, or when he attempts to walk in the dark he fails utterly to do so in the most signal manner; again, when a patient with syphilitic ataxy is in the recumbent posture, with the eyes closed, he is still unable to co-ordinate the movements of the legs, just in the same way as he is when trying to walk; if, for instance, he is told to place one leg over the other, the leg is usually raised high in the air, with an oscillating action, and falls with considerable force, and without due co-ordinating power. It is by this means that we can readily distinguish an ataxy of this kind from an ataxy due to disease of the cerebellum, where the movements of the lower limbs are quite co-ordinate when the patient is lying down.

It is an interesting question to consider what relationship exists between the electric-like pains and the ataxic gait in reference to precedence of origin, and whether these subjective and objective signs can in any way, according to their relationship, lead us to the conclusion that the disease is of a syphilitic nature. I am greatly inclined to believe that if we follow up our researches in this direction we shall arrive at a satisfactory result, and although I feel sure that nearly every case of locomotor ataxy is due to syphilis; so much so, in fact, that it may well be called syphilitic ataxy, still I can scarcely see that we are justified in maintaining that a locomotor ataxy is syphilitic because there is some indistinct history of the existence of a sore of many years before the ataxy made its appearance. If my own experience serves me—but I admit that it does not in this matter as well as I would wish—I should say that a prolonged first stage in locomotor ataxy is rather against, than in favour of, its being of syphilitic origin, and I base my statement upon comparative, rather than upon direct, evidence; and for this reason that out of twenty-three cases of this disease which I have recorded, seven have existed almost stationary in the first stage with ataxy for a series of years varying from eight to fourteen, whereas in the remaining sixteen cases, where there has been a clear history of syphilis, the troubles of the second stage, and even of the third stage, with ocular paralysis and vesical and gastric crises, have come on in from two to five years. I am not, as a rule, at all ready to admit because a disease yields to anti-syphilitic remedies that it should on this acconnt be considered absolute that such disease was of a syphilitic nature; but in reference to disease of the posterior columns of the cord, I am bound to make the statement that whenever this condition does yield to mercury or to iodide of potassium, it is as sure a test as we can possibly have that it must have been of a syphilitic character. With regard to the pains of locomotor ataxia, they are, I venture to think, of so peculiar and special a kind, that it would be impossible for them to be confounded with the pains of rheumatism, or with the pains of neuralgia. They certainly simulate a tri-facial neuralgia with regard to their intensity, but they very rarely, if ever, take the course of a nerve, so that it would be impossible to map them out in the same manner that one frequently does a neuralgia, which invariably follows the course and distribution of the nerve affected. These pains are extremely sudden in developing themselves; for instance, a patient of mine will complain sometimes of a peculiar feeling at the back of the thigh, which will continue perhaps for an hour or more, when he cries out "here it comes," and in a second, like a lightning shock, he is convulsed in agony. Sometimes these pains are stabbing, cutting, and tearing, whilst at other times they are burning and gnawing in their character; and what I think makes them still more peculiar, is the way in which they sometimes yield to the most simple remedies, whilst they resist anything like heroic treatment. A gentleman who consulted me not long ago, told me that at times the pains disappeared upon the application of aromatic spirit of ammonia to the part, but in very severe attacks, neither morphia injections or the internal administration of chloral helped to mitigate the pain. I am quite convinced that chloral is of little use in relieving the severe pains of locomotor ataxia, and unfortunately it seems to lose its power under these conditions to induce sleep even in large doses. One of my patients suffering from locomotor ataxia, who had never previously taken chloral, thought that during one of his attacks of pain he would give it a trial, and in the course of four hours he took upwards of two drachms of this drug without any relief from the pain, and without even a tendency to sleep having been induced. The use of morphia, on the other hand, has certainly many advantages, and if its internal use is not promptly followed by relief, I blister the skin rapidly with a strong ammoniated solution of cantharides, and apply to the blistered surface two grains of morphia rubbed up with vaseline. These pains are so vagrant, and present such an infinite variety of symptoms, that it would be impossible almost to describe them accurately. A gentleman who was a patient of mine and of the highest intelligence said that he utterly failed when he tried to give a succinct account of the horrible pains from which he suffered. In the case of another gentleman who consulted me some few months ago, I found a specific for the relief of his pains in the injection of half a grain of morphia sent well down to the sciatic nerve at the hip, and following this I thoroughly anæsthetised him by causing him to inhale the bichloride of methylene. He usually slept after this for two hours, and he then awoke quite free from pain. I have never seen

severe measures of much use in the relief of these pains. I shall not readily forget the condition of the limb of a patient whom I was called hurriedly to see, he had rubbed the leg so vigourously with a strong hair brush that it was literally raw without any good effect having been produced. The application of extreme heat and extreme cold has in some of my cases produced a relief from the pain when other remedies have failed. We sometimes find that when the first stage of an ataxy is prolonged the pains will leave the patient for years and then return again in the most unaccountable manner; and again, I have found that in some old-standing cases of ataxy the patients never suffer from pain otherwise than during an electrical state of the atmosphere. It is an important fact, and one which ought not to be forgotten, that in nearly every case of locomotor ataxia the ataxic gait is preceded by these fulgurant pains; and I would here draw a marked distinction between those severe pains of a deep-seated character which are associated with the ataxic gait, and those slighter pains which are so evanescent and resemble a sharp needle or lancet thrust into the skin, and which do not infrequently resemble a neuralgia in their nature, and which may exist for years before any ataxy may become evident by objective signs; and so far as I have seen from the writings and experience of others concerning this disease, this symptom has not been sufficiently thought of, and I would maintain, in contradiction to many observers, and Dr. Sequin amongst the number, that the pre-ataxic stage of a true locomotor ataxia can be diagnosed, and if diagnosed, the advance of a "fasciculated sclerosis" of the posterior nerve roots can be stopped and an incurable locomotor ataxia prevented. I am as sure of this as I am of anything in medicine, and the following signs and symptoms are in my practice and experience diagnostic of what I now call the pre-ataxic stage of a locomotor ataxia:—

Inequality of pupils.
Small pupils.
Paresis of left third nerve.
Cutaneous fulgurating pains.
Sexual excitement.
Transitory inco-ordination of lower limbs.
Variable patellar tendon reflex, never absent.
Spinal irritability.
Dysæsthesia.
Anæsthesia.
Hyperæsthesia.
Visual colour changes.
Gastric and intestinal crises.
Temperament variable.
Retinal changes.
Mental depression.
Insomnia.

(To be continued.)

SOME REMARKS ON DEFINITIONS APPLIED TO FEVERS IN TROPICAL AND TEMPERATE CLIMATES.

By Surgeon-General C. A. GORDON, M.D., C.B.,
Honorary Physician to Her Majesty the Queen.

In my two reports already alluded to, the various definitions given of the "typhoid or enteric fever" are carefully summarised, with the result that they differ absolutely among themselves; as expressed by an eminent writer, to whom I did myself the honour of presenting my second report, "The tide now in England is all in favour of *typhoid* fever; every feverish indisposition is called *typhoid*, and no one dreams of reading the old masters." With reference to the different views which I have thus enumerated, and their divergence from those of the older, less theoretical, and more practical men of the past times, the truth of the opinion expressed by M. Richet presents itself to me very forcibly, namely, "Il est curieux de voir combien des théories en peut arriver à fausser la verité." (*a*) According to my view, and more especially with regard to the form or forms of fever which appear under this head in Indian returns, it is to this variety in definition, and absence of precision in applying particular definitions to individual cases, that much of the existing divergence of opinion is due as to what should, and what should not, come within that designation. This divergence of opinion can only cease when we have arrived at an understanding with regard to the points regarding which differences now exist; and until we do so, it were well if some, at least, of those who write on the subject remembered that it is only by the free expression of opinions that we can ever hope to discover truth. (*b*) Let opinion, then, be freely expressed; but also let the grounds be stated on which that opinion has been founded. To what is adduced in my official reports on this head, I add the following, these particulars having been obtained since those observations were submitted.

In 1835 Dr. Badham wrote: "But however originating, fever is an action or series of actions which the body will not entertain to an indefinite period. Fever may also, and often does, come to a fatal event by the infliction of express and various injury. The brain and alimentary canal are the chief seats of these destructive processes. But there is a condition very probably connected with fever, and in the domain of chemistry rather than anatomy, namely, a diseased or degenerated state, or altered crasis of the blood, producing hæmorrhage from the bowels, and a remarkable fœtor of the exhalations, pulmonary and cutaneous."

In 1849-50 three high authorities expressed three different views on the subject of fevers. Sir William Jenner that *typhus and typhoid* were specifically distinct from each other. Dr. Hughes Bennett, that he doubted whether these two fevers were really distinct from each other. Dr. Dundas, that not only are there no specific differences between the various kinds of continued fever, but that there are more between continued, intermittent, and remittent fevers.

Dr. John Davy, in his work on the Diseases of the Army, which contains the results of his experience, chiefly in Ceylon and the West Indies from 1821 to 1850, makes some very valuable remarks *àpropos* of the subject in hand. With regard to nomenclature of fevers he observes that "the manner in which terms were employed was far from uniform, partly from the difficulty of distinguishing the kinds of fever if we consider them distinct species, and partly from the circumstance that medical officers educated in no common school may have taken different views of their nature, and have designated them accordingly. We seem to know little more than that their causes, whatever they may be, vary in character in different countries, following climatic conditions, and themselves seldom well defined—fevers of the intermittent type, which have been called marsh fevers, often occurring where the country is dry; malignant typhus, though commonly connected with crowding and filth, not being invariably so. If the etymology is obscure the pathology of these diseases is no less so."

From among a number of cases, the details of which are given by Dr. Davy, the following extracts are made, viz., In a case of intermittent fever occurrring at Corfu, lower part of ileum unduly red, villous coat chiefly in the situation of the glandulæ aggregatæ slightly ulcerated." In another case of intermittent fever, at the same station, due to getting wet at night, "skin (after death) thickly covered with petechiæ, like flea bites; mesenteric glands rather enlarged." The remark follows that "in this instance

(*a*) *Revue des Deux Mondes*, 1st June, 1879.

(*b*) The Duke of Wellington, then Sir Arthur Wellesley, in a letter dated 1st October, 1800, to the address of Captain Moncrief, wrote thus:—"The difference between your opinion and mine is not very great; but even if it were as great as the distance is from Pole to Pole, there is every reason why you should not omit to state it to me as freely as you form it."—*Wellington Dispatches, India*, Vol. 2, p. 192.

there appears to have co-existed with the intermittent some partial disease of the lung *and spleen* with a typhoid or *putrid* tendency." "These cases," he remarks, "may suffice to show how death may result in cases of intermittent fever from their complications and sequelæ; these latter commonly various morbid states of some of the most important viscera, *especially* the chylopoietic. To such cases the term *typhoid* would probably now be applied, but its distinct significance left unstated."

In 1859, Dr. Hughes Bennett, repeating his opinion already expressed, observed, with reference to the forms of continued fever seen in Edinburgh and in Paris, that there is, at *least*, two predominant kinds, namely, the one called by us *typhus*, the other called *typhoid*, that is, like typhus. He defined typhoid fever to be "a disease arising from a specific cause." He was satisfied, however, that "typhoid and typhus may occur together, or epidemically run into each other, and be mutually communicable." Sir Robert Christison believed that *typhoid* fever is identical with *synocha*, of Cullen, and bases his decision upon *what he saw* during the several epidemics in Edinburgh, of 1817-20, 1826-7, and 1833-34. In Edinburgh, in 1846, both diseases occurred together at the same time in the same localities; some individuals coming from the same house affected with typhus and others with typhoid, the latter having intestinal lesion after death, as proved by dissection (p. 919). Here, however, the remark occurs that Louis considered dothen-enteria, that is, his fièvre typhöide a different disease from the typhus of Britain; also that the *distinctive* ulceration of Peyer's glands, and the rose spots disappearing on pressure, establish its specific character. This difference is noticed by Dr. Barker, but dothen-enteria and typhus are frequently united in this country, and their characters mixed; these characters not greater than are observed in scarlatina simplex and scarlatina maligna, in erythema, phlegmonous erysipelas, and other varieties of disease. He writes of "*typhus* fever in its varied forms of gastric, bilious, *enteric*, &c.

As a result of investigations in India, there is every reason to believe that the terms typhoid and enteric are used synonymously, and that two sets of conditions which may or may not be associated are thus included. Of these one is the adynamic or low condition which usually succeeds the stage of hyperpyrexia in fevers of that country, whether continued or remittent in type; the other enteric, to cases of fever continued or periodic, in which the attendant local *complication* is that of the bowels—large or small—apparently upon a principle such as would justify the use, in a specific sense, of the term cerebral or pulmonic, in a case of fever attended by the complications thus indicated. With reference to this point there are medical officers who consider that wherever ulceration of the agminated glands of the ileum exists, the case is one of *enteric* fever, whatever may have been the cause or causes of the disease. In many such cases, however, the morbid lesions were by no means confined to the ileum, but included also the large bowel. In a third set of cases the term typhoid or enteric appears to have been applied as indicating that the attack was severe in character. These seem to have included fevers of various types, continued, remittent, and irregular, and dysentery of the inflammatory type. In 1878 the Government of Madras (*a*) observed, with reference to such variety in nomenclature, that "the Sanitary Commissioner remarks regarding the disturbance in the health statistics by the tendency of medical officers to return as 'enteric' or typhoid fevers which have hitherto been returned as continued, seems to demand the attention of the medical authorities."

The following remarks occur at page 549 of the *British Medical Journal* of October 4th, 1879, namely:—

In his last annual report on the health of Birmingham, Dr. Alfred Hill draws attention to a subject of considerable importance with regard to the certification of deaths from 'fevers.' "Cases have been repeatedly brought under my notice in which the sanitary state of a place has been unjustifiably impugned, because deaths have been ascribed in medical certificates to *typhus* or *typhoid* fever, which, on inquiry, have been admitted to be not deaths from the true disease at all, but from a *low* fever, *like* typhus or typhoid." It is with the view of calling the attention of the profession to the importance of accurate certification of the cause of such deaths that we reproduce Dr. Hill's interesting remarks. Speaking of the number of deaths from typhoid fever in the borough during 1878, he observes:—

"The steady diminution of typhoid fever during the last few years has, this year, apparently ceased; the proportion of deaths returned as resulting from that disease being exactly the same as last year. There is, however, good reason to believe that this arrest in the decrease of typhoid fatality is apparent rather than real. My own observation leads me to the conclusion that much carelessnes is exhibited in both diagnosing and naming several forms of disease. I have reason to know that cases of scarlet fever, first seen by the attendant towards their termination, and after all the more characteristic signs and symptoms had disappeared, are hastily and thoughtlessly set down as typhoid; that cases of simple fever, occurring in feeble subjects, and therefore characterised by a low type, are at once, without any careful examination for, or any discovery of the distinguishing signs of, true typhoid, designated and certified as typhoid. On putting the matter to medical men, in some cases where, from the unexceptionably satisfactory state of the premises, there was reason to believe the cause of death could not be typhoid, they have frankly admitted that by typhoid they did not mean true typhoid, but simply *low* fever, which, however, is not typhoid at all. But the abuse of nomenclature does not stop here. A case that occurred recently was certified and registered as to typhus. I visited the premises with a view to discover the conditions which are so well understood to be associated with this dreadfully infectious and fatal disease, but found them all absent. Convinced that typhus, which is so rare a disease in Birmingham, could not be the cause of death, I waited upon the medical man, who candidly, in reply to my questions, said he did not mean typhus, nor yet typhoid, but simply *low fever;* a fever, in fact, *low, like* typhoid or typhus. Of course it is quite time, now that the distinctions between different kinds of fever are so well made out that this vitiation of the registration of disease returns by means of loose nomenclature should cease. They are a reproach to professional prestige, and are injurious to the excellent object of disease registration."

In June, 1880, it was reported from India that *typhoid* fever prevailed among the British troops stationed at Delhi; *low* fever among those at Lahore. This exactly illustrates the remarks already made regarding the application of distinctive terms to endemic fevers in India; in the actual *nature* of which there is, in reality, no difference whatever.

These references are, of themselves, quite sufficient, according to my view, to justify the remark which occurs at page 75 of my second special Report, namely, "It seems to me that until a more definite *standard*" "is arrived at by the learned representatives of the profession at home, we, in India, may be pardoned for having also our little differences of opinion on the same subjects." The official *standard* communicated to me, and in accordance with which my inquiries were made was "a specific form of fever, characterised by ulceration of Peyer's glands, and due to pythogenic causes."

(*a*) Order of 28th November, 1878, No. 1,724.

ON THE PREVENTION OF LACERATION OF THE FEMALE PERINÆUM.

By ALEX. DUKE, M.K.Q.C.P.I.,
Assistant Physician, Rotunda Hospital.

THE best authorities are, I think, agreed that it is not advisable to support the perinæum when that important structure is distended by the passage of the fœtal head,

and the reason is sometimes given that the support is so seldom properly applied that it is better left undone.

However, as it is a most deplorable accident to happen any female, not only on account of the additional danger to the patient from septic absorption, the additional anxiety and trouble it gives to both nurse and doctor, and the train of subsequent evils which it frequently sets up, I consider it a subject worth saying a few words about, if only to draw out the opinions of older and wiser heads as to the advisability of adopting some preventive treatment instead of, as a rule, interfering at the wrong time with the calamitous results we so often witness.

The best preventitive treatment of laceration which I have found (and which I dare not claim as original, as I presume it has been tried before, but which I see no mention of in the text-books of midwifery) is this: When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bed, and having lubricated my left thumb or the two first fingers of my right hand, I introduce either into the vagina, and at the onset of a pain draw back the perinæum firmly but gently towards the coccyx, relaxing the tension gradually as the pain lessens till the next ensues, and so on till I can draw back the perinæum with very slight effort. I thus tire out the muscular structures and produce sufficient relaxation for the head to pass. In most cases so treated the perinæum is in no danger, but when the pubic arch is narrow, I take the additional precaution to foment the parts, and use an inunction of lard, and also allow the head while passing through the valve to glide over my lubricating fingers, using them as a shoe-horn, so to speak, while I direct the head forward by pressure with my left hand below the coccyx or a finger in the rectum.

It has always seemed anomalous to me that the perinæum should be expected to dilate on such a short notice, namely, the "process of extension," while (dilatation of) the os and cervix occupy such a considerable time, even with the additional help of Nature's hydrostatic dilator, viz., the bag of waters.

The drawing back of the perinæum produces no additional pain, as it is done during a uterine contraction, and I feel sure if nurses were educated as to the proper way of dilating the perinæum previous to its distension with the fœtal head, we should see less and hear less of lacerated perinæum.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

A Case of Pericardial Effusion with Endocarditis after Rheumatic Fever.

Under the care of Dr. ANDREW.

Communicated by SIDNEY DAVIES, B.A., Clinical Clerk.

CHARLES D., æt. 18, a railway shunter, was admitted into St. Bartholomew's Hospital on the 4th of August. He gave the following account of himself:—He had had at least three attacks of acute rheumatism, for one of which he had been previously a patient in St. Bartholomew's Hospital (about twelve months before). He had also suffered from gout. His present condition appeared to have been brought about by his having over-strained himself by pushing a railway truck two weeks before. Two or three days after he felt a pain in the left side, and severe pain in the front and both sides of his chest when he laid down.

When first seen, he was sitting up in bed, supported by pillows, in a condition of extreme dyspnœa, cyanosed, and with an expression of great distress on his face. He was breathing at the rate of 40 per minute; the pulse was bounding along at 108 per minute. There was marked pulsation in the neck, both arterial and venous. The tongue was covered with a thin white coating, through which appeared some enlarged red papillæ, and the patient complained of thirst. The temperature was normal. He had a noisy, loose cough, and was expectorating a considerable amount of frothy sputa On inspection of the ches the cardiac impulse was seen most marked in the 6th interspace, but also in the spaces above and below, it extended laterally from the sternum to three inches to the left of the nipple. All the left side was tender, and there was bulging of the intercostal spaces over this area and above it. On percussion the cardiac dulness was found to be enormously increased, covering nearly all the front of the chest except the apices. Auscultation only gave negative results; the pericardial effusion being so great as to quite deaden the cardiac sounds, so that it could only be vaguely suspected that there was an endocardial murmur; there was no friction sound. Dry râles were heard over the accessible parts of the lungs, but the condition of the patient rendered it unadvisable to examine his back. The patient was put on a milk diet, with brandy, beef tea, and eggs; a poultice was applied to his left side, and he was ordered Haustus Ætheris Co. every three hours, and the foclowing mixture every six hours:—

℞ Pot. iod., gr. iij.;
Pot. citratis, gr. xx.;
Spir. chlorof. ℥xv.;
Inf. scoparii, ℥j.

On the day but one after admission the patient's general appearance was decidedly improved, and he expressed himself as feeling much better. The cough was rather looser; pulse 120; temperature normal; there was much less tenderness in the front of the chest, neither was the area of dulness so extended as when first examined. A murmur could be heard over the aorta. The urine was found to be clear, acid, and containing one-half albumen. It was passed in very small quantity, for which reason it had not been examined before. It varied on several subsequent days between one and three pints in the twenty-four hours.

The patient continued to improve as far as regarded the pericardial effusion and the dyspnœa which it caused. Each day the heart sounds became clearer, so that on the 16th a diastolic aortic murmur could be distinctly heard. Two days after a systolic apex (tricuspid?) murmur was heard along with the diastolic, and these two murmurs remained but little altered in character or intensity until the patient left the hospital. As the aortic murmur became distinct, the radial pulse, too, was observed to possess the typical *water-hammer* condition.

The note made on the 11th was: Pulse, 125; temp., 99·1°; previous evening, 100°. An aortic murmur heard below the outer part of the left clavicle (probably the murmur of the aortic valve conducted). Epistaxis twice last night. Pain in left side.

On the 12th the patient was lying on his back, and the respirations were much slower.

On the following day there suddenly appeared profuse œdema of the face and legs, accompanied a few days later by ascites, which increased at first, and remained a prominent symptom till about four weeks later. On the 16th the apex beat was in the 7th interspace, 1½ in. outside the nipple line. The cardiac dulness extended but slightly to the right of the sternum. There was still venous and arterial pulsation in the neck. Auscultation of the bases of the lungs discovered some moist crepitation at the left base. The medicine was changed to

H. ferri c. ammon. citrat.
Pot. iod., gr. iij.
Ter die.

The following note was made on the 23rd: Tongue cleaner; pulse 107, *water-hammer;* temperature normal; heart's apex in 5th interspace, ½ in. outside nipple line. Systolic apex and diastolic basal murmurs, the former most distinct over the sternum opposite the third rib, and the latter to right of the apex, and unheard behind. Some mucous râles heard in front of the chest; no dulness or crepitation at the bases. Ascites increased. Appetite better. Slept well. Three pints of urine, thick with urates, acid, and containing about ⅛ albumen, Medicine changed to

Citrate of caffeine, gr. v.
Ex. aqua menth. pip., ℥j.
Ter die sum.

On the 28th the dose of citrate of caffeine was reduced to gr. iij., the patient having complained that it made him shiver. The ascites, however, had diminished from a girth at the navel of 35 in. to 33 in. It continued slowly to disappear, until on the 13th Sept., when the girth at the navel was only 27 in.

On the 30th there was another attack of epistaxis,

whereby the patient lost about a pint of blood. This natural bleeding seemed to have a good effect, the patient feeling much better after it.

On Sept. 13th the following note was made: Pulse 118, *water hammer;* temperature subnormal; heart's apex in the sixth space, 1½ in. outside the nipple line. The murmurs the same. No râles in front of the chest. No œdema. Girth 27 in. Patient eats and sleeps well. He sat up yesterday for an hour, and felt better for it. Urine contained 1-5th albumen.

On Sept. 20th.—Pulse 105. Depression of intercostal spaces, slight flattening of the left side; heart's impulse seen over a wide area.

These signs all pointed to general pericardial adhesion, but there was a difference in resonance over the boundary between the heart and lungs during inspiration and expiration, which, though not favourable to the conclusion, did not invalidate it. No pericardial friction had ever been distinctly heard. The patient was ordered

Syr. ferri phosp., 3j.
Ter die sum.

Sept. 24th.—Patient gets up after dinner. Feels much better. Eats and sleeps well. Pulse 96. A systolic murmur was now heard at the base, in addition to the other two murmurs.

The patient continued to improve, and was sent out about two weeks later "in a condition" (to use the words of Dr. Latham) "of present safety."

Transactions of Societies.

THE HUNTERIAN SOCIETY.

JOHN COUPER, ESQ., F.R.C.S., President.
NOVEMBER 10TH, 1880.

NEPHRECTOMY BY LUMBAR SECTION.

THE PRESIDENT exhibited a girl from whom last April he had removed the right kidney, which had been converted into a large cyst filled with pus. The chief interest in the case arose from the certainty with which the symptoms pointed to morbid changes in that kidney as the source of the patient's illness. The illness began in 1879, with pain in the right loin. She lost flesh, became weak, and the urine always turbid when passed. Micturition was never more frequent than in health, nor was there pain over the bladder. She could not lie on the right side without discomfort. There were no acuter symptoms, excepting in November 1879, when she was confined to bed for some weeks. Last April she was seen by Dr. Warner, at the Ratcliffe Hospital, who, finding a tumour in the loin, advised her removal to the London Hospital, where she became Dr. Barlow's patient on April 17th. The abdomen was not over distended. A more or less solid mass occupied the right iliac and lumbar regions. There was slight visible fulness to the right of and below the umbilicus, but no marked swelling. The liver dulness commenced at the lower border of the sixth rib in front, and extended nearly to the crest of the ileum. On grasping the loins posteriorly there was pain on the right side only. The inguinal glands were not enlarged. There was slight pitting of the legs anteriorly on pressure. Urine was passed from three to four times daily, and contained about one-third of its volume of pus. By an examination under ether it was found that the ascending colon lay in front of the tumour, that deep-seated fluctuation was present in the latter, that its inner edge reached the middle line, its lower edge to one inch above Poupart's ligament, and its upper edge three-quarters of an inch below the margin of the ribs. The tumour did not extend into the pelvis, was movable, and could be tilted from hand to hand. It did not change position on deep inspiration, and was not connected with the liver. There were no symptoms of cystitis; urine acid. Vagina and uterus found healthy by Dr. Herman. The tumour was obviously the right kidney distended with pus. The chronic character of the symptoms, the absence of any tendency to point, and the presence of pus in a healthy bladder, were all against the diagnosis of perinephretic abscess. The question of relieving the patient was next considered. Dr. Barlow and Mr. Couper agreed that the pus should be drawn off by an incision into the tumour from the right loin, and that the question of nephrectomy should be left open till the kidney could be examined by the finger passed into the wound. As regards the prospect of successful nephrectomy, evidence as to the condition of the other kidney was of vital importance, and here Dr. Barlow pointed out, 1st, that there had been no vomiting, both kidneys are diseased; 2nd, that the urine was normal both as to quantity and the percentage of solids contained in it, thus proving that there was no renal insufficiency; 3rd, that the amount of albumen present was very small, and lastly, that the size of the tumour was incompatible with the persistence of any trace of normal secreting structure. The morning temperature was generally normal, and it rarely rose to 102° in the evening. The thoracic organs were healthy, and all these conditions constituted a case exceptionally favourable for nephrectomy should that operation prove to be necessary. On April 24th the exploratory incision in the right loin was made with the customary precautions against sepsis, the patient being etherised. The section was horizontal, and precisely in the position of that practised in lumbar colotomy. After division of the fascia lumborum, a smooth fluctuating swelling was exposed on the outer border of the quadratus. A trochar plunged into this gave vent to a dark-coloured foul-smelling pus in large quantity. Enlarging the opening thus made, and removing the trochar, Mr. Couper passed his forefinger into a loculated sac, obviously the disorganised and dilated kidney. Now arose the question should this sac simply be drained and allowed to close by granulation, or should it be dissected out. The branching form of the cavity, its enormous extent, and thick resistant condition of the walls, must have rendered closure by granulation tedious and uncertain. The removal of the kidney was accordingly undertaken. The adhesions of the peritoneum in front were very close, and its separation from the tumour was not effected without a hole being made into the peritoneal cavity. Before this hole could be closed by suture, pus from the kidney contaminated the inner surface of the peritoneum. The ureter was soon reached, tied with strong catgut, and divided. An artery of moderate size below the hilum was ligatured and divided. The main vessels were then tied *en masse* with carbolised silk and divided. The tumour was then quickly detached from its peritoneal connections below the liver and removed. The operation lasted two hours and a quarter, and was throughout all but bloodless. Recovery was uninterrupted. The temperature never reached 102°, and on only three occasions did it exceed 101°. In spite of the fœtid character of the pus the wound did not become septic, and all foul smell was gone in twenty-four hours. For some days after the operation the urine was clouded, and microscopic traces of pus continued to be found in it. These finally disappeared during the third week. The girl left her bed on the thirty-sixth day, and was discharged on the 8th of August. There is still a granulation at the posterior end of the cicatrix, but the girl is rosy and in good health. A preparation of the parts removed at the operation was shown. In addition to the altered kidney were visible—1, the stump of the ureter nearly unaltered; 2, the ends of three arteries not larger than the radial; one joined the kidney below the hilum, the other two were embedded in a dense connective tissue mass at the hilum, and were evidently all that remained of the renal artery, which, as suggested by Mr. Moulin, had undergone atrophy in proportion to the degeneration of the secreting structure of the kidney.

Mr. CORNER suggested that in some cases of pyonephrosis less severe measures than nephrectomy might be sufficient to effect a cure, in support of which he referred to a case he brought before the Society last year. A lady, æt. 66, had suffered for eleven years from attacks of pain in the right loin, with irritation of the bladder, and intermittent discharge of pus in the urine. A tumour was found in the loin, from which Mr. Corner withdrew a pint and a-half of pus by aspiration. He then injected an equal quantity of a weak solution of carbolic acid, and left the canula in position during four days. After the removal of the canula watery fluid escaped for a few days before the sinus closed. There had been no return of the tumour, but the patient had had attacks of hæmaturia since.

Mr. CLEMENT LUCAS said that there were two distinct operations by which the kidney might be removed, viz., abdominal section, and lumbar incision. The latter he

thought should be employed in every case where it was practicable. 1st. Because it was extra-peritoneal. 2nd. Because it allowed of perfect drainage. Nephrectomy might be indicated for hydro-nephrosis, pyonephrosis, strumous kidney, or stones not otherwise to be removed, and in each of these cases the lumbar incision might be employed, the fluid tumours being drained during the operation. The ventral operation would then be reserved for tumours too large to be removed through the loin, and perhaps for some movable kidneys. The man on whom the speaker had operated in February last for strumous disease discharging for six years through the loin, had had a protracted convalescence owing to severe hæmorrhage, which commenced on the fifteenth day, and almost ended fatally. The man had lately improved much in health, and the pus had gradually disappeared from the urine. Mr. Lucas had made a vertical incision in the loin, but was compelled to enlarge it above transversely. The capsule of the kidney was left owing to extensive adhesions, and the vessels were ligatured separately from the ureter. He doubted the necessity for a ligature on the ureter, and questioned the advisability of ever removing the 12th rib.

Mr. BARKER traced the history of the operation, and said that he had thrice during the last year undertaken to perform it; twice by ventral and once by lumbar incision; but unfortunately in each case the patient died shortly after. Referring to the question of removing a portion of the 12th rib, he said that in one case where this had been attempted abroad, it was found that there were but eleven ribs, and in removing the last of these the pleura had been opened. He agreed with the President and Mr. Lucas that the ventral incision was more adapted for the removal of large tumours, but he would not say that all fluid tumours should be removed through the loin, as in this operation there was a difficulty in securing the pedicle. The experience of continental surgeons was in favour of leaving the capsule when there were extensive adhesions. In one case the colon had been opened. In answer to Mr. Lucas's question, whether it was necessary to tie the ureter, he said that since passage of a calculus caused vomiting, perhaps this symptom had sometimes been induced by the ligature on the ureter, and the ligature probably might be safely omitted.

Mr. SCOTT, house-surgeon to the Bath Hospital, said that he had recently assisted Mr. Stockwell in removing a kidney from a man, æt. 50. The patient had suffered for ten years from pain in the right loin, and intermittent discharge of pus. During this time he had passed two small calculi. Ether was administered, and a vertical incision made in the loin. The kidney was firmly attached, and in removing it a small piece of peritoneum was detached. The vein, artery, and ureter, were separately ligatured. There was little bleeding, but a sponge was put in the wound. Vomiting remained persistent till his death, eighteen hours after the operation. A few hours after the operation bleeding was suspected from the pallor and collapse, but the dressings were not removed. At a necropsy it was found that the ligature had slipped from the vein. The kidney was greatly dilated, and a stone was found in it. The capsule was removed with the kidney.

Dr. BARLOW said that the patient on whom Mr. Couper had operated was in fair health at the time, and, therefore, a good subject for operation. He referred to Mr. T. Smith's paper on renal tubercle, and said that tubercle of the kidney and strumous pyelitis were distinct affections, the former usually commencing in the cortex and burrowing down, whereas the latter spread by the calyces. In the latter disease there was far less danger of general tuberculosis. Dr. Barlow also referred to a case of nephro-lithotomy, performed by Mr. Couper, and the two large branching stones removed were shown. The operation appeared easy, but the patient did not live long after, owing to the operation having been too long postponed.

Dr. STEPHEN MACKENZIE congratulated Mr. Couper on the successful issue of his operation, and said that this case, and the one related by Mr. Lucas, would serve as a stimulus to the operation in suitable cases. It was of the utmost importance to determine the working power of the other kidney. The best guides were those given by Dr. Barlow, and referred to by the President. The excretion of urea was the great test. The absence of albumen over and above what was accounted for by the pus was also an important sign. He thought Mr. Corner's valuable case as suggesting the propriety of a preliminary tapping. A case of pyo-nephrosis had come under his care five or six years ago, and it had been first tapped, then laid open by Mr. Reeves. The cyst closed, leaving a sinus, which still remains, but the patient is in good health, save that he has some dragging pain.

The PRESIDENT, in reply to Mr. Burton, said that the ureter was not found dilated. It had been ligatured with catgut, yet no vomiting resulted. He thought a tumour of some dimensions might be removed through a transverse incision, and agreed with Mr. Lucas that all fluid tumours should be removed through the loin.

Special.

FRANCE.

[FROM OUR OWN CORRESPONDENT.]

TREATMENT OF ABSCESS OF THE LIVER.—At the Academie de Medecine last week a discussion took place on the communication made by M. Rochard relative to the treatment of abscess of the liver by a large and direct incision combined with the antiseptic method of Lister. M. Depaul commenced by relating a case which occurred on board a steamer when he was going out to Brazil six years ago. A passenger was suffering from a liver affection for some time, and had come to France to consult different physicians and surgeons of more or less note, and who had expressed different opinions on the nature of his case and the treatment to be adopted. He was now returning home little benefited by his voyage. Being called in consultation by the ship surgeon M. Depaul, after a minute and careful examination, discovered fluctuation in the organ in question. Soon it became evident by the increase of the tumour and the commencing redness of the skin that the pus was making its way to the exterior, M. Depaul proposed to make a large incision down on the abscess, which was accepted, after some hesitation. Accordingly, he made an incision of an inch and three-quarters in length, which divided successively the skin and the subjacent tissues, exposing a thin layer, under which the pus could be distinctly seen. He made a simple puncture in the layer which gave exit to more than half a pint of fœtid pus, mingled with hepatic *débris* and some bile. After the evacuation of the matter detersive injections were employed, and before the ship arrived at her destination the patient was in a fair way of recovery. M. Depaul terminated by reminding the meeting that the Lister dressing was not employed in this case.—M. Rochard, advocate of the new method replied, that he had known twenty cases treated according to the old rules, and the twenty died, whereas, three in which the Lister treatment was employed recovered. Surgeons who used this latter method need not trouble themselves as to whether the peritoneum be adherent to the abdominal walls or not, and take no care to provoke it either.

INCUBATION AND PROPHYLAXIS OF HYDROPHOBIA.—At the same meeting M. Colin read a work entitled "Incubation and Prophylaxis of Hydrophobia." This work originated from a case that had recently come under his notice, and which presented certain peculiarities worthy of mention. A non-commissioned officer, who had been successively in the infirmary of his regiment and in the Military Hospital of Vincennes, was admitted into the Val de Grace where he died, presenting all the symptoms of hydrophobia. This man had been bitten by a mad dog in the year 1874 in Algeria, and it was not until a few days before his death that the poison manifested itself, consequently it had passed through an incubation extending over five years. The military authorities having demanded of M. Colin if the death could be attributed to the bite he received, M. Colin made a minute inquiry, which led him to the following conclusions: That the dog must have been mad, as another soldier was bitten at the same time by the same dog and succumbed forty days afterwards; that since the inoculation his patient, until a short time before his death, enjoyed perfect health, and that all idea of alcoholism was set aside by the antecedents of the man and the symptoms he presented.

TREATMENT OF CEREBRAL RHEUMATISM BY COLD BATHS.—At the same meeting another member read a work on the "Treatment of Cerebral Rheumatism by Cold Baths." The

author considered that cold baths were the only rational treatment for this disease—each time he had employed it he saved his patient. The cases in which this refrigerent treatment is indicated are when the delirium coincides with a temperature of 104° at least, and a diminution or cessation of fluxion in the articulations.

Poisoning by Chlorate of Potash.—The Marseilles *Médical* relates a case of poisoning by chlorate of potash. An elderly man took, in mistake for Epsom salts, 35 grammes of chlorate of potash. Death, which followed in seven hours after the ingestion of the salt, was preceded by the following symptoms:—Vomiting, colic, and diarrhœa, general weakness and rigidity of the limbs. After death the skin of the dorsal and lumbar regions presented a slate-coloured appearance.

Hysteria Cured by Castration.—At one of the meetings of the Medical Society at Berlin a member presented a young girl, æt. 23, cured of hysteria by Battey's operation, that is to say, castration, of which she still bore the cicatrix. This patient suffered for several years from obstinate vomiting, accompanied by very painful ovarian neuralgia. The debility was extreme, and anæmia well pronounced. The majority of the medical men she consulted advised her to submit to an operation, and the young girl having been impressed with the conviction that in castration lay her only salvation, submitted. The operation was performed with chloroform, and all antiseptic precautions were employed. During the three days that followed the operation the sensibility of the abdomen was extreme, the patient could not remain a moment quiet without a bag of ice. At the end of a week the general state of the patient was fairly good, the vomiting had ceased as well as the ovaric pain, and ever since the girl has enjoyed perfect health. This would have been a good case of the cure of grave hysteria by the extirpation of the ovaries, adds the author, if such extirpation had, in reality, taken place, but it was nothing of the kind, the operation of castration was only a get up, it was gone through theoretically, but not practically, and the scar she presented was never more than skin deep.

Charcoal in Infantile Diarrhœa.—M. Jules Guérin recommends charcoal in the treatment of infantile diarrhœa, The affinity, he says, he sought to establish between the chololeriform diarrhœa of children and adults, led him to apply to the children the same treatment he had used so successfully with adults. M. Guérin orders the charcoal (wood) to be put into the feeding-bottle, half a teaspoonful suffices at the time, and where the child takes the breast, in a little milk, sweetened—a teaspoonful to be given frequently during the day. After the first day the evacuations change in consistence and odour, from green they become a blackish yellow. From this treatment, M. Guérin has seen children who were wasted by seven or eight days' obstinate diarrhœa recover their usual healthy expression in three days.

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,
President of the Pharmaceutical Society of Ireland, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,
Lecturer on Materia Medica and Therapeutics at the London Hospital.

(*Continued from page* 414.)

Carlsbad.

The curious geological district of Carlsbad is situated in a valley in which the springs rise in all directions. Out of Iceland there are few specimens of hot water springs that can rival this curious phenomenon. Baedeker describes the Carlsbad springs as rising near the Tepel from beneath a very hard kind of rock, known as Sprudelschale or Sprudeldecke, and that wherever this crust or stone is broken through, boiling water and steam rush up with great violence. The greater part of the town is built upon this crust, under which, it is believed, that there exists a vast lake of boiling and seething water. This imaginary reservoir is called the Sprudelkessel (spring cauldron). The steam escapes through artificial apertures made in the rock, and these apertures require to be constantly cleaned out on account of the incrustation or rapid deposition (we presume) of carbonate of lime. If, says Baedeker, one of the orifices are closed, the steam and water rise with augmented force at the other orifices, and have even been known to force a new passage for themselves to the imminent danger of the dwellers above.

Some of the statements about this cauldron of boiling water are extraordinary and perfectly startling. Thus it is said that at the earthquake at Lisbon the Sprudel ceased to flow for three days. The two places are a long distance apart, and it was probably merely a coincidence It is stated that all attempts to fathom the depths of this abyss bave failed, and yet that the crust between it and the town is nowhere more than three feet, and in some places appearing to be only as many inches. We confess we should not like to reside at Carlsbad. Few waters have been more frequently analysed or much more written about than the Carlsbad Springs, yet, strange to say, the presence of lithia up to this time has escaped observation. We find that it is present in all the springs; at least, we have discovered it in the Sprudel, Schlossbrunnen, and Muhlbrunnen (which were all the waters at our disposal), and therefore it is probable that as the springs proceed from one common reservoir, all the other minor ones would contain that earth. The presence of lithia is well marked, and amounts in the Sprudel to nearly one grain per gallon.

Sprudel.

	Grains.
Sulphate of sodium	198·05
Sulphate of potash	4·23
Chloride of sodium	85·32
Acid carbonate of sodium ...	142·00
Carbonate of calcium	20·03
Carbonate of magnesium ...	3·51
Carbonate of iron	0·29
Acid carbonate of lithium ...	0·80
Alumina	1·54
Silica	8·00
Total solids	463·77

The skeleton analysis of this water given in the half-pint (10 fluid ounces).

Total Solids.	Purgatives.	Antacids.	Salines.
29 grains.	12½ grains.	10½ grains.	5½ grains.

In the Carlsbad springs we come upon the verge of another class of waters—a class in which the alkaline properties become so marked as almost to throw them out of the same category as those we have previously described;

but still the purgative property remains the chief characteristic. The phenol phthalein give with these waters a strong alkaline reaction even in the cold or in their normal condition. The presence of lithia is now noticed for the first time in these waters.

Schlossbrunnen.

Sulphate of sodium	109·61
Sulphate of potash	81·70
Chloride of sodium	79·96
Acid carbonate of sodium ...	87·23
Carbonate of calcium	21·45
Carbonate of magnesium ...	2·60
Carbonate of iron	4·90
Acid carbonate of lithium ...	0.40
Alumina	0·25
Silica	4·00
Total solids per gallon	381·10

The skeleton analysis of half-a-pint of this water practically varies very little qualitatively from the Sprudel' each 10 fluid ounces contains :—

Total Solids.	Purgatives.	Antacids.	Salines.
24½ grains.	6¾ grains.	7·01 grains.	10 grains.

THE rates of mortality per 1,000 last week in the twenty-three large towns of the United Kingdom, were : Bristol 17, Sheffield 19, Plymouth 19, Portsmouth 19, Oldham 19, Bradford 20, Nottingham 20, Leeds 20, Brighton 21, Hull 22, Birmingham 22, Leicester 22, Wolverhampton 23, London 23, Edinburgh 23, Glasgow 24, Manchester 25, Liverpool 25, Salford 26, Newcastle-upon-Tyne 27, Norwich 28, Sunderland 29, and Dublin 39.

THE death-rate last week from the seven principal zymotic diseases per 1,000 in the large towns, ranged from 1·4 both in Plymouth and Wolverhampton, to 7·3 and 8·9 in Salford and Sunderland. Scarlet fever showed the largest proportional fatality in Sunderland, Norwich, and Brighton ; and measles in Salford and Newcastle-upon-Tyne. The highest death-rates from enteric fever occurred in Norwich, Salford, Leicester, and Nottingham. Diphtheria caused 16 deaths in London, and 3 in Portsmouth. The fatal cases of small-pox increased to 17 in London, there was only one death in Dublin, and not any from this disease in any of the other large towns.

IN the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Bombay 30, Madras 34 ; Paris 28 ; Geneva 24 ; Copenhagen 26 ; Stockholm 30 ; Christiania 19 ; St. Petersburg 35 ; Berlin 25, Hamburg 21, Dresden 20, Breslau 22, Munich 25 ; Vienna 23, Buda-Pesth 30 ; Rome 29, Venice 20 ; Lisbon 35 ; Alexandria 49 ; New York 29, Brooklyn 25, Philadelphia 16, and Baltimore 20 per 1,000 of the population. Small-pox caused 26, typhoid fever 46, and diphtheria and croup 47, deaths in Paris.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, NOVEMBER 24, 1880.

THE VACANT CROWN REPRESENTATION FOR IRELAND IN THE GENERAL MEDICAL COUNCIL.

BY the regretted death of Dr. Hudson the office of Representative of her Majesty for Ireland in our medical Parliament becomes vacant, and we seize the opportunity most earnestly to urge her Majesty's advisers who, we believe are, in this matter, the Privy Council, to give the surgical profession in Ireland and the working members of the profession generally in that country some little pretence of a voice in the settlement of its own affairs. We would point the attention of Earl Spencer, the Lord President of the Council, and Mr. Mundella, M.P.—his next in command—to the fact that surgery, as distinguished from physic, has an utterly insignificant representation in the General Medical Council, out of the twenty-three members—including the President—only five are even nominally surgeons, some of whom have now very little direct relationship with the surgical profession. Every Irish representative, save Mr. Macnamara, has hitherto been a physician, and as the consequence of this dearth of surgical representation, there has always been a serious risk that, in the framing of curricula and examinations, anatomy and surgery, and attendance on

surgical hospitals, might be placed in a subordinate position. If we may entertain the hope of the realisation of the long expected medical reform, we would say that the due representation of surgery is more than ever necessary in view of the anticipated making of new courses of study and examination, and we trust that the Government will try to create—in the General Medical Council—that beneficial balance of power which has never existed hitherto. But, we plead still more earnestly for the appointment of a man who is closely conversant with medical affairs in Ireland *as they are*, not as they were thirty years ago, and who has some little knowledge of the feeling of the profession, of the medico-educational wants of the public, and of the proposals which have been made to meet those wants. Parliament is about to be asked for the fourth time to revolutionise medical education and educational tests, and to reform the executive Council of the profession, and it has already had before it four separate Bills for such purpose. Surely the Government will not send to the Medical Council an Irish representative whose chief qualification for the office is that he is effete and that he neither knows nor cares much about impending legislation and threatened changes. We venture respectfully to remind the Privy Council of the functions of the Crown nominees in the Medical Council, and of the obvious incapability of the highly respectable and dignified physicians of a past era to fulfil such functions. It is quite unnecessary for us to say that these gentlemen have always been not only men of the highest professional distinction, but of unchallengeable honour and integrity. But these qualities, *per se*, cannot make them the best medical legislators who might be selected. They are placed in the seats which they occupy that they may act as independent voters, and thus to dilute the overwhelming power of the licensing bodies in the Council, and they are especially the guardians of the public interest against the self-interest of medical corporations. To fulfil this *rôle* with complete efficiency, they would need to be intimately acquainted with the wants of the public *quoad* the medical profession, with the existing systems of medical education, with the daily working of the medical licensing system, and with the needs and sentiments of the profession at large. Selected, as they have hitherto been, by her Majesty from the medical men who are best known as consultation physicians, it is not to be expected that they should possess these qualities, or that they should be anything more in the Medical Council than eminent representatives of medical respectability. Respecting the medical requirements of nine-tenths of the population of Great Britain, of the daily work of nine-tenths of the profession, of the educating of those who are to be the medical advisers of the next generation, they know nothing, save that which they acquire from journalists or in after-dinner chit-chat; and they have, therefore, neither the zeal for progressive improvement which animates those who feel the necessity for change, nor the energy which belongs to younger men or more active teachers. There is now an opportunity for the Government to turn over a new leaf and to manifest its desire to transfuse the moribund Medical Council with a little wholesome and lively new blood. There is plenty of such blood in Ireland, and we hope we do not appeal in vain to a Liberal Government to emancipate itself from the tradition which has hitherto restricted these appointments to the men of a past age and an unprogressive disposition, and, for once, to horrify the Medical Council itself by placing in it "the right man in the right place."

NOTIFICATION AND REGISTRATION OF DISEASE.

THIS subject, to which we have more than once referred in these columns, has been again brought into prominence in Dublin by an influential deputation which, on behalf of the Dublin branch of the British Medical Association, waited last week on the Lord Mayor of that city. The presence on that occasion of presidents of both Colleges, and many other equally distinguished and representative members of our profession, was sufficient to prove the interest which is felt in the question, but it was nevertheless evident from the discussion which followed that there was no force of unanimous opinion in favour of the method of notification and registration which the British Medical Association advocates. In introducing the subject, Dr. MacDonnell, President of the Branch, said that the matter had been brought under the notice of the Branch twelve months ago, and a resolution was passed to the effect that the compulsory and early notification of infectious diseases in a city like Dublin was of the utmost importance to the public health, and that the Council be therefore directed with as little delay as possible to take such steps as might seem to them best to promote the attainment of that object. Subsequently, the Irish Medical Association, the Royal College of Surgeons, and the Royal College of Physicians adopted resolutions to a like effect; and, most important of all, the Public Health Committee of the Corporation, and the reports of its medical officers were completely in accord on this subject, and concurred in all that had gone before.

This statement would no doubt be read by the public as meaning that the Irish Medical Association, and the two Colleges, had given in an unqualified adhesion to the proposals of the British Medical Association, not merely in principle, but in detail. But the fact is that those bodies did the direct reverse. They approved of the principle, and enunciated the desirability of disease registration, but they maintained that it should be carried into effect without making the physician the informant, lest the confidential relation of patient and doctor might be disturbed. This reservation is totally inconsistent with the proposals of the British Medical Association.

The Rev. Dr. Haughton, however, in his remarks on this occasion, made quite clear the feeling of the profession on this point. He said that while they were substantially agreed on the main question as to the desirability of this provision, he felt that any proposal to put police duty on the physician or surgeon in attendance would be sure to meet with the strong disapprobation of the whole medical profession. It would be a breach of the confidence which existed in the medical profession between the attendant and his patient, to an extent only second to that which existed amongst clergyman and the members of their flock, into whose confidence he was taken. The general

plan they suggested was that the onus on the medical man should be to inform the owner of the house in a mere formal manner, and let the responsibility then rest on the owner of taking the necessary steps to acquaint the authorities. People very much underrated the feeling of the profession when they spoke of doctors shrinking from this duty, because it might be unpleasant. It was a very much higher feeling than that. It was a feeling of personal honour—a feeling a very little short, if at all short, of that which influenced clergymen who had become acquainted with family secrets—a sort of sacred confidence that was never abused.

To this emphatic statement we may add a further consideration, of which we have already spoken on another occasion. If the medical profession were content to accept the duty of notifying and registering the diseases from which their patients suffered, or if that duty were forced on them, we believe that, in the cases in which it is especially desirable to ensure such registration, the system would produce great mischief rather than good. In lodging-houses, hotels, and shops, and wherever there might be a business reason for concealing the existence of infectious disease, the doctor would not be called in until the urgency of the case became so great that he could not be dispensed with, and the patient would suffer seriously from want of care early in the disease. There would, thus, be a direct and very powerful inducement to the employment of unqualified practitioners, and to amateuring, and when he was called in, the medical man would be burthened with the very painful duty of sending for the dreaded sanitary officials.

To avoid the presence and publicity of these officials, every *ruse* would be resorted to, and the medical man would certainly be expected to aid those *ruses* by pretending not to recognise the nature of the disease, and by calling it a false name, and thus the death registration system would receive an element of unreliability. Finally, it seems to have been forgotten that a law of registration, compulsory upon the doctor, could not possibly be enforced. What law could punish a doctor for want of astuteness in diagnosing a scarlet fever? and what testimony could possibly be adduced to prove that he knew the disease and concealed it?

GUY'S HOSPITAL.

The general feeling of the medical profession in relation to the decisive step taken by Dr. Habershon and Mr Cooper Forster in resigning the posts of senior physician and surgeon, respectively, to Guy's Hospital, will be one of relief that at last some have been found to vindicate the dignity of medicine, and the honour of its outraged professors. We were long ago the first to advocate the propriety of this step, and throughout the proceedings which have been the consequence of the mischievous policy pursued by the lay officials of the hospital, we have steadily insisted that the staff alone could put an end to the unseemly interference with their duties, in the absence of external pressure from Parliamentary sources. Regret may be, and without doubt will be, expressed that the resignations announced have been thus delayed, and that they were not consequent on the arrogant demand made by the governors for the withdrawal of the letter signed by Dr. Habershon and Mr. Forster as representatives of the whole hospital staff. There is no question that their obedience to the will of the lay body in that instance, weakened their cause immeasurably, especially by depriving them of that sympathising support the whole profession was ready to accord them in their hour of need. It will be remembered that we strongly urged the impracticability of replacing the physicians and surgeons of Guy's Hospital, who should resign, with gentlemen of eminence in medicine, and possessing the confidence of the public; for there are none who could be so described in this country, who would not regard it as an insult to be asked to fill offices vacated in such a manner. Now, as then, the same argument will hold; and we repeat our belief that the resignation of the whole staff will of necessity bring about a complete stasis in the administration of the hospital, and necessitate either its immediate closure, or the instant submission of the lay governors to the opinion of the medical staff in all matters pertaining to the internal ward economy of the charity under their charge. How many there are who will be ready to subvert themselves, and the profession they represent, to the will of a lay assembly, is not a matter about which we need to trouble ourselves acutely. Doubtless, there are not a few who would not neglect even so disgraceful a means of elevating themselves into a position they could never, under ordinary circumstances, hope to occupy; they would be of the stamp that some few in the profession have shown themselves to be, but their tenure of office would be a brief one indeed, and the contingency need not be entertained. It is more to the purpose to inquire what outcome is now most probable, to the complications at present existing. The younger members of the Guy's Hospital staff are to be commiserated on the dilemma in which they are placed. Uncomfortable in the extreme it must be for them, particularly since universal attention will be directed to them, and the line of action they will follow in the trying emergency that has fallen. We do not hesitate to believe that they will act in strict accordance with the dictates of that feeling by which their seniors in office were moved to take the step they have. That they will thereby be serious sufferers for the time is certain; and in one sense, at least, there is but small comfort in the consciousness that they are voluntary victims of *esprit de corps*. The misfortunes they submit to will, however, be only temporary, for it cannot be supposed the chaos which will follow such a decisive protest, will be permitted to continue in any institution so vitally necessary to the sick poor of London as Guy's Hospital has become. There is, too, a very important and hitherto unrecognised factor to determine the issue of events in the future. Arbitrary as they may be, the governors of Guy's Hospital are simply almoners of a bequest left for the benefit of the poor. They are by no means irresponsible agents, and are required, in pursuance of the duties devolving on them by right of their position, to discharge the functions of charity in a way compatible with the objects held in view by the munificent founder of the institution over which they rule. There is a voice above and beyond even medical opinion to which they must, in the end, give heed; and that voice is the voice

of public opinion. In their silent protest against the misjudged pretensions of the lay officers of the hospital, the staff of Guy's may be assured of wide-spread sympathy from the people at large. The whole world is now familiar with the miserable exhibition of obstinate infatuation to which the governors of Guy's Hospital has treated it; and in all quarters there is heard its condemnation. We may expect to hear individual denials of complicity in the mismanagement of the past twelve months, from many of the governors on the list. This, however, will hardly avail to exonerate them from blame in connection with it, for they cannot, one and all, fail to have been fully cognisant of what has been said and done; and with this knowledge it can be nothing less than negligence, or approval, that has led them to omit availing themselves of the opportunity afforded by periodical meetings of the Court of Governors, to utter an explicit dissent from the proposals to deprive the rightful authorities of their power in the wards. It ought not, perhaps, even at this late hour, to be too late to bring about some settlement of the whole matter acceptable to the gentlemen who are aggrieved parties. Whether it would be well to accept overtures made in this direction, is a matter requiring much nice consideration; it were best, possibly, to demand the absolute surrender of the improperly usurped powers claimed by the treasurer and his *protège*. The advice we have before given, however, and which has now, in part, been acted on, we still regard as the most suitable. The example set by Dr. Habershon and Mr. Cooper Forster, is that which the remainder of the staff should follow, and in the end we do not think they will be greater sufferers than they necessarily must be, if they continue to hold a position, declared by two of their number to be incompatible with a due regard for the dignity of their calling.

Notes on Current Topics.

Army Coffee Houses.

All success to the movement now on foot to establish in garrison towns places of the above description to which our soldiers may resort, instead of, as heretofore, having to seek recreation and "refreshment" in public houses by which in nearly all instances their barracks are surrounded. But as with many other movements, so with the present. Years ago the first step in that direction was taken; officers, medical and military, interested in the well-being of the soldier, have been engaged in every regiment in pressing on this good work, yet only now does it appear to have caught the fashion, the result being that the subject is discussed as if altogether new, not a word of credit being given to those who quietly and in the face of much opposition have been helping it on for the last three-quarters of a century; and since prior to 1798 neither tea nor coffee formed part of the soldiers ration in barracks or diet in hospital; in that year Robert Jackson was the means of getting both authorised for the latter. In 1807 a hot breakfast, of which tea or coffee formed a part, was issued to the troops in Walcheren on the recommendation of army surgeons, and as a precautionary measure against the sickness prevailing among them. In 1817 the issue of morning tea was adopted, and with good effect in the 33rd Regiment, then stationed at Hull, during the prevalence of a severe epidemic of fever among the men; and so recently as 1845 the plan was adopted in England of giving an evening tea meal to soldiers.

In India measures for repressing drunkenness among our troops, and for improving their condition generally, have been systematically adopted since 1825, being in that year inaugurated by Dr. Burke, Inspector-General. Even before these, however, individual officers adopted measures with regard to particular commands with a view to improve the soldiers' health, foremost among such being Sir Arthur Wellesley in 1800. In 1827 the first attempt was made in that country to check drunkenness by withdrawing the daily ration of spirits, which had up till that time been issued, giving him a money allowance instead, and establishing *canteens* where, under regimental supervision, he could obtain at any rate sound liquors, including light wines, instead of the deleterious *stuff* sold in bazaars. In addition to these measures some regiments established temperance societies and recreation rooms, with the result that, in 1833, it is reported of the 26th Cameronians, that these institutions having been then one year at work, two hundred men of that regiment had become members, these were the healthiest in it, the remittances home had greatly increased, and no corporeal punishment was inflicted in it. In 1829 Dr. Burke wrote thus:—"Drunkenness, the besetting sin of the British soldier, has hitherto resisted every attempt to keep it within bounds, and will most probably continue to do so until the soldier becomes a better instructed man, until he imbibe some little portion of the improving spirit of the age, *and hold a more elevated rank in the scale of moral and intellectual beings.*" What was written fifty years ago is now being realised. Measures then advocated in the face of much official discouragement and opposition are now taken up and pressed on by those alone who can render a movement successful. All credit to them, and best wishes for their complete success. But at the same time, let us not omit to give those who early made the first attempt in the same direction the credit justly due to them.

The Coming Naval Medical Warrant.

A correspondent of the *United Service Gazette* makes a very reasonable suggestion with regard to the long-expected Warrant for the Naval Medical Service. He observes that at present surgeons are being promoted who have seen only ten years' service, and that before April next nine years will probably see a few on the staff-surgeons' list. Under the provisions of the expected warrant, if rumour be true, surgeons' promotion, as in the army and Indian services, will be delayed till twelve years' service, so that these officers will, at the outset of its operation, be the losers. We would, therefore, support his suggestion "that all who have passed for the rank of staff surgeon previously to the issue of the Naval Medical Warrant, 1881, be promoted, as at present, in their regular turn, irrespective of length of service." Such an arrangement seems to us but fair to those who are most concerned.

The Indian Medical Service.

THE *Civil and Military Gazette* has lately received intimation of a change in the period of Indian service affecting medical officers who entered under the terms of the Royal Warrant of April 1876, which, if carried out, cannot fail to provoke discontent among the officers in question. These gentlemen who, according to the conditions of the warrant referred to, are liable to compulsory retirement at the end of ten years on a bonus of £1,000, joined, it would appear, on the distinct understanding that their tour of Indian service would be for five years only, in accordance with the rule applicable to all the other officers of the department. They are now, without any previous warning whatsoever, informed that their period of service in India is to be extended to six years. It is easy to see that such a change must inevitably be regarded by those whom it affects as in the highest degree unjust and arbitrary. They must now feel that an additional year of Indian service, besides depriving them of the opportunity which a year's service at home might afford of making arrangements for some suitable employment when their career as army surgeons has ended, will, without a doubt, contribute seriously to unfit them physically and otherwise for the duties of private practitioners. As a body they have done their duty well, and have not grumbled. Not a few have already died at their posts in the faithful performance of the work that had been assigned them. They have formed most convenient stop-gaps, and now apparently their only reward is to be a sudden and arbitrary deprivation of one of the most important of the scanty privileges extended to them by the Warrant of 1876, namely, the right, under ordinary circumstances, to return to England at the end of five years' service in that country.

The Hospital Sunday Fund and the Church Union.

A SOMEWHAT obscure section, certainly by no means an important one, of the Church of England, has ventured during the past week to offer advice to the Council of the Metropolitan Hospital Sunday on the future management of the Fund. It appears that a branch of the English Church Union, a society formed for the purpose of aiding and abetting weak-minded members of the Church in disobeying the laws of the land and setting the judges at defiance, have sent round to the press the following resolution :—

"That the recent discussion at the meeting of the Hospital Sunday Fund Committee of the religious character of the managers of a convalescent home is unquestionably beyond their province, and a subject with which, from their assumed unsectarian character, they are utterly incompetent to deal." "That this meeting of Churchmen and subscribers express their opinion that a repetition of such a discussion will prevent the clergy and laity of the Church of England from supporting the Hospital Sunday Fund in their accustomed generous and hearty manner."

This expression of opinion on a matter the society can know little about, and certainly cannot have discussed and decided on its merits, is, to say the least, a piece of impertinence ; it, moreover, comes with a bad grace from a section of churchmen who have hitherto taken little interest in the Fund, but who invariably seek to obtain a large share of i s benefits and advantages ; so that if the Church Union were to withhold what little support it has given to the Hospital Sunday Fund of the future it would be little the worse for it. The Church Union had better take the beam out of its own eye before it attempts to offer relief to its neighbour.

Obituary List for Ireland.

ACCORDING to the Obituary List compiled for the forthcoming issue of the "Irish Medical Directory," the number of deaths of members of the profession in Ireland is in excess to that of last year, as by this list it appears there were seventy-five deaths within the past ten months, being some ten over that for a similar period last year. It is much to be regretted that many of the deceased were young members of the profession, who fell victims to contagion caught in the discharge of their duties. The number of newly-registered names of members of the profession to be added to the forthcoming issue of the "Irish Medical Directory" is one hundred and sixty-five, which is evidence of the popularity of our profession in Ireland.

The "College" Preliminary.

THE Royal College of Surgeons of England has at length seen fit to decide on the suppression of its preliminary examination in Arts, a step which has approved itself to individual members of the Council for some time past. The nature of this examination was never very satisfactory, and the need for it has long since passed away. The Council, in adopting the motion of Sir James Paget, defends itself by implication for having thus far retained its own test ; the admission that University and other examinations are now generally accessible to students, containing this defence. The motion that has become a law is thus worded :—

"That the Council, having assented to the recommendation of the General Medical Council, that 'it is desirable that the examinations in general education should be left to the universities and to such other bodies engaged in general education and examination as may from time to time be approved by this Council, &c.,' and being satisfied that such examinations are now sufficiently numerous and accessible to all persons desirous of studying surgery, and will be duly under the supervision of the Ceneral Medical Council, give notice that the examinations held, with their authority, by the College of Preceptors will cease to be held after September, 1881."

Disease in Leicester.

WE very recently drew attention to the high mortality from epidemic diseases, for which, as shown by the Registrar-General's return, Leicester is notorious. It is not surprising, therefore, to hear that the population of this town is participating in the questionable advantages enjoyed by those curious beings who elect the ravages of small-pox for their children, in preference to allowing them to be vaccinated, in accordance with the legal requirements. The cause given has been that the magistrates are overwhelmed with the number of charges of non-compliance by parents with the law's needs ; and a considerable proportion of the offending persons are allowed to continue contumacious, simply because they cannot be punished with sufficient rapidity. It is said that as many as 400 parents each quarter refuse to comply with the vaccination statute, and that now over 1,200 are

waiting to be summoned, having defied the law. The magistrates are able to deal with only 30 cases per week, so that Leicester has become a delightfully concentrated den of infection for future epidemics to run rife in.

Death of a Medical Student.

THE death is recorded under especially painful circumstances of Mr. S. Browse, third son of Mr. R. F. Browse, of Park Hill, Mannamead, Plymouth. Deceased, who was a student at King's College Hospital, was, with some companions, sitting on a ladder placed in the gateway of King's College for the purpose of viewing the Lord Mayor's Show on November 9th, when the ladder suddenly gave way. The unfortunate young man fell a distance of eighteen feet, on to the stone pavement below. He was at once conveyed to the hospital, where it was ascertained his skull was fractured, and where he died on the following Saturday. He entered King's College in May of the present year, and was eighteen years of age.

Royal Society Medals.

THE medals of the Royal Society for 1880 have been awarded by the President and Council as follows :—To Prof. Joseph James Sylvester, F.R.S., the Copley medal for Long-continued Discoveries and Investigation in Mathematics; to Prof. Joseph Lister, F.R.S., a royal medal, for Contributions on Various Biographical and Physiological Subjects, published in the *Philosophical Transactions* and *Proceedings* of the Royal Society, and elsewhere, and for his labours, practical and theoretical, On Questions Relating to the Antiseptic System of Treatment in Surgery; to Captain Andrew Noble, F.R.S., for Researches into the Actions of Explosives, a royal medal. The Rumford Medal to Dr. Wm. Huggins, for Researches in Astronomical Spectroscopy; the Davy Medal to Prof. C. Friedel, of Paris, for Chemical Researches.

The Electric Light.

THE electric light is once again coming into the prominent notice of Londoners, who, except on Waterloo Bridge and along the Embankment, have lately had small opportunities of seeing it in action. It has for a time been employed for lighting the Victoria Station of the District Railway, and the results have been so far successful that it is to be brought into immediate use also at Charing Cross Station, and shortly after, at Earl's Court. The system under trial at these places is the Jablochkoff.

Judicial Prejudice in France.

THE Procureur-General of Paris, says *Nature*, having complained in his official address on the occasion of the opening of the courts, that the experiments in cases of poisoning were executed without sufficient precautions being taken against the professional prejudices of the operator, all the medical advisers of the Criminal Courts in Paris sent in their resignation, after having taken the advice of the Dean of the School of Medicine, and other scientific authorities. Their number is nineteen.

Medical Experts in America.

DR. DRAPER contributes an article on "Medical Expert Testimony" to the *Boston Medical and Surgical Journal*, of Nov. 4, in which he deals plainly and honestly with the present status of this class of medical men in America. He condemns the spirit in which their work is performed, and the conditions under which it is enjoyed, and argues that legislation alone can raise it from the position it occupies. He says "statutory law must prescribe the *modus operandi*, and forbid practices contrary thereto, establishing legal provisions which shall be clear and just for all concerned?"

Health of Dublin.

THE mortality of the city of Dublin becomes steadily greater and greater. According to the return for the week ending Nov. 13th, the deaths represented a rate of 39·5 in every 1,000 of the population. This is a terrible mortality. It is one-fourth greater than that for Sunderland, the most unhealthy town (for that week) in the United Kingdom. It is not much less than double the death-rate of London, Edinburgh, or dirty Glasgow, and is more than double the death-rates of Bristol, Sheffield, Plymouth, Portsmouth, and Oldham. It is higher than the mortality in the filthiest Continental and tropical cities, with the exception of Alexandria, beating by a large percentage such cities as Bombay, Copenhagen, Rome, and St. Petersburgh, all of whom are noted for their insanitation. Thirty-four deaths from zymotic diseases were registered in Dublin for that week, two above average. There were 49 new cases of typhus admitted into the principal hospitals during the week, being 9 over the high number for the preceding week. For the same week, the average annual death-rate per 1,000 in the sixteen principal town districts of Ireland was 32·0, the respective rates for the several districts being as follow, ranging in order from the lowest to the highest :—Kilkenny 6·0, Newry 10·0, Wexford 10·3, Galway 13·2, Drogheda 15·6, Dundalk 19·2, Lurgan 20·2, Sligo 21·1, Londonderry 23·6, Belfast 26·8, Queenstown 32·5, Cork 32·8, Dublin 38·8, Clonmel 40·6, Limerick 48·2, and Waterford 54·3.

The British Medical Association.

IT having been determined to accept the offer of the town of Ryde, Isle of Wight, for the annual meeting of this Association in August, 1881, Mr. Benjamin Barrow, of Ryde, has been appointed president-elect. The address in medicine will be given by Dr. J. S. Bristowe, of St. Thomas's Hospital; the address in surgery will be given by Mr. W. D. Husband, of Bournemouth; and an address in obstetric medicine by Dr. J. G. S. Coghill, of Ventnor.

University of Dublin.

THE Regius Professorship of Physic in the Dublin University, recently held by Dr. Hudson, will be filled by the appointment of Dr. Banks, who has been nominated to the post by the Academic Council, whose vote is equivalent to election. The professorship of surgery has likewise been filled by the nomination of Mr. E. H. Bennett.

Legal Points for Milk Prosecutors.

THE *Analyst* gives the following :—

"A man was recently summoned for selling adulterated milk, and the usual evidence was taken ; but the inspector forgot to say that he paid for the article. Then the defence counsel says, quietly addressing the prosecutor, 'Is that your case, Mr. —— ?' 'Yes.' 'Very well ; I object that my client is summoned for selling milk, and there is no evidence that it was sold before the court.' *Prosecuting Counsel*—'Oh, I will soon set that right.' *Defending Counsel*—'It is too late ; you said your case was closed.' And it was too late.

"Here is another hint to inspectors. A milkman, about to deliver milk at a large parochial establishment, suddenly notices the inspector lying in wait to demand a sample, and so off he drives. The inspector follows, and about 100 yards away he arrests the horse, and insists on a sample, which was found to be somewhat more than half water. But in court the case breaks down because the Act says the sample shall be taken *at the place of delivery*, and this was obtained 100 yards away !

"In another case the analyst had stated in his certificate that a milk was quite fresh when brought to him, that he analysed it immediately, and that it contained 17 per cent. of added water. The vendor, who was convicted and fined, appealed, and the conviction was quashed on the ground of the exact words of the Act not having been used, that 'no change had taken place in the constitution of the sample that would interfere with the analysis.' Of course the legislature *may* have intended that these exact words should always be used, and not words to a similar effect ; but it behoves all public analysts to be careful in future, and adhere literally to the strict letter of the law."

Outlay on Sanitation in England.

THE *Architect* states that during the last financial year the expenditure of the urban sanitary authorities was £18,663,700, bringing the expenditure for five years up to about £77,000,000. The outstanding loans to the same authorities amounted to more than £56,000,000 sterling. In the past year there was an increase in the loans of £10,407,052, or 22½ per cent., on the amount of the loans obtained in the year before. It is assumed that the debt has been incurred mainly for reproductive works in connection with gas and water supply, and therefore represents an apparent, rather than an actual, increase of the burdens of the ratepayers. The expenditure of the rural sanitary authorities last year was only £445,517, but this sum is an excess of 127·9 per cent. on the outlay five years earlier, and the outstanding loans in the rural districts have been increased in the same period 359·9 per cent. The total loans sanctioned by Government under the Public Health Act in the ten years, 1848 to 1858, amounted to no more than three millions—a sum exceeded by one loan to Manchester last year on account of waterworks.

THIRTY-EIGHT out of ninety-five extraordinary students (foreigners) of the University of Vienna, during the past summer session, were Americans.

Royal College of Surgeons in Ireland.

AT a meeting of the President, Vice-President, and Council held on the 18th inst., Mr. George Francis Blake was elected Assistant Librarian to the College in the room of Dr. John Alexander Spencer, F.R.C.S.I., resigned, Mr. Blake is already well known to many of our profession in Ireland, having been for nearly nine years connected with the Irish department of the *Medical Press and Circular*, and as sub-editor of the "Irish Medical Directory."

Sham Students.

THE authorities of Trinity College, Dublin, have found it necessary—and we think they were right—to repudiate the proprietorship of two stupid cads who had got into trouble with the police, and had dubbed themselves "medical students" for the occasion. We suggest that a copy of the Medical Students' Register, published annually by the General Medical Council should be forwarded, as the Medical Register is, for the use of magistrates. It would cost only a few pence, and would enable the police to detect at any moment false statements such as that to which we have referred.

The Biter Bit.

A PECULIAR poisoning case has occurred in London. A man named Stevens practises as a herbalist in Whitechapel, and was applied to by a coachman for some medicine for an alleged liver complaint. The patient received a powder, for which he paid 2s., but which, he says, nearly killed him with the first dose ; and having been saved by the use of the stomach-pump, he went back to Stevens, and demanded the money which he had paid. The herbalist insisted that the medicine was perfectly innocent, and to show that it was so, offered that his assistant would take a quantity of it. Despite the warnings of the coachman the assistant did so, and died shortly afterwards. On examination of the contents of his stomach lobelia and aconite were found in considerable quantity, and the jury found that he had been poisoned, but that the evidence failed to show how.

Death of a Centenarian Doctor.

DURING the past week, Dr. Lochrane, of Middletown, co. Armagh, passed away from this scene, aged nearly one hundred years. What changes in this world marked the career of the venerable old gentleman, who lived so long as a general practitioner, and was so widely loved and esteemed in the populous neighbourhood where he resided. Dr. Lochrane had two sons who have risen to eminence in their separate careers. A large procession of carriages and pedestrians accompanied the remains to their last resting place in Tynan Churchyard.

Hypodermic Injection in Prurigo.

L'Union Médicale gives the following formula by Fleischmann—Phenic (carbolic) acid, 2 grammes ; distilled water, 100 grammes. (The grain, or as the French write it, the gramme, is equal to about 15½ grains, British.) When dissolved, one-half the contents of a Pravaz's syringe of this solution is to be injected, and in cases with intense

itching the remainder is to be also injected in a short time. The injection is to be used in the parts most constantly affected with the itching; and the operation is to be more or less frequently, according to the severity of the case. In the cases observed by Fleischmann, the total number of injections varied from 3 to 15. One injection at least was used every two or three days.

Nerve Grafting.

Dr. J. Gluck, of Bucharest, lately brought before the Ninth Congress of the German Society of Surgery at Berlin, some interesting results of experiments in nerve-grafting. He cut out a portion of the sciatic nerve of a fowl, and then removed a similar portion of the same nerve from the leg of a rabbit, and placed this in the leg of the fowl, uniting the two ends by sutures. The nerve united, and the paralysis caused, of course, by the excision of the piece of nerve was recovered from. He repeated the experiment, and exhibited the successful results, showing the fowls with full restoration of power. He was led to these experiments by the result of a case of nerve suture. Paralysis of the median had resulted from an extensive destruction of the tissue of the arm by gangrene. Dr. Gluck cut down on the radial nerve and found that part of the nerve was destroyed. He united the two ends by sutures, and the man regained the power of motion, which he had entirely lost. Of course, the experiments in nerve-grafting in animals do not warrant the expectation that a similar result could be obtained in the case of the human subject. It is well known that the union and regeneration of nerves occur with greater facility in the case of the lower animals than in man.

Obliteration and Renewal of Brain Function.

Dr. O. Everts, of Cincinnati, writes to the American *Journal of Insanity*:—

Arrest and release, or re-assertion of a part of, if not all cerebral functions, is not infrequent; instances of the kind occur under the observation of every general practitioner. Suspensions of brain function, generally partial, are usually brief and alternating. Obliterations of mental function and renewals of the same, are rare phenomena.

The instance recorded in *Brain* is exceedingly interesting. In over thirty years' observation, I have seen but one case.

Miss ——, æt. about 30, unmarried, of ordinary intelligence and common school education, in fair health previous to attack, in the autumn of 1846 was seized with an intermittent, as I supposed, and took, by direction, three doses of sulph. quinine, of six grains each, at intervals of three hours. I found, on examination the following morning, my patient paralysed on the right side, and unable to communicate. The next day I discovered dry gangrene surrounding the great toe-nail of the left foot, and extending up the extremity. The gangrene progressed quite rapidly, until a line of separation marked its arrest at upper third of tibia, in front, but reaching only part way up the fleshy calf posteriorly. The woman's general health had begun to improve, without any apparent mental capacity, however, and I amputated the leg, by circular incision over tibia, and transfixing muscles in the rear, cutting down and out, to secure flap. My knife cut through a sac of pus under the belly of the muscles, but the muscles and integument appearing healthy, I dissected away the pus sac, and dressed. Healing took place kindly, and the woman, in the course of a few weeks, became quite fleshy. The right paralysis disappeared gradually; but on the reappearance of mental activity it was discovered that the woman, so far as mental phenomena were concerned, was a new-born creature. She had to learn everything *de novo*. She had no memory of previous existence or circumstances. She learned much more rapidly than an infant learns; but had everything to learn. I kept track of the case for six years, but know nothing of subsequent history.

Memorial to the Home Secretary in Favour of Cremation.

The following address to Sir W. Vernon Harcourt, agreed to at the Cambridge meeting in August, has been signed by the one hundred and twenty-two gentlemen whose names are given below. It will be presented as soon after the arrival in town of Sir William Harcourt as an interview can be arranged. We shall be happy to receive the names of any other gentlemen who may wish to add their signatures.

"We, the undersigned, members of the British Medical Association assembled at Cambridge (and others), disapprove of the present custom of burying the dead, and desire to substitute some mode which shall rapidly resolve the body into its component elements by a process which cannot offend the living and may render the remains absolutely innocuous. Until some better mode is devised we desire to promote that usually known as cremation As this process can now be carried out without anything approaching to a nuisance, and as it is not illegal, we trust the Government will not oppose the practice, when convinced that proper regulations are observed, and that ampler guarantees of death having occurred from natural causes are obtained than are now required for burial."

H. A. Allbutt, Leeds; C. H. Allfrey, St. Mary Cray; W. Armistead, Cambridge; R. Barker, New Cross road; M. R. J. Behrendt, Birmingham; A. J. Bellmore, Pembroke; R. Berkart, Wimpole street; G. Birt, Stourbridge; A. G. Blomfield, Lynn hospital; J. Bluett, Chesterfield; F. J. Bond, Gloucester; J. Brunton, Euston Road; J. J. Byrne, Preston; J. Campbell, Chigwell; J. Clelland, Poplar; F. W. Clark, Bury St. Edmunds; S. Clegg, Looe; J. T. Clover, Cavendish place; C. P. Collins, Leamington; R. T. Daniell, Cathcart road; J. G. Davey, Bristol; S. Deakin, Allahabad; R. J. Dearden, Manchester; H. J. Domville, Greenwich; C. R. Drysdale, Woburn place; C. Dukes, Rugby; W. Edmunds, Hampstead; D. Everett, Worcester; P. S. Fentem, Bakewell; G. H. Fosbroke, Bideford; P. Frank, Cannes; W. Frazer, Bournemouth; J. Gordon, New Cross; S. Haynes, Malvern; G H. Higgins, Leeds; A. Higginson, London; B. Hill, London; C. N. Holmes, Newbury; R. Holt, Marchmont street; W. B. G. Hogg, Chiswick; G. Hoggan, Rutland gate; W. N. Heygate, Kibworth; G. E. Jeaffreson Framlingham; J. Johnstone, Liverpool; A. T. Jones. Harlech; F. Jordan, Birmingham; B. Kendall, Clifton; G Kerswill, Looe; A. H. Knight, Keswick; W. C. Laidlaw, Birkenhead; J. C. Leach, Blandford; E. H. Leadon, Addison road; W. Lockhart, Blackheath; H. Love, Alresford; R. Neale, Boundary road; C. Neill, Ryde; L. Newton, Huntingdon; F. P. Nicholls, Norwich; A. H. Novelli, Hyde park square; A. Norton, Wimpole street; H. M. Page, Redditch; C. Palmer, Burton-on-Trent; J. Parsons, Frome; S. Parsons, Notting hill; T. F. Pearce, Liphook; H. Penfold, Brighton; G. H.

Percival, Northampton; F. M. Pierce, Manchester; S. E. Piper, Darlington; H. P. Potter, St. Thomas's hospital; R. E. Power, Portsea; J. Rand, Dulwich; J. J. Reynolds. Stoke-by-Clare; J. B. Richardson, Burton-on-Trent; A. Samuelson, Manchester; W. J. Scofield, Hampstead; E. Shearin, Norwood; J. Stewart, Hartlepool; L. Tait, Birmingham; G. D. Thane, London; J. Thompson, Leamington; W. A. Thomson, Peterborough; M. Townsend, Kensington; G. W. Thursfield, Leamington; F. Vacher, Birkenhead; O. Vincent, Seymour street; B. Waghorn, Gloucester; T. Wakefield, Nottingham Place; T. J. Walker, Peterborough; W. M. Watson. Montrose; Spencer Wells, Upper Grosvenor street; H. T. Wharton. Kilburn; C. J. Wheelhouse, Leeds; C. V. Willett, Brandon; A. Wise, Sutherland Gardens; T. Woods, Gillingham; F. Wright, York; J. C. Young, East Sheen.

In addition to the above, Mr. Deakin sends from Allahabad the following list of gentlemen practising in India who approve of cremation, and who wish their names to be added to the memorial :—

Army Medical Department: Surgeon-Major A. F. Bradshaw; Surgeon-Major G. C. Gribbon; Surgeon-Major E. Fairland; Surgeon-Major J. B. Hannah; Surgeon-Major J. Robotham; Brigade-Surgeon E. Lundy. *Indian Medical Department:* Surgeon-Major R. Harvey; Surgeon-Major J. H. Lock; Surgeon C. W. S. Deakin; Surgeon L. E. Eades; Surgeon S. J. Goldsmith; Surgeon G. R. Harris; Surgeon H. J. Jervis; Surgeon W. T. Murray; Surgeon C. J. H. Warden. *Non-Service Practitioners:* A. C. Banergi; G. S. Griffiths; H. Morelli; G. D. McReddie. *Non-Medical:* Captain G. M. Abbott, 19th B. Cavalry; L. V. Frazer, Telegraph Department; H. G. Keene, C. S. Judge, Meerut; Lieut.-Colonel C. A. De Kuntzow, B.S. Corps; Major M. P. Moriarty, B.S.C.

Carbolic Acid in Prurigo.

M. Lallier, of the St. Louis Hospital, Paris, uses in pruriginous affections of the skin a solution of carbolic acid (2 per cent.), to which he adds half an ounce of glycerine, as compresses, or better, in the form of spray. Its anæsthetic properties cannot be contested, and no inconvenience results from its continued use.

Prof. Lister, F.R.S., has been nominated by the Council of the Clinical Society for the office of President; Dr. S. Wilks has been similarly nominated by the Council of the Pathological Society.

The Commission of the Peace for the county of Kildare has been conferred on Dr. Robert S. Hayes, of Osbertown Hill, Naas, by the Lord Chancellor, on the recommendation of the Marquis of Drogheda, Lieutenant of the county.

Small-pox has, during the past three weeks exhibited signs of revivication in some parts of London, and in the eastern district, the guardians of Bethnal Green have considered it necessary to prohibit the visitation of the inmates of their workhouse by their friends, and to stop the holidays of the paupers under their charge, as a protection against the further extension of this disease in the parish.

We hear that cholera is very prevalent at Prome, British Burmah. The military authorities both there and in Thayetmyo are consequently afraid to move troops about in this direction. It is thought that Prome will have to be avoided and the troops under orders to proceed either from or to Thayetmyo will be sent all the way by steamer at present.

By cable we learn that the first prize of 500 dols. offered by the National Board of Trade of the United States of America, for the best essay and draft of an Act to prevent injurious Adulteration and regulate the Sale of Food without imposing unnecessary burdens upon commerce, has been awarded to Mr. G. W. Wigner, F.C.S., F.I.C., honorary secretary of the Society of Public Analysts of London.

The First Meeting of the Forty-third Annual Session of the Dublin Obstetrical Society will be held on Saturday evening, the 27th inst., in the Hall of the College of Physicians, at eight o'clock, when Sir Edward B. Sinclair, M.D., President for the past Session, will deliver an Address; and an election of officers for the ensuing Session will be held. The Council have invited a number of visitors. The Council recommend that Dr. Johnston be re-elected President, and that Dr. Dill and Dr. Macan be elected Vice-Presidents. They also recommend that Dr. Cranny be re-elected Treasurer; and that Dr. Roe be re-elected Secretary.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Whithorn Local Authority and the Board of Supervision.—Some time ago we directed attention to the position of Dr. Douglas, of Whithorn, in relation to the local authorities. We have great pleasure in noting that Dr. Douglas's complaints as to the sanitary condition of the town have been confirmed by the Edinburgh Board. This case illustrates what is brought out by the treatment received by Dr. Jefferies, of Skye, and goes to point out the clamant reform demanded in the position of poor-law and health officers under the Health Act. Mr. McNeil, of the Board of Supervision, in obedience of instructions received therefrom, visited Whithorn, and transmitted to his Board a report thereon, in the light of the complaints made by Dr. Douglas. This report is highly condemnatory of the condition affecting human health within the town, and it advises the employment of an experienced engineer to furnish a water supply for domestic use, *as the wells now drawn upon are very much polluted by sewage.* Ash-pits, which are not water-tight, are declared to be universal, and household sewage carried through the burgh in drains built without cement. Piggeries are numerous, and other bad conditions are specified. Fever on three occasions within twelve months has originated within the burgh; and, says Mr. McNeil, "the sanitary inspector recently reported that the whole place was clean, in good order, and free from illness of any kind. For this he should be called upon to resign forthwith. On the whole the general accuracy of Dr. Douglas's statement is confirmed by the result of my inspection. Dr. Douglas's public spirit cannot be too highly commended, and he is to be congratulated on coming so honourably, even for the present, out of the difficulty with his social, though certainly not his moral, superiors.

Disease in Greenock and Port-Glasgow.—Dr. Wallace, medical officer for Greenock, reports great prevalence of infectious diseases within the burgh, which, however, he expects will be reduced by careful isolation of cases. He states that in Port-Glasgow, where isolation had only been imper

fectly carried out, there had been a mortality from scarlatina which could not but be characterised as truly appalling.

EDINBURGH SCHOOL OF DOMESTIC ECONOMY.—Ambulance classes are becoming quite the rage, especially with *young* medical men. This cannot surely be due to the fact that they are delivered to young ladies, nor can it have anything to do with oblique advertising. On the 12th inst. the first of a series of ambulance lectures was delivered to a class by Dr. A. G. Miller in the School of Cookery and Domestic Economy, Shandwick Place, Edinburgh. In the course of his lecture Dr. Miller described under six heads the different kinds of fractures that usually occur, and pointed out on the skeleton the bones most liable to these several kinds of injuries. He also gave instructions as to the proper method of bandaging. We would suggest that ladies possessing such accomplishments be engaged by the police for conveying cases of injury to the police stations, &c. Money might be thus saved.

THE OLD INFIRMARY BUILDINGS, EDINBURGH.—Sometime ago, after some discussion, it was referred to a Committee, consisting of members of the Lord Provost's and the Public Health Committees, of the Edinburgh Town Council, to consider as to the propriety of purchasing the old Infirmary buildings, with a view to the utilisation of them for the treatment of fever and other infectious diseases. At a meeting held last week, however, of the Lord Provost's Committee it was agreed to recommend the Council at its meeting to-day to take no further steps in the matter.

REGISTRAR-GENERAL'S RETURNS.—The death-rate in the eight principal towns during the week ended with Saturday, the 13th November, 1880, was 23·8 per 1,000 of estimated population. This rate is 5·1 above that for the corresponding week of last year, but 0·4 below that for the previous week of the present year. The lowest mortality was recorded in Dundee, viz., 19·5 per 1,000; and the highest in Greenock, viz., 30·1 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 5·0 per 1,000, being 0·4 above that for last week. The increase is chiefly due to the number of deaths from measles in Glasgow, and of those from scarlatina in Edinburgh. Acute diseases of the chest caused 154 deaths, being an increase of 27 on the number for the previous week.

ABERDEEN—NEW BURSARIES FOR MEDICAL STUDENTS.—The Medical Faculty of the University of Aberdeen, hitherto almost destitute of bursaries, is now to be provided with two of considerable amount. Mr. Wm. Milne, Edinburgh, who died in April last, left the residue of his estate (which is expected to amount to about £1,000) for the purpose of endowing a medical bursary, as a token of his deep gratitude to the University for the education he received at Marischal College, to which the chief pleasure of his life was traceable. The Medical Faculty recommended to the Senatus that the annual revenue of the legacy be devoted to founding two bursaries of £20 each, open to competition to all students about to commence the second winter session of their medical studies. The Senatus have agreed to this, and the proposal now awaits the sanction of the executors.

GLASGOW PHILOSOPHICAL SOCIETY.—The seventy-ninth annual meeting of the Philosophical Society of Glasgow was held on the 17th inst., in the new buildings, Bath Street, Dr. Fergus presided. After the usual routine business had been transacted, the chairman proposed that Dr. Wallace be elected President for the ensuing year. The motion was agreed to unanimously, and Dr. Wallace took the chair amid applause. The President expressed the appreciation in which he held the honour that had been conferred upon him. It was now thirty years, he said, since he read his first paper to the Philosophical Society, to the membership of which he was elected in the following year, 1851. At that time the membership was 282, and of these 41 were still on the roll, the oldest member being Dr. Buchanan. Dr. Buchanan, the retiring vice-president, then nominated as his successor in that office Mr. Michael Connal, chairman of the School Board. The nomination was unanimously agreed to, and Mr. Connal, who said he had been a member for 33 years, thanked the society for the honour they had conferred upon him. Mr. John Robertson was re-elected librarian, Mr. John Mann treasurer, and Professor McKendrick secretary. Six vacancies in the council of the society were next filled up; and thereafter, on the motion of Mr. M'Vail, seconded by Dr. Andrew Buchanan, a vote of thanks was passed to Dr. Fergus for the able manner in which he had discharged the duties of president during the three years he had occupied the chair. At the request of the council, Mr. J. T. Bottomley, Demonstrator in Natural Philosophy at the University, exhibited and explained a collection of vacuum tubes (lent by Mr. L. P. Casella, London), affording an illustration of the recent discoveries in molecular physics made by Mr. William Crookes, F.R.S., inventor of the radiometer. At the close Mr. Bottomley was awarded a cordial vote of thanks.

Literature.

WOAKES AND DALBY ON DEAFNESS, &c. (*a*)

THESE two works are both second editions, but are distinct in aim, scope, and treatment. As both, however, treat on aural subjects, it is convenient to consider them together.

1. When Dr. Woakes published the first edition of his work it was at once seen that he treated his subject in an original manner, opened up many decidedly new points of view, and indicated new fields of research in the diagnosis of some of the more obscure symptoms of aural disease. Dr. Woakes's views of the etiology of many forms of tinnitus and of vertigo are based on unassailable deductions from physiologico-anatomical facts, and we have seen no refutation of these views ever attempted, much less carried out. That the work found favour with the thinking and reading part of the profession is evident from the rapid sale of the first edition. In the second edition Dr. Woakes has added considerably, carrying on the natural history of deafness from a causative point of view, beyond the periods of infancy and childhood, to which his remarks on this point were limited in the first edition, through the ages of adolescence and adult life. All through, his endeavour has been to apply to aural diseases the principle of tracing trophic changes to their source in the vaso-motor system. Further elucidation has also been given to the symptom of giddiness and the phenomena of noises in the head. The whole book is eminently suggestive, is the outcome of much thought and experience, and should be possessed and studied carefully by all who are interested in aural affections.

2. Mr. Dalby, in his Lectures, covers a larger space of ground than Dr. Woakes, and his book is one for those commencing the study of aural surgery. The previous edition found a fair amount of favour from the profession and students, and as a course of lectures on aural surgery, containing what every well-educated surgeon ought to know (though, alas, many qualified men do not know it), it answers its purpose. Some of the chapters are good, that on polypus of the ear being, perhaps, the best. Only a few additions have been made in this edition, but what has been added is of value. There is evidence of an increasing belief on the author's part in the importance of the tympanic membrane as a protective membrane, and as a ligamentous support to the chain of ossicles, and correspondingly a disbelief in the importance of many changes in it by which these functions are not interfered with.

Mr. Dalby, we are glad to see, insists strongly on the possibility, by timely perforation of the mastoid process, of frequently averting a fatal issue in cases of severe inflammation of the tympanum and mastoid cells. We believe that a neglect of this measure has often been the cause of a sacrifice of life. On the whole, Mr. Dalby's book may be accepted as a safe and readable introduction to aural surgery.

(*a*) 1. "On Deafness, Giddiness, and Noises in the Head." By Edward Woakes, M.D. Lond., Surgeon to the Hospital for Diseases of the Throat and Chest, &c. Second Edition. London: H. K. Lewis, Gower Street. 1880.

2. "Lectures on Diseases and Injuries of the Ear." By W. B. Dalby, F.R.C.S., M.B., Aural Surgeon to St. George's Hospital. Second Edition. London: J. & A. Churchill. 1880.

PARKER ON TRACHEOTOMY. (*a*)

THE main object of this little work, which may be considered as an enlarged edition of a paper read by the author before the Royal Medical and Chirurgical Society, is to emphasise the utility and importance of local treatment in cases of laryngeal diphtheria, or membranous croup, the two affections being, in the author's opinion, etiologically identical, and terms synonymous.

It is especially with reference to the after-treatment of tracheotomised cases that Mr. Parker is emphatic, and as to the paramount necessity of removing all membrane from the trachea and larynx.

Commencing with a short historical survey and some remarks on tracheotomy in general, the author proceeds to consider the pathology, symptoms, and general treatment of membranous laryngitis. In the third chapter the operation of tracheotomy itself is discussed, and the indications for, and details of, its performance clearly and distinctly laid down. The next chapter, that on after-treatment, may be considered as the most important in the book, and here the author's method is fully treated of. There can be no doubt that Mr. Parker's system of after-treatment is judicious and valuable, and strictly in accordance with surgical common sense,

Taken altogether, Mr. Parker's little book is one of considerable value, and well worthy of perusal by those who are likely to be much in the way of cases of croup and diphtheria.

MALARIA: ITS CAUSE AND EFFECTS. (*b*)

THE appearance of this work is opportune at this time, when the subject of fevers in relation to climate in India is obtaining special attention. The author, from his position as civil surgeon of Kamrup in Assam, had ample opportunities of practically studying his subject, for the district of which that station is the centre is noted for its malarious character, and for the prevalence of malarial diseases, including "fever and its sequelæ, dysentery, diarrhœa, and cholera." But besides the results of his personal observations, he summarises the views of recognised authorities on his subject, and thus presents to his readers a convenient epitome of previous investigations. The circumstance appears, from his opening sentence, that he looks upon malaria as being a distinct entity, *poison*, or miasma, although "it has not yet been definitely isolated or identified." This theory, no doubt, finds support in the conditions of Assam, and throughout that district, the fact that "malaria" is conveyed by means of water is almost daily illustrated. When, however, he endeavours to show that in districts such as the Punjab, where "the soil is notoriously free from organic matter, the elements of production of the *miasm* can almost always be traced to the water supply," his arguments in favour of that position appear less strong. Yet his work is of considerable merit, and deserves to be extensively read.

On the vexed question of enteric fever, Dr. Russell expresses himself, at page 30, thus: "In the diagnosis of *typhoid* from *remittent* fever in India these abdominal symptoms are often of the highest value." "In remittent fever the gastric symptoms are most prominent, as the *stomach* especially suffers; while in typhoid, the ileum and colon in the region of the ileo-cæcal valve especially suffer. In these two *types* of fevers the pyrexia frequently differs so little that often in India no conclusions of diagnostic value can be drawn from that symptom;" at page 32 "it is interesting to note this more or less complete identity of the lesions of a *malarially* poisoned stomach, and a dysenteric rectum; perhaps this identity of lesions may be taken as a further proof of the identity of the poisons." At page 95 he notes the circumstance that ague and enteric fever are developed amid the same conditions, the conclusions to be drawn from his remarks, if we read them aright, being that the term remittent and typhoid, or enteric, are applied with reference to the portion of intestinal canal in which inflammation or ulceration occurs as a *complication* of malarial fever. So far, then, his observations support the non-specific theory of "enteric or typhoid" fever in India.

(*a*) "Tracheotomy in Laryngeal Diphtheria, with especial Reference to After Treatment." By R. W. Parker, Assistant-Surgeon to the East London Hospital for Children, &c. London: David Bogue. 1880.

(*b*) "Malaria: its Cause and Effects." By E. G. Russell, M.B., B.Sc. Lond., Surgeon Bengal Medical Service. London: W. Thacker & Co.

Correspondence.

THE DISPUTE AT GUY'S HOSPITAL.

A FORTNIGHT since we announced the intended resignation of Dr. Habershon and Mr. Cooper Forster. That intention is now an accomplished fact, as will be seen on reading the accompanying letters which have been sent us for publication:—

"To the President, Treasurer, and Governors of Guy's Hospital.

"My Lords and Gentlemen,—After a connexion of nearly forty years with Guy's Hospital, twenty-seven of which have been passed on the medical staff, I now feel compelled to resign into your hands the appointment of Physician. My resignation has been postponed until I had discharged my obligation to the senior students by giving the course of clinical lectures which I have this day completed. Had I studied my own feelings I should have retired some months ago, but I felt reluctant to sever my connexion with my colleagues and with a hospital which has hitherto been held in the highest honour throughout the world. I may state that the restoration of the patients placed under my care has been my constant aim. The experience of so many years have given me knowledge of their requirements, and my regard for their interest has led me to continue my protest against the nursing arrangements of the last twelve months. My opinion as to the mischievous character of the system introduced remains unchanged, and under the present circumstances I can no longer retain my office of Physician to Guy's Hospital, especially after the course pursued by the governors towards their medical staff.

"I am, my lords and gentlemen,
"Your obedient servant,
"S. O. HABERSHON, M.D.

"70 Brook Street, W., November 13."

"To the President, Treasurer, and Governors of Guy's Hospital.

"My Lords and Gentlemen,—For some time past it has appeared to me impossible that I could continue to hold the office of Surgeon to Guy's Hospital, but the great pleasure and pride I have formerly found in all my work there, long-cherished associations, the natural desire not to separate myself from my colleagues during a period of difficulty and disaster, and the hope of a speedy issue to the present miserable strife, have made me loth to sever an attachment of more than forty years. But the more recent events in the struggle have convinced me that the chances for our hospital of wise or enlightened government are still very remote, that the desire of party triumph and personal aggrandisement will yet prevail over any adequate sense of the obligation and responsibility involved in a public trust. I cannot therefore, consent to work any longer under such conditions even at Guy's Hospital; and however much I have endeavoured to avoid it, the conclusion is now forced on me that I am bound alike in honour and duty to resign my appointment.

"I remain, my lords snd gentlemen,
"Your obedient servant,
"J. COOPER FORSTER.

"29 Upper Grosvenor Street, W., November 10."

Obituary.

DR. ALFRED HUDSON.

WE deeply regret to announce the demise of Dr. Alfred Hudson, who expired at his country residence, Merrion, near Dublin, on the 19th inst., aged 72 years. A native of England, Dr. Hudson was educated at the Medical School of Trinity College, and in the "Old Meath," where he was clinical clerk to the illustrious Stokes, whose medical prize—the blue ribbon of the institution—he gained by competitive examination. In 1834 he took out the M.B. degree of

the University of Dublin, and at the end of the same year membership of the English College of Surgeons. Proceeding now to Navan, he was appointed Physician to the Local Fever Hospital, where he displayed qualities which procured him a leading position as a practitioner and consultant in a large district of Royal Meath and its vicinity. Here he laboured and prospered for twenty years, attaining a degree of success which would have satisfied most men, but did not satisfy him, for he felt within himself qualities which fitted him for a higher sphere. Accordingly at middle age he ventured upon that dangerous change of front of abandoning a supreme country position and beginning life anew in the metropolis of Ireland. The result proved him to be right; his reputation had preceded him, and he at once made his mark here. The Adelaide Hospital was now opened and the post of physician offered to him, which he held for about a year until promoted to the same office in the Meath Hospital, the scene of his early studies. There he was known as an able, progressive, painstaking, clinical teacher, until the weight of private engagements obliged him to give up a position the duties of which he felt he had no longer time to efficiently discharge. Honours now showered upon him. On settling in Dublin he had naturally become a Fellow of the King and Queen's College of Physicians, of which distinguished body he was made Censor in 1858-9, and President in 1871-2. He also became an M.D. of the University of Dublin and a member of the Royal Irish Academy. On the death of his distinguished master, Stokes, he was appointed Physician in Ordinary to the Queen and crown representative for Ireland on the General Medical Council; and his University promoted him to the Regius Professorship of Physic. For years he sustained the labours of a great consulting practice; but latterly, failing health obliged him to decline first visiting and subsequently even house business. Dr. Hudson's manifold engagements did not give him time to be a voluminous writer, but his "Lectures on Fever," originally delivered in the Meath Hospital and then published, showed what he could have done in this direction. The same may be said of his admirable papers on "Typhoid Pneumonia," "On the Use of Nitrate of Silver in Affections of the Mucous Membrane," and on "Cerebral Complications in Fever." Dr. Hudson barely exceeded the "threescore and ten" of the Psalmist; but his sterling professional and personal qualities, and his high and honourable character will be long and affectionately remembered both by his medical colleagues and by the Irish public.

DR. JOSEPH MARSHALL.

THE death of this gentleman occurred rather unexpectedly last Tuesday week at his residence, Dromore. Deceased had complained of indisposition for some days, the result apparently, of a long and sharp walk in the discharge of his duties, during a heavy downpour of rain. On the morning preceding his death, Dr. Marshall sought the advice of Dr. Thompson, of Omagh, who diagnosed serious heart troubles, and advised absolute rest. After the interview he returned home, but the exertions of the day had been too much for his weakened frame, and to the great grief of his family, he died the same evening. Although seventy-one years of age, and for a long time by no means exempt from physical infirmities, Dr. Marshall was in the full performance of his dispensary duties, no doubt electing rather to die in harness, than subject himself to the pain and annoyance, in connection with the subject of superannuation, which would, by numerous precedents, ensue on the occasion of tendering his resignation to the Board of Guardians. The deceased gentleman was perhaps the oldest medical officer in the Irish Poor-law service. He held the situation of dispensary medical officer under the old Grand Jury system, and was transferred to the Board of Guardians on the introduction of the Medical Charities' Act in March 1852. He was, therefore, connected with Omagh Union for the long space of 28 years, and his services under the old system would of course extend back many years still further. By the people amongst whom he laboured so long he was much esteemed and beloved, and it is unnecessary to say that his unexpected demise has caused universal sorrow.

THE REGIUS PROFESSORSHIP OF PHYSIC IN DUBLIN UNIVERSITY

HAS been conferred by the University Council on Dr. John T. Banks, who succeeds the late Dr. Hudson, himself the successor of Dr. Stokes. Dr. Banks was, for many years, King's Professor of Practice of Medicine in the University School, and Physician to the House of Industry Hospital, and he also holds the position of Representative of the Queen's University in the General Medical Council, in which office he succeeded Sir Dominic Corrigan.

Medical News.

University of London.—The following candidates have passed the Second M.B. Examination:—

FIRST DIVISION.

Banks, William, University Coll.
Barnes, G. F., St. Barthol. Hosp.
Berry, F. H., Guy's Hospital.
Buckley, Samuel, Owens College.
Castle, Hutton, St. Thomas's Hos.
Day, Donald Douglas, St. Barth.
Hartley, R. N., Leeds Med. Schl.
Harvey, A., Queen's Coll., Birmg'.
Hayward, J. D., University Coll.
Herschell, G. A., St. Thom. Hosp.
Jones, R., St. Bartholomew's Hos.
Meek, John W., Guy's Hospital.
Money, A., University College.
Newsholme, A., St. Thomas's Hos.
Paddle, J, I., B.A., Univ. Coll.
Parkes, Louis C., Univ. Coll.
Penny, Edward, Guy's Hospital.
Permewan, A. E, Univ Coll.
Pollard, Bilton, Univ. Coll.
Rice, E., St, Bartholomew's Hosp.
Rich, A. C., St. Thomas's Hosp.
Saunders, A, R., Univ. Coll.
Sellers, W., Univ. Ed. & Lon. Hos.
Shaw, John, St. Thomas's Hosp.
Suckling, C. W., Q'n's Coll. Birm.
Wainewright, R. S., Guy's Hosp.

SECOND DIVISION.

Baddeley, Charles E., King's Coll.
Bowe, F., St. Bartholomew's Hos.
Brooke, H. A. G., B.A., Owens Coll., and Guy's Hosp.
Claremont, C. C., Univ. Coll.
Colborne, W. W., Univ. Coll.
Cuffe, E. M., St. Bartholom's Hos.
Dalton, Norman, King's College.
Faulkner, J. T. Owens College.
Hurst, G., B.A. Sydney, Univ. of Edin. & London Hospital.
Notley, W. J., B.A., Univ. Ed.
Pickup, W. J., Univ. Coll.
Sayer, Mark F., Univ. Coll.
Walton, R. S., Univ. Coll.

King's and Queen's College of Physicians in Ireland.—At the examinations for the licences of the College, held on November 8, 9, 10, and 11, 1880, the following gained the diploma:—

For the license to practise Medicine:—

Exham, Frederick William, Monkstown, co. Cork.
Gibbons, James Barry, Ballinspittle, co. Cork.
Hadley, Clement, Birmingham.
Kealy, Joseph Patrick, Navan, co. Meath.
Macartney, William Henry Christopher, Dublin.
Pike, William Watson, Achill, Westport, co. Mayo.
Ryan, John, Ballynacally, co. Clare.
Skipworth, Herbert, Loughborough.
Stevenson, Frederick Charles, Rugeley, Stafford.
Thompson, Samuel Malenoir, Dublin.
Warren, Richard Benson, Dublin.

For the license to practise Midwifery—

Gibbons, James Barry
Hadley, Clement
Macartney, William Henry Christopher.
Pike, William Watson
Skipworth, Herbert
Stevenson, Frederick Charles
Warren, Richard Benson

The following Licentiates having complied with the provisions of the Supplemental Charter of December 12, 1878, have been duly enrolled as Members of the College:—

Hillis, John David, Demerara.
Mosse, Charles Benjamin, C.B., Jamaica.
Orpen, Arthur Herbert, Woodstock
Pickering, Thos. Henry, London.
Purcell, Thomas, Dublin.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary examinations, were admitted admitted Members of the College at a meeting of the Court of Examiners on the 16th inst., viz.:—

Bayes, F. T. Walsingham.
Blakesley, H. J., Birmingham.
Burrows, H. C., L.R.C.P. Edin., Harrowby.
Cotterell, Edward, Rochester.
Cuffe, R. E. G., Horncastle.
Fuller, H. K., Basingstoke.
Gosse, H. W., Hastings.
Gutierrez-Pone, J., M.D., Paris.
Hoare, Alfred, Chapel Street, W.
Haslam, G. J., M.D., Queen's Univ. Irel., Manchester.
Lyle, S. H., Liverpool
Mackenzie, J. F. E., Newcastle.
Pryn, W. W., L.S.A., Saltash.
Sanders, Charles, Cheshunt.
Saunders, J. C. Sheffield.
Strickland, C. E., Warwick.
Waldron, John, Moulsford, Berks.
Wasse, G. M., L.S.A., N. Tawton.

The following gentlemen passed on the 17th inst., viz.:—

Beevor, W.C., M.B. Ed., Worksop.
Coffin, A. B. Halford Sq., W.C.
Cutfield, A., L.S.A., Leo, S.E.
Dunmore, H. H., Victoria Dock Road, E.
Fuller, H. R., B.A., Cantab., Granville Place, W.
Griffiths, P. R., Aberdare.
Hall, Benjamin, Huddersfield.
Horsley, V. A. H., Kensington.
Jenkins, T. G. L.R.C.P.Ed. Ruthin,
Locker, E. H. Highgate.
M'Donnell, J. O'M., M.D., Queen's Univ. Ire., Duke St., St. Jas.
Owen, C. R., Fulham.
Roper, A. C., Exeter.
Smith, John, Commercial Rd., E.
Trott, D. C., Ledbury Road.
Tweedy, Charles, Northallerton.
Willey, C. H., M.B. Ed., Leicester.

Grant for Successful Vaccination.—Mr. Burroughs has been awarded the Government grant of £4 15s. for successful vaccination in the Nunney District of the Frome Union.

NOTICES TO CORRESPONDENTS.

A General Practitioner.—1. Naphey's "Modern Medical Therapeutics." 2. Heath's "Minor Surgery and Bandaging."

Mr. G. W. Hewett, Simla, is thanked for his note.

F.R.C.P.—The subject is referred to in our present issue by Dr. Buzzard on "Patellar Tendon Reflex and Cerebellar Disease."

Astley Cooper Prize.—The next Triennial Prize of £300 will be awarded by the Physicians and Surgeons of Guy's Hospital to the author of the best essay or treatise on "Pathology and Pathological Relations of the Disease known as Osteoarthritis or Chronic Rheumatic Arthritis." The essay to be accompanied by preparations and drawings. Essays must be sent in on or before January, 1st, 1883.

Mr. Ballantyne.—We do not prescribe in these columns. Yours is a simple case, and could be successfully treated by any reputable practitioner in your own district. Avoid the advertising quack.

Miss Haslam.—The announcement appeared in our issue for Oct. 27.

SLEEPINESS.

To the Editor of the Medical Press and Circular.

Sir,—Can you suggest any remedy for conquering sleepiness, say in the case of a patient of mine, æt. 32, in the habit of sleeping in the evening, or after daytime. It is *impossible* to rouse him for at least three hours, no matter what course is adopted. The patient has for years had the habit of chewing tobacco after meals, but not to a great extent. How could I cure him of the latter abominable custom which he wishes to give up but can't? Can you recommend any treatment?

Truly yours,
K. K.

Mr. Sanders.—Yes, a thoroughly reliable extract.

Dr. J. E. R.—Hardly a question within our province.

Hunterian Society.—This (Wednesday) evening, at 8, Mr. Walter Rivington, "On Wounds of the Knee-joint."

Clinical Society of London.—Friday, Nov. 26, at 8½ p.m., Dr. Carrington, "On a Case of Hydro-encephalocele."—Mr. Gould, "On a Case of Varicocele with Atrophy of the Testicle, with Observations on the Nature of Varicocele."—Dr. Goodhart, "On a Case of Chronic Ulceration, with Dilatation and Hypertrophy of the Colon, in a Girl aged seventeen."—Dr. F. Taylor, "On a Case of Right Hemiplegia after Scarlatina; Destruction of Broca's Convolution without Aphasia; Death from Diphtheria."

Dr. Hime.—We shall be glad to receive the cases for publication.

The Coupon System.—This system, which was started in London about six years since, has developed another mode of investing small amounts under the fostering care of the General Expenditure Assurance Company; and as the trusteeship is in good hands, the risk appears to be nominal. We have been asked to express our opinion thereon as a means for the investments of medical men, but as we do not pretend to the bureau of financiers, we content ourselves by simply drawing attention to the scheme in our advertisement columns, leaving our readers to form their own judgment.

VACANCIES.

Borrisokane Union Workhouse.—Medical Officer. Salary, £60. Election, Nov. 29.

Burton-on-Trent Amalgamated Friendly Societies Medical Association.—Medical Officer. Salary, £240, with extras for midwifery. Applications to the Secretary, 12 St. Paul's Street, before Nov. 30.

Carlow District Lunatic Asylum.—Visiting and Consulting Physician. Salary, £100. Election, Dec. 10.

Derbyshire General Infirmary.—House Surgeon. Salary commencing at £100, with board. Applications to the Secretary at Derby before Dec. 4.

Evelina Hospital for Sick Children, Southwark, S.E.—Registrar and Chloroformist. Salary, £50 per annum. Applications to the Committee of Management before Dec. 7.

Harrogate Bath Hospital.—Secretary and Dispenser. Applications, stating salary expected, to the Secretary.

Leicester Infirmary.—Hon. Physician on the Staff. Also a House Surgeon. Salary commencing at £120, with board. Applications to the Secretary by Nov. 29.

Lisnaskea Union, Brookborough Dispensary.—Medical Officer. Salary, £115, with fees, and £15 as Medical Officer of Health. Election, Dec. 14.

Lisnaskea Union Workhouse.—Medical Officer. Salary, £40, with fees as Consulting Sanitary Officer. Election, Dec. 4.

Lisnaskea Union, Lisnaskea Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, Dec. 4.

APPOINTMENTS.

Banks, J. T., M D., Regius Professor of Physic at the University of Dublin.

Blake, G. F., Assistant Librarian to the Royal College of Surgeons in Ireland.

Duke, A., M.K.Q.C.P.I., L.R.C.S.I., Gynæcologist to Steevens' Hospital, Dublin.

Lawford, J. B., M.D., L.R.C.P., M.R.C.S.E., Ophthalmic Assistant to St. Thomas's Hospital.

Macartney, T. L., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer and Public Vaccinator to the Northern District of the Forden Union.

Master, H. H., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the First District of the Thingoe Union.

Morgan, J. H., F.R.C.S, Assistant Surgeon to Charing Cross Hospital.

Murray, G. S., M.D., M.Ch., an Honorary Physician to Bolingbroke House Hospital, Wandsworth Common.

O'Meara, T. P., M.B., L.R.C.S.I., Resident Medical Superintendent of the Carlow District Lunatic Asylum.

Penny, W. J., M.R.C.S.E., House Surgeon to King's College Hospital.

Phillips, J., M.R.C.S,E., Assistant House Accoucheur to King's College Hospital.

Potts, J. A., M.B., M.R.C.S.E., House Surgeon to the Royal Maternity and Simpson Memorial Hospital, Edinburgh.

Powell, S., L,S.A.L., Assistant House Physician to King's College Hospital.

Ranking, J. E., M.A., M.D., Physician to Tunbridge Wells Infirmary.

Richardson, C. B., L.R.C.P., M.R.C.S.E., Assistant House Physician to St. Thomas's Hospital.

Ryan, J. M., M.B., L.R.C.S.I., Medical Officer to the Third Ward District of the Colchester Union.

Shaw, J., M.B., M.R.C.S.E., Resident Accoucheur to St. Thomas's Hospital.

Silk, J. F. W., M.R.C.S.E.; House Physician to King's College Hospital.

Sturge, W. A., M.D., Physician to the Royal Free Hospital.

Swale, H., L.R.C.P., M.R.C.S.E., Assistant House Surgeon to St. Thomas's Hospital.

Births.

Burne.—Nov. 15, at 38 Westland Row, Dublin, the wife of J. Graham Burne, M R.C.S.E., of a son.

McEniry.—Nov. 14, at Ballymacarbery, co. Tipperary, the wife of David McEniry, L.R.C.S.E., of a son.

Marriages.

Finegan—Kelly.—Nov. 16, at Currrba, John S. F. Finegan, L.R.C.S., to Ellen, daughter of James Kelly, Esq., of Creakenstown, co. Meath.

Deaths.

Bateman.—Nov. 21, The Chestnuts, Canonbury Lane, London, Hy Bateman, F.R.C.S., aged 74.

Drew.—Nov. 1, at Catheart House, Broadstairs, Henry Pye Lewis Drew, M.R.C.S.E., late of Gower Street, London, aged 69.

Gardner.—Nov. 14, at Lansdowne Crescent, John Gardner, M.D., in his 77th year.

Hart.—Nov. 14, at Stone's End House, Southwark, S.E., Walter Hart, M.R.C.S.E., in his 57th year.

Marshall.—Nov. 16, at Dromore, co. Tyrone, of heart disease, Joseph Marshall, M.R.C.S.E., aged 71.

Murtagh.—Nov. 17, at Kingstown, J. Murtagh, M.D., 6th Regiment of Foot, aged 82.

Perks.—Nov. 12, at Burton-on-Trent, Sarah Elizabeth, the wife of Charles Perks, L.R.C.P., M R.C.S.E., &c.

Ross.—Nov. 11, at Stockport Road, Donald Ross, M.D., in his 36th year.

Spender.—Nov. 18, at 17 The Circus, Bath, Blanche Caroline, eldest daughter of Dr. J. Kent Spender, of Bath, aged 20.

THE

LADIES' NEW SANITARY TOWEL

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Approved by many eminent members of the Medical Profession, amongst whom the following may be named:—

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DR. GALABIN	DR W. L. PLAYFAIR
DR. GODSON	MR. FRANK T. PORTER
DR. GRIGG	MR. WM. ROE
DR. GREENHALGH	DR. PROTHEROE SMITH
DR. GRAILY HEWITT	DR. HEYWOOD SMITH
DR. BRAXTON HICKS	DR WILTSHIRE
DR. HOPE	MR. SPENCER WELLS

Extract from the British Medical Journal, July 17th, 1880.

"The old napkin, with its many obvious defects, may now be entirely discarded, and the new sanitary Towel adopted in its stead, with all the advantages to be derived from a more comfortable article, and one possessing all that can be desired from a sanitary point of view. In addition to their absorbent and antiseptic powers, they are of a downy softness, elastic in a high degree, and are very light, in striking contrast to the ordinary diaper, which is cumbrous, heavy, and hot, chafing the skin during its use."

They may be obtained through Ladies' Outfitting Establishments in boxes containing One dozen Towels, retail price 3s. per box.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 1, 1880.

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ON SYPHILITIC ATAXIA, AND THE PRE-ATAXIC STAGE OF LOCOMOTOR ATAXIA.

By THOMAS STRETCH DOWSE, M.D., F.R.C.P.Ed.;
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(*Continued from page* 430.)

Of these various signs there is only one upon which I place the most absolute reliance from a diagnostic point of view, and that is the fulgurating pains; and patients will often describe them to me, as though a fine lancet which had been made hot had been driven into the skin for about an eighth of an inch. These pains are not limited to the lower limbs, they may attack the head, the nose, the ears, the shoulders, the buttocks, and the scrotum, and even the penis, but as the disease advances and the ataxia becomes pronounced and decided, the legs alone are the seats of pain. I had a patient under my care a few months since who spoke of these pains as resembling the sting of a horse fly. I have seen a patient in the greatest distress and discomfort from these pains, and they succeed each other with the greatest rapidity; they occur for the most part singly, and the patient has scarcely time to rub one part of the body before his attention is called to another part. Now these pains may be preceded and succeeded by intense itching over a limited and circumscribed area, and this state of itching will be as rapidly migratory as were the pains just described; and if we test the sensibility of the skin of the feet and lower limbs we shall find patches which are decidedly anæsthetic, but this is more particularly marked over the plantar and dorsal surfaces of the feet and inner part of the legs. A patient of mine who is now the subject of a confirmed ataxy told me that the first symptom which in any way alarmed him was that upon one occasion when mounting his horse he could not recognise that he had his foot in the stirrup. There can be no question that the resistance of the cord to the reception of impressions is greatly increased in this stage, probably not enough, however, for the patient to recognise it until his attention is drawn to it; and I maintain that this increased power of resistance on the part of the cord is due in most cases to an actual congestion of its vascular supply; in fact, a vaso-motor paralysis which leads on to defective nutrition and ultimately to degenerative change. Thus, the two symptoms which I have just described, namely, fulgurating cutaneous pains, and plantar and dorsal limited anæsthesia are infallible signs of the pre-ataxic stage of a locomotor ataxia. If any of the other signs exist the diagnosis is made more confirmatory; but when investigating the history of these cases (I mean of disease of the posterior columns of the cord), one frequently finds that patients will date the commencement of their illness from the time when they first became ataxic, and when they are asked concerning other subjective symptoms such as pain, perversion of sensibility, attacks of indigestion, rapidly appearing and as suddenly disappearing sexual excitement, seminal emissions, and so on they seem somewhat astonished that such apparent trifles and ordinary derangements of health should have ever been the important and diagnostic precursors of such a serious nervous infirmity as that from which they are suffering. There is another sign which should not be overlooked among signs of the pre-ataxic stage, and I refer to the inequality of the pupils; and it must be remembered, so far as I have been able to ascertain up to the present time, that the pupils contract equally to light and during accommodation, and that the eyes present none of those special abnormal reflexes which have been pointed out by Argyll, Robertson, Grainger Stewart, and Buzzard as existing in the more advanced stages of locomotor ataxia. I observed to a patient immediately upon seeing him when he came to consult me on account of some anomalous nerve symptoms, that his left pupil was widely dilated, whilst the right pupil was normal; but upon testing them I found that both pupils contracted to light but the left contracted much more

slowly than the right and during accommodation. He then told me that this condition was well known both to himself and to his friends, and that it had only been noticed during the past twelve months, his other symptoms corresponded precisely with those I have just enumerated, but his right eye was in no way affected. I do not pretend to offer any theoretical explanation of this condition, it merely appeared to me to be a local evidence of a commencing and more general impairment of the sensory side of the nervous system, which is a marked feature in the disease we are now considering. I remember seeing a case some two years ago where the only signs of the pre-ataxic stage were inability of pupils to contract to light (during accommodation they contracted readily) and fulgurating stabs, with temporary attacks of ataxy and optic neuritis; the disease was clearly due to syphilis and the patient recovered under treatment. From examinations of the retinæ, made by myself and others, there has invariably been found a more or less degenerative change going on in the vessels and in the disc; the former are more or less tortuous and blurred on the outline, and the latter have a dull greyish appearance, but in many cases no changes in the disc are seen. Colour-blindness is a not uncommon accompaniment of ocular defects in the pre-ataxic stage. For instance, red and green are frequently said to be dirty yellow and brown, but blue and yellow are invariably perceived correctly. Other ocular troubles and palsy of ocular muscles are not common in the pre-ataxic stage. We now come to the consideration of a very valuable sign which is usually supposed to be diagnostic of organic disease of the spinal cord, and, until I questioned the fact, it seems that no other observer took exception to what has generally been received by the profession as a rule to which no exception could be taken, I refer to the "knee reflex," or what is more commonly called the "patellar tendon reflex." There is no one who knows the practical value of this sign more than myself, and it was a lucky hit of Westphal when he first found the absence of a knee reflex in disease of the spinal cord, and set to work to draw the valuable deductions with which we are now familiar. I admit that I am sceptical concerning too great value and importance being attached to this condition, and not only so but also to the condition itself, and I have very good reasons in support of my statement. It is now more than twelve months ago when I was talking over a case of infantile paralysis with a well-known neuro-physiologist, and the child was before us, its knee being tapped for a reflex patellar tendon. The limb was shrunken from corneal myelitis, and no movement of the limb could be induced and as my friend was a most staunch supporter of any sign which carried with it a scientific bearing, I ventured to infer that these reflex acts were not always of the absolute diagnostic value which was attributed to them, and I asked my friend if he believed in them entirely, and his answer was that seeing was beiieving. Very well, the knee was repeatedly tapped without any response. I then requested my friend to try once more, and I at the same moment gave the nose of the child a sharp pinch, and the leg flew up in response to my friend's last appeal. In the summer of this year a gentleman from Australia was brought to consult me by my friend, Mr. Brain, with many symptoms and signs of a locomotor ataxia in the pre-ataxic stage. After eliciting from him all the information I could, I tried the knee reflex in every way without any response attending my various tappings, and it certainly looked as though I had an incurable case to deal with; however, with my previous experience to guide me, I then passed the continuous current freely through the spinal cord, and the knee reflex, which before was entirely absent, now became evident in the most unmistakeable and satisfactory manner. I have records of other cases, and shall refer to them again when speaking of treatment. The question naturally arises as to what was the difference in the cord before the galvanism and after the galvanism, for it was perfectly clear to my mind that this gentleman was suffering from the pre-ataxic stage of locomotor ataxia, and that the posterior root, zones, and column of the cord were in a state of inhibition or congestion, or at all events, to put in less theoretical and less figurative language, there was some molecular condition of the cord which increased its power of resistance beyond the normal, and which was removed by the influence and stimulus of the galvanic current. Buzzard has arrived at the conclusion that absence of knee reflex exists in about ninety-six per cent. of cases of locomotor ataxia, and I am thoroughly convinced that Buzzard is quite right; yet I feel sure that functional absence of knee reflex will be found to exist in the pre-ataxic stage, and if future experience should prove the truth of my assertion, I think that there are few practitioners of medicine who will deny that such a condition, if it be found correct, must be an invaluable guide to a definite and curable course of treatment of a disease which is thought at the present time to be incurable. I have upon more than one occasion astonished my patient who sought my advice on account of what he considered to be nervous dyspepsia by tapping his knees and then proposing to him that he should have his spine dry cupped and the actual cautery applied; and in cases of so-called nervous dyspepsia and biliousness with inco-ordinate movements, I must say that it is the special duty of the doctor to make sure whether the knee reflex is absent or not, and should it be absent, then to make sure whether it is due to a functional or organic arrest of the normal reflex tonus of the spinal cord, and under any circumstances, if the knee reflex is absent, to treat the assumed dyspeptic symptoms in a manner very different to what they would be treated provided the knee reflex was quite normal. I am very well aware that in ninety-nine cases out of one hundred of dyspepsia no approach even to a locomotor ataxia does exist, yet it does exist, nevertheless, in many cases where it is not even suspected; and I repeat, with emphasis, that it is only in the initial stage of a chronic inflammatory change in the spinal cord, whether it be of the posterior root-zones, and posterior columns, or whether it be of the anterior horns and anterior columns, that our treatment can be of any avail in the cure of this class of nervous disease; and after all is said and done it avails our patient but little if we devote too much attention to the possible cause of certain phenomena, while we fail to recognise the exact moment when it is in the power of the physician to retard the onward progress of a disease which otherwise can have but a fatal termination.

In the month of last June I was consulted by a gentleman, about thirty-four years of age, for what he considered to be nervous depression, associated with acute dyspepsia, and for this latter complaint he had sought the advice of many leading physicians, both at home, and at the leading European spas, whose remedies, however, did him no good; his intellect became confused, and his legs and arms felt strange, and their movements were inco-ordinate; he suffered from seminal emissions and sexual excitement. The bowels acted very irregularly; sometimes he would suffer from attacks of diarrhœa, and at other times the bowels would be obstinately confined; but after an evacuation, the feeling of exhaustion was so extreme that for an hour or so he felt good for nothing, and at times he suffered great distress from the fulgurating cutaneous pains which were darting about his body; but what I want to demonstrate in this case is that the knee reflex was absolutely lost, but the continuous current applied to the spine and to the feet completely restored the reflex power of the cord, and he got quite well under the influence of bromide of potassium, solution of ergot, and bichloride of mercury. The spine was dry cupped every third day for a month, and as no marked improvement became apparent, I applied the actual cautery to the extent of three inches every other day, first rendering the skin insensible by means of æther spray. Now it is an interesting and important fact that after the second application of the cautery reflex patellar tendon was permanently regained.

In the latter part of July, Dr. S., a South American

consulted me concerning some obscure nervous symptoms from which he suffered, and which Dr. Beard attributed to nervous exhaustion, and Dr. Hammond to anæmia of the spinal cord ; normal patellar tendon reflex was greatly subdued, but rapidly renovated after the continuous current was applied to the spine. From the other symptoms I came to the conclusion that the posterior columns of the cord were congested, and that he was in the pre-ataxic stage. I at first gave him strychnine with bichloride of mercury, but he suffered so much from sexual excitement and insomnia that the strychnine had to be discontinued. I then gave him bromide of potassium and solution of ergot, and his servant used to dry cup the spine every day. He improved greatly under this treatment, but I lost sight of him as he had to return home.

A gentleman, who was in the Indian Civil Service, consulted me in the fall of the year, for what he considered to be neurasthenia. He was a man of excellent physique, fair and robust looking, and of about thirty-three years of age. He contracted syphilis at the age of twenty-five. When he sat down in the chair he quietly remarked that he was all to pieces, but he certainly looked just the reverse of this, and after he had given me a somewhat extensive history of the errors of his youth, the first thing that I asked him was to cross his legs, and I must say that I was rather astonished to find a complete absence of tendon reflex. I then found out that he had suffered from neuralgias and from rheumatic pains (fulgurating pains). The pupils did not contract to light, but contracted fairly well during accommodation. There was a marked absence of the ataxic gait, but he reeled when standing erect with the eyes closed. I considered this to be a case of locomotor ataxy in the pre-ataxic stage, but no galvanic stimulation of the spine gave me any knee reflex. I told him what was my opinion of his case, and the remedies which I wished to be employed. He rather hesitated, and then remarked that as everything had hitherto failed to do him any good, he placed himself entirely in my hands. I produced slight ptyalism by mercurial inunction of the oleate of mercury, and applied the actual cautery to the spine (previously anæsthetised) every other day, and I was no less surprised than delighted to find in about ten days a most marked improvement. The reflex at the knees was returning, and the fulgurating pains had disappeared. The treatment, however, was persisted in for a month, and when discontinued ten grains of the iodide of potassium was taken three times a day. He recovered most completely. Now I need scarcely say that I have had many persons suffering from advanced forms of locomotor ataxia when all my remedies have been of no avail whatever, but I will never concede to the opinion expressed by many, and taught by most, that a locomotor ataxia is an incurable disease, for there is a stage of this disease, which I now call the pre-ataxia stage of a locomotor ataxia, when by prompt and energetic treatment, we may safely hope for good and successful results.

ANTISEPTIC SURGERY UNDER PROFESSOR ESMARCH.

By E. MUIRHEAD LITTLE.

At the conclusion of a visit to Kiel, where, thanks to the courtesy of Professor Esmarch and his assistants, I have been enabled to spend several hours daily in the hospital under their charge, it may not be uninteresting to the readers of the *Medical Press and Circular* to state briefly the result of my observations.

The most noticeable feature is the success achieved by Professor Esmarch under the system of infrequent antiseptic dressing, it being a by no means uncommon event for the first application to be left undisturbed for a month, and thus one of the objections to the antiseptic method, viz., its expense, is removed. In all cases the temperature is carefully watched, and the exterior of the dressings examined daily. On the slightest sign of discharge soaking through, or serious rise of temperature, the dressing is removed and re-applied.

The temperature of the patients is, as a rule, taken in the rectum, and hence some deduction must be made in comparing these cases with those in which it is taken in the axilla.

The antiseptic method of Lister, or a modification of it, is, wherever practicable, employed. In place of antiseptic gauze, large pads of carbolised jute (enclosed in antiseptic gauze), or of carbolised hydrophil cotton, which readily absorbs discharge, are used, with carbolised varnished paper over all, and starched gauze bandages : protective is not used. The bone drainage tubes invented by Prof. Esmarch's senior assistant, Dr. Neuber, are extensively used ; and, indeed, without some such self-removing drain, the dressings could not, in resection and other cases, be left untouched for so long a time as they are left with its help. The tube is kept in its place by being simply transfixed at its outer end with a common safety pin ; and when, after two or three weeks, the first dressings are removed, these pins are usually all that remains to show where the decalcified bone tube has been. The tubes, as used here, are quite soft and flexible, not brittle.

The solution of carbolic acid used for the spray is of the strength of one in forty, and it is not thought necessary to have the sprays playing immediately on the wound, but this latter is thoroughly and often washed out with carbolic acid lotion ; and in the operating theatre, which is exceptionally well fitted up, two powerful sprays, worked by compressed air, conducted in pipes from the engine-house, are kept going, throwing the pulverised carbolic acid solution over the table and above the heads of the operators.

There is at present in the women's hospital a case of excision of the rectum for carcinoma, reaching some distance up, in which about ten inches of the bowel were removed, the peritoneum being necessarily opened, and the gut divided well above the morbid growth, and its upper portion brought down and fastened by sutures to the anus. Two drainage tubes were inserted into the peritoneal cavity, their ends protruding in the perinæum, the one in front of, the other behind, the intestine. Antiseptic after-dressing could not be thoroughly carried out in this case, but although a week has elapsed since the operation, the temperature in the bowel has never exceeded 101·8 Fahr. The discharge from the wound is slight, and the patient is doing well. The arrangement of the bed for dressing this case is both simple and good. In another ward is an excision of the hip, operated eight days ago, doing very well. Also an excision of the knee, five weeks ago, very nearly well ; this case has only been dressed twice since the operation. In the men's hospital I saw the first dressings removed from a patient who had been operated on for genu valgum, by removal of a wedge of bone, six weeks ago. The wound was almost healed ; the discharge had been slight, and what faint smell the dressings might have, was principally owing to the retained secretion of the skin. The bone drainage tubes had entirely disappeared. I saw another case re-dressed for the first time since operation, in which a wedge of femur and tibia had been removed for bony ankylosis of the knee in a bad position, and the bones fastened together with catgut sutures. The wound had entirely healed, with the exception of one very small granulation at the site of a drainage tube. Four weeks had elapsed since the operation. There was no disagreeable smell in the dressings. Another case of excision of the knee was not dressed for four weeks, and the limb was then put up in silicate of soda, the wound being healed. A case of ex-articulation of the femur for severe necrosis of femur and tibia, with disease of the knee-joint in a man, was first re-dressed after fourteen days ; the stump was quite healed, and the patient is now nearly well. A very similar case of ex-articulation at the hip in a boy was also first dressed after fourteen days, and is now healed. An

amputation of the leg, first re-dressed after fourteen days, was nearly healed at that time. I also saw another case re-dressed for the first time a fortnight after operation—that of a young woman in whom a large anchor-shaped incision, some eight inches in length, had been made in the neck, along the anterior margin of the trapezius, and a large mass of scrofulous glands removed. The wound was entirely healed, the catgut sutures having, as usual, disappeared.

Among the convalescents are the following :—A woman, now walking about, in whom eight inches of the rectum had been removed for carcinoma ; another, also walking about, in whom ovariotomy was performed fourteen days ago ; a boy who had had a large perityphlitic abscess opened in each groin, and in the rectum ; a case of ex-articulation of the lower jaw for epithelioma, the disease having spread to the dental nerve after a former operation. Another convalescent had a portion (1-3rd inch) of the second division of the fifth nerve removed for obstinate facial neuralgia. The nerve was reached in the spheno-maxillary fossa by dividing the zygomatic arch, and turning down it and the masseter muscle, the nerve being stretched before division. Operations on the infra-orbital, &c., performed in London and elsewhere, had failed to give relief ; the neuralgia has, as yet, not recurred.

I had the advantage of seeing the Professor operate on numerous patients—among others, for extensive necrosis of the tibia, tenotomy, radical cure of hernia by dissection ; removal of a large osteo-sarcoma in the temporal fossa, extending by the spheno-maxillary fissure into the orbit, and protruding the eye. Stones were also shown, some whole and others in fragments, removed by Bigelow's operation at a two hours' sitting. The patient is entirely relieved.

PATELLAR TENDON REFLEX AND CEREBELLAR DISEASE.

By THOMAS STRETCH DOWSE, M.D., F.R.C.P., Edin.,
Physician to the Hospital for Paralysis and Epilepsy,
Regent's Park.

[Reply to Dr. Buzzard's Criticism.]

In the last number of this journal there is a communication from Dr. Buzzard concerning a case which I brought before the notice of the Fellows of the Medical Society of London, and the notes of the case were printed in the columns of the *Medical Press and Circular* of Nov. 17. I exhibited the patient, and considered that he had a tumour either in or complicating the cerebellum. I am greatly indebted to Dr. Buzzard for the interest he has shown in this case, and for his kindness in personally examining my patient as well as for the valuable opinion he has expressed.

Within the past few days I have read (and I regret I had not read it before) a prize essay, written by a well-known neurologist, Dr. Pierret, " On the Brain Symptoms of Tabes Dorsalis " (" Essai sur les Symptoms Céphaliques du Tabes Dorsalis," par le Dr. A. Pierret. Paris : J. B. Baillière et Fils, 1876), and the opinion which I have given concerning the nature of my case is, in no way, shaken either by the essay of Dr. Pierret, or by the statements made by Dr. Buzzard, whose ideas in reference to the head symptoms of tabes dorsalis are, in wonderful agreement, with those which have been well set forth by M. Pierret. The latter observer admits that it is difficult in some cases to diagnose a cerebellar disease from a posterior sclerosis of the spinal cord. *Now one of the features, if not the chief feature in M. Pierret's essay, is the conclusive manner in which he illustrates that the trigeminal nerve is involved, both in reference to motion and sensation, when the head symptoms of tabes dorsalis are the main features in the case, and that the fulgurant pains when they exist in this part of the body affect the parts supplied by the fifth nerve, both superficial and deep, namely, the face, the orbits, the gums, the jaws, and the muscles of mastication.* " *Never the head alone.*" My patient has certainly suffered from fulgurant pains through the head, which were frontal, temporal, and occipital, and not so immediately connected with the distribution of the fifth nerve, as implied by M. Pierret, *and the pains, moreover, were always associated with increased temperature of the head.* I must say that I think these two points are of great importance in the diagnosis. I am quite ready and willing to admit that some of the signs and symptoms which are manifested by my patient are, in many particulars, indicative of tabes dorsalis, and I turned these signs and symptoms over in my mind with a fair amount of care. The reeling, rather than the ataxic walk of the man when he first came into the hospital consulting-room, led me, at first sight, to conclude that he had intra-cranial disease. In reference to the movements of the lower limbs in cerebellar disease, they cannot be described as ataxic, for they are essentially disordered movements rather than irregular movements, and I must maintain the opinion which I first expressed, namely, " That a patient suffering from cerebellar disease can, when lying upon his back with the eyes closed, move the lower limbs quite co-ordinately (*which my patient can do*) ; whereas, on the other hand, a patient who suffers from post-spinal sclerosis, with slight ataxic gait, when the body is in the erect posture, cannot co-ordinate the movements of the lower limbs with aynything like certainty when lying upon his back with the eqes closed. Dr. Buzzard put the following very pertinent uestion to my patient : Can you walk in the dark ? and it was then discovered that he was in the habit of getting out of bed, and becoming more or less confused, so that he could not find his way back again to his own bed. The confusion did not exist in the man's locomotion, but in his brain.

With regard to the pupils and the Argyle Robertson test, I know that this is an important test, but when trying the man's eyes on Tuesday, I found that the left pupil contracted when a lighted match was held near to it. Then we have the state of analgæsia, which is a sign rather of tabes dorsalis than of cerebellar disease, but dysæthesia does exist (if not analgæsia) in tumours involving the cerebellum, such was the fact in connection with the tumour, exhibited by Dr. Ferrier at the Harveian Society on Thursday week, and lastly, in reference to patellar tendon reflex, I must admit that the weight of evidence in reference to this sign is decidedly in favour of Dr. Buzzard's view of the case, for it is admitted by all observers that reflex patellar tendon is invariably absent in tabes dorsalis, and rarely ever so in cerebellar disease. Yet it is interesting to note that in the case just referred to of Dr. Ferrier's, where there was a large sarcomatous tumour of the left occipital fossa, pressing and pushing upwards the cerebellum, so as to involve very materially its functions during life, *patellar tendon reflex was absent*. There can be no doubt that we know little about the pathology and functions of the cerebellum, and when I thought that I had a case of cerebellar disease, in which *reflex patellar tendon was absent*, I had no wish whatever to put it forward as evidence against Dr. Buzzard's statement, but rather with the hope that it might serve as a small link to connect any investigation which may be going forward in reference to the localisation of disease of the cerebellum. Perhaps, in the course of future events, I may have an opportunity of examining the cerebellum bulb and cord of my patient, and I promise Dr. Buzzard and your readers that should an opportunity occur, I will give a detailed account of the examination in your columns.

We have much pleasure in recording the fact that a subscription is in progress throughout the Army Medical Service for the erection of a memorial in Netley Church to the late Surgeon-Major J. H. Porter, who succumbed to the hardships of the Afghanistan campaign.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Carcinoma of the Liver and Rectum—Autopsy.

Under the care of Dr. DYCE DUCKWORTH.

Communicated by SIDNEY DAVIES, B.A., Clinical Clerk.

HENRY P., æt. 53, was admitted into St. Bartholomew's Hospital on August 31. His trade had formerly been that of a painter, but for the last five years he had kept a glass-ware shop. He gave the following history of himself :—

Twenty years ago he had had "lead colic," and about five years ago he was attacked with gout in the great toe. Five months before admission he began to feel pain in the top of the head, which had continued for three months. About three months ago he lost the use of the right arm. At the same time that the pain in the vertex ceased pain and tenderness came on suddenly in the epigastrium and have continued to the present time.

On admission the patient was in a condition of considerable emaciation, the skin loose, and the ribs markedly prominent. The patient had not noticed that he was wasting till comparatively recently. The conjunctiva was slightly yellow. The face was wasted, and bore an anxious expression. The complexion was bronzed (the patient had been at the seaside for a few weeks previously to entering the hospital). The right eye was deficient, extraction having been performed after it had twice been injured by accidents. There were no tophi in the ears. The tongue was red at the tip, and the dorsum was coated with a dirty fur. The teeth were much worn and decayed, and showed doubtful "blue lines." There was no œdema nor ascites.

A physical examination of the abdomen discovered that the liver was enlarged, and could be felt as a hard mass for two or three inches below the ribs. The edge was distinct and smooth, but the upper surface was rather rough. There was visceral gurgling on palpation.

A physical examination of the chest showed that the lungs were normal ; the impulse of the heart in the nipple line, between the 5th and 6th ribs, the first sound short, the second rather rough.

There was great tenderness all over the region of the liver, and the patient had a preference for lying on the right side, as being the least painful position. The pulse was 104, and the temperature normal.

The patient was ordered the following prescription :—

℞ Hst. calumbæ alk., ℥j. ;
Acidi Hydrocyan., ♏v. ;
Tr. Nucis Vomicæ, ♏xij. t. d. s.

and a nourishing diet.

Sept. 1st.—Pulse, 92 ; temperature normal. Bowels open last night. Appetite very moderate. Slept badly. The pain is slight.

2nd.—Temp., 100·3°.

3rd.—Bowels open four times last night. The patient complains of a pain across the hypogastric region. The tongue is cleaning.

4th.—Physical examination made :—*Abdomen.* Liver, one inch lower down. A small hard lump, not larger than half an orange, felt in the left inguinal region. *Chest.* Patch of dulness at base of right lung, accompanied by crepitation. Expectoration of thick adhesive sputa, streaked yellow, and possessing an offensive odour. Pulse, 84, thread-like ; temp., normal. Bowels open twice. Appetite poor. Sleeps badly. No localised pain. The patient can't lie on either side.

6th.—The urine was tested and found to be acid. Specific gravity 1,015, clear, and containing a trace of albumen. Patient complained of flatulence and cold feet. He had a pain in the region of the liver on taking breath. Bowels open once. Feet cold. Girth at the navel, 29½ in.

7th.—Girth, 30¼ in. Cold perspiration and rigors last night, relieved by the administration of Haustus Etheris co. Temp. 100·8°.

9th.—Great pain all over abdomen, which is distended and tympanitic. Bowels open two or three times in night. No sleep. Appetite very poor. A linseed poultice was applied to the abdomen, and the medicine changed as follows :—

℞ Tr. Opii, ♏v. ;
Ex. Aq. Menth. Pip., ℥ss.
Secundis horis.

10th.—Pain relieved. Vomited back his food at three successive times in the night. Breath very fœtid. No sleep. Patient has taken no food this morning. Bowels closed. Tympanites unchanged.

11th.—An enema ordered to relieve distension. A rectal tube was passed in the rectum, but it would not pass beyond a few inches without using force.

13th.—Patient has had four enemas, and a little hardened fæces has come away. Tympanites extreme. No signs of ascites. Great pain in right hypochondrial region. Slept well last night. Girth 33½ in. The urine contained no albumen, but a good deal of mucus. Tongue covered with thick yellowish fur, except at the tip, which is red.

15th.—Mr. Morant Baker examined the patient per anum, and found a tumour pressing on the rectum about six inches from the anus. He attempted to pass a narrow tube up the rectum to let off the gas, but the tube refused to pass. In consequence of this the abdominal wall was punctured over the transverse colon with a fine trocar, and a large amount of gas let off (shown by holding a candle near). The patient experienced much relief by this operation.

16th.—The abdominal distension is nearly as great as before the operation of yesterday. Pulse 100. Tongue dry and furred. Another enema was given, and a small amount of fæces came away. Passed a good night, and still feels the relief gained by the discharge of the gas yesterday.

On the following day the patient became worse, and on the 18th he died.

A post-mortem examination was made with the following results :—Peritoneal cavity distended with air (perhaps from decomposition). A certain amount of dirty coloured fluid (not feculent) also present. Peritonal surface of intestines not quite smooth. Six inches up the rectum the walls of the intestines were thickened, and its calibre narrowed. Internally there was a ring of knotty growth, ulcerating in parts. The glands in the neso-rectum were enlarged. The liver was much enlarged, and contained numerous whitish, somewhat firm deposits, varying in size from a pea to a walnut. In the left lobe but little normal liver tissue was left. Several of these deposits caused elevations on the surface of the liver. The kidneys were slightly granular. The other abdominal organs were normal. There was one hard whitish deposit. the size of a small pea, in the pleura covering the right lung.

Unfortunately no microscopical examinations of these new growths was made, but their naked eye characters, taken along with the short history of the disease, and rapid increase of the liver, justified the diagnosis of carcinoma. There was nothing noticeable about the other organs.

Translations.

THE CHOLERA OF FOWLS.

Translated from *L'Union Medicale,*

By A. H. JACOB, M.D., F.R.C.S.I.

AT a recent meeting of the French Academy M. Pasteur read a very important paper on this subject. The author reminded his hearers that in the communication which he made to the Academy in February last he announced, amongst other results, that cholera amongst fowls was produced by a microscopic parasite ; secondly, that there exists diluted virus in this malady ; finally, that one or more inoculations of this diluted virus preserves these animals from the dangerous effects of a further inoculation ; and, in a word, they may be vaccinated with it—so to speak.

This fact being admitted, M. Pasteur stated, on the faith of many experiments, that the effects of vaccination are variable in chickens ; certain of them offer resistance to a very virulent poison in consequence of a simple preventitive inoculation of the diluted virus, but others require two preventitive inoculations, or even three ; and that in all cases every preventitive inoculation has its own action, because it always comes first, to a certain extent. In a word, we can vaccinate in all degrees, and that it is always possible to vaccinate in a complete manner, so as to prevent the chicken from receiving any of the effects of the most virulent poisons.

M. Pasteur in his experiments took eighty young chickens, including some which had never had the malady either spontaneously or by infection. Into about twenty of them he inoculated the most poisonous virus ; these twenty died. From the sixty which remained he separated twenty more, and inoculated them with a single puncture made with the most diluted virus which he had been able to obtain ; none of them died. Were they vaccinated with very poisonous material? Yes ; but only a certain number of them. In fact, if on the twenty fowls he practised the inoculation of the most virulent venom—six or eight for example—all being ill did not die, contrary to that which has taken place in the twenty young chickens, of which 100 per cent. died. He again separated from the first lot twenty new fowls, which he vaccinated by two punctures successively, after an interval of seven or eight days. Were they vaccinated with very virulent virus? In order to discover this he re-inoculated the virus. This time a contrary effect to that of the second experiment ensued; it was not six or eight fowls which recovered, but twelve or fifteen. Lastly, he separated again twenty chickens from the first lot, and vaccinated them successively by diluted virus, not once, but three or four times—the mortality by this inoculation of the virulent virus, even the disease itself, disappearing altogether. In the last case the animals were brought to the condition of those which never were attacked by cholera.

As to the cause of this non-receptivity, one cannot get rid of the idea that the germ—origin of the malady—finds in the body of the animal a fitting soil for growth, and, in order to fulfil the requirements of its own life, it alters or decomposes certain matters, whether it elaborates them for its own uses, or burns them by oxygen which it borrows from the blood.

When complete exemption is obtained, we can inoculate the most poisonous germ into any of the muscles without producing the least effect: that is to say, all germination becomes impossible in these muscles — they no longer contain food for the germ.

M. Pasteur varied his experiments somewhat by injecting the deadly virus into the vascular system, even making it penetrate to the digestive organs; the non-inoculated fowls succumbed, while the vaccinated chickens recovered. M. Pasteur, in recapitulating these results, says :—"It is the life of a parasite in the interior of the body which determines the illness commonly called cholera of fowls, which produces death.

"From the moment when cultivation ceases to be possible in the chicken the disease does not appear. Fowls are then in constitution like animals which the cholera never attacks. These last animals are as if they were vaccinated from their birth for this malady, because the fatal evolution has never introduced into their body the food for the life of the germ, or else the nutritive matter for its life has disappeared in youth."

Department of Lunacy.

"MEDICAL PRESS AND CIRCULAR" SPECIAL COMMISSIONER'S REPORT ON PRIVATE LUNATIC ASYLUMS.—V.

THE first-class patients in every private asylum naturally enjoy privileges of accommodation, such as can be provided only when a considerable amount is expended in consideration thereof. In some institutions the appointments are of a character to suggest that much unnecessary expense *may* be gone to in providing that which is unessential to the class of invalids catered for. The requirements of privacy and comfort are to be secured without the attendant circumstances of pompous and luxurious furniture and fittings, and indeed it will be questioned whether profusion of ornamentation does not tend to the detriment rather than the well-being of patients. It is impossible, however, to avoid admiration for the sumptuous apartments found in certain of the private asylums in England. The Brook Villa, near Liverpool, possesses more than one set of rooms deserving this description ; and where there is a desire to surround a patient with objects similar to those he has, in a healthier condition, been accustomed to see, we ought, perhaps, to regard the gratification of the æsthetic taste as well as defer to the immediate necessities of the case. Speaking generally, the first-class inmate of the private establishment enjoys the most admirable opportunities for amendment ; he is, to all intents and purposes, located in a home ; his rooms are his own, and with the exception of constant surveillance, he is, at all times, free from the annoyances inseparable from association with a number of persons in like condition with himself. His meals are served to him separately ; when in a fit state to exercise choice of food he is permitted to do so, and so long as he continues quiescent, he is untramelled by vexatious restrictions, though a wise supervision is, of necessity, always exercised, though unobtrusively, over his movements. In different asylums, differing as they do, in the character of those who seek shelter in them, the nature of the private chambers varies in respect of the elaborate extent to which their fittings is carried. In every one, however, that I inspected, there was the same evidence of carefulness and attention to comfort which is observable where more than single occupants of the rooms are expected. In the least pretentious there are to be found all those articles of furniture essential to comfortable living, and not infrequently, where a taste for music is displayed, this is gratified by the supply of a piano or other favourite musical instruments. The bed-rooms of first-class patients are such as one would look to find in an ordinary well-furnished house ; spotlessly clean, neat, and fitted with every toilet requisite ; they present to the visitor the cheerful aspect of a room in which, as an attendant suggested to me, "you would like to find yourself after a twenty mile walk." Even in the case of women's bed-rooms, inveterately untidy and uncleanly as many female patients often are, I could find no signs of neglect, though it was occasionally clear that considerable pains must have been constantly demanded to maintain order and neatness.

The appropriation of one room to the entire use of a single patient, though frequently enough observed, is not a practice that can claim much in its favour. There may be, and undoubtedly are, certain cases in which it is desirable ; but such cases are not of the kind that are to be found among the majority of persons of unsound mind. Wherever, too, specia provisions are not made for the additional expense connected with the services of a special attendant to watch over each patient thus accommodated, the evils that must follow from it are sufficiently apparent. The ward system of bed-rooms, or multiple dormitories, can be carried out with as great an observance of comfort in the details of the arrangements as when every separate apartment contains only a single bed. In one particular, besides being provided with more luxurious sleeping quarters, the first-class patient enjoys an advantage over those who inhabit the rooms allotted to less highly remunerative cases, viz., in the society he enjoys. It has been again and again remarked, how greatly the antecedent life of a lunatic governs the character of his existence, subsequently to the loss of mental equilibrium. The nature of his conversation and actions, in so far as these do not depend entirely on his disordered mental state, is largely influenced by the bias given to his thoughts and life in more fortunate periods of existence. The man of gentlemanly feeling retains the graces of manner and conversation that have become ingrained ; and

the more lowly developed being preserves the marks that served in the past to distinguish him from the educated and refined classes of society. It may, indeed, be said, that the different peculiarities are exaggerated in many instances, and that the better class of patients, particularly in private asylums, exhibit in forced prominence the accomplishments of education and training that were impressed on them before their illness. Thus, the first-class patients do not so often present us with instances of distressing violence, either in language or performance, as takes place among those of a lower grade. I do not, of course, pretend that frequent and severe paroxysms do not occur in them; but only that they are, as a rule, more unobjectionable associates for individuals of refinement and culture, as a vast number of private patients assuredly are, than are the generality of the inmates of an institution where all are subjected to the same influences and associations.

The treatment undergone by inmates of asylums for the insane has long been a favourite subject on which the playwright, the novelist, and the sensational essayist have delighted to exhaust their energies. They have painted scenes of the imaginary tortures, conjured up in their fertile brains, in colours of the blackest hue. They have expended every epithet they could borrow in denunciation of the cruelties pictured in their imaginations as suffered by the miserable prisoners in the dens of infamy they are accustomed to designate all private asylums; and until some few truth-loving observers had the courage to expose the absurdity of these descriptions, and enlighten the public as to the real nature of the treatment endured by patients in private retreats, almost unusual belief was accorded to the extravagant nonsense poured forth by the fanciful describers of them. At the present time, though much misconception still exists on this subject, it may be said that a far more accurate conception of it has arisen, and that many people are willing to believe they have been grossly misinformed in respect of it. It is not possible always to understand for what reasons so assiduous attempts have, from time to time, been made to preserve the ill-favoured delusion fostered by ignorant abuse; but with those of a few interested persons, the reason is not far to seek. It does not, however, concern us here to unravel these, but to explain what is the actual condition of affairs within the walls of any private asylum to-day. And the most sceptical of good can always convince himself of the utter untruth of the false reports by personally inspecting any licensed establishment he chooses to select for his visit. The supposition of secret barbarity will be at once rudely dispelled, and he will be brought face to face with an orderly well-regulated establishment, the inmates of which exhibit none of the marks of constant cruelty and hardship he has been taught to believe are the everyday accompaniments of existence within a private asylum.

The maintenance of discipline necessitates the regular and general rising of the whole of the patients at a given time, that the arrangements for breakfast, &c., may be smoothly and easily carried out. Except in cases of sickness, therefore, every patient rises at a certain fixed hour, earlier somewhat, as a rule, in summer than in winter. Those patients for whom special arrangements are made, who are waited on by their own attendants, in separate private rooms, alone do not comply with these regulations, but even for them it is strongly felt that the discipline connected with regularity of habit is a wholesome assistant in the process of attempted cure. This feeling, too, suggests that the distinction of separateness is, of itself, very undesirable in any case where asylum restraint is necessary. The essentials to recovery are less obtainable under the conditions imposed where entire seclusion is sought, and except when absolutely called for, it is best not to be attempted.

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, NOVEMBER 3, 1880.

Dr. W. S. PLAYFAIR, President, in the Chair.

CASE OF PYOMETRA.

DR. GALABIN showed microscopic sections from a case of pyometra, in a woman, æt. 70, who died after an operation for hernia. The uterus was distended into a cavity three inches in diameter, full of pus, the cervical canal being free. The naked eye appearance was that of inflammation only, but microscopic sections revealed the presence of carcinoma. In the specimen of pyometra shown last year by Dr. Matthews Duncan, where the case had run an apparent malignant course, and the wall of the uterus had ulcerated through, but in which Dr. Thin had reported only infiltration by pus cells, he had been permitted to make a microscopic examination. He believed that in that case also there was new growth and not inflammation only.

DEFORMED CHILD.

Dr. MATTHEWS DUNCAN showed a child born hydrocephalic, with only stumps of arms, and with deformity of both lower limbs. The right stump of arm was 1¾, the left 2¾ inches long. The femora were short, flexed, rotated outwards, and adducted, so that the knees were within half an-inch of the anterior superior iliac spine. The mother attributed the condition of the child to a fright in seeing a dog run over three months before delivery, and to her seeing the dog afterwards frequently in a deformed state. Four months before delivery she had a fall on the back.

AN ENCEPHALOID MONSTER.

Dr. CULVER JAMES showed an encephalous monster, in which the upper part, sides, front, and back of the cranium were wanting, as well as the arches of the vertebral column as low down as the angles of the scapula. The mother was 26 years old, and had had four children. There was no history of any fright during pregnancy.

MATERNAL IMPRESSIONS.

Dr. HEYWOOD SMITH showed photographs of a young woman, æt. 28, whose profile showed a remarkable concavity of the face, ending in a prominent under-jaw. The mother had been frightened by a monkey about the fourth month of gestation. He remarked that among animals it was at the moment of conception that the mother was supposed to receive an impression, while in women a maternal impression was often referred to the third or fourth month.

Dr. BRAITHWAITE said that he had seen a puppy having a bifid and flattened forefoot, the owner of which said that during the mother's pregnancy a stone had fallen upon the foot, and crushed it similarly to the flattened foot described.

REPORT ON DR. GODSON'S SPECIMEN OF RUPTURED TUBAL FŒTATION,

By Dr. JOHN WILLIAMS and Dr. GALABIN.

Chorionic villi were discovered. The clot lay in close contact with the muscular wall of the tube without any layer of decidual cells. The apparent amnial cavity was only 3-8ths inch in length, and it was thought that the embryo could not have reached more than about three weeks development. There was no corpus luteum, but only a cyst 3-8ths inch long, containing a shrunken clot, in the ovary.

Dr. WADE on a

CASE OF CHOREA IN PREGNANCY TREATED BY DILATATION OF THE CERVIX UTERI.

An unmarried primipara, æt. 19, nearly seven months pregnant, suffered from very severe chorea, which had commenced in a slight form three weeks before admission. A faint apex systolic bruit, probably due to rheumatic fever 2 years previously, existed. An attempt was made to dilate the os with the finger, but owing to the incessant and violent movements of the patient, the success was very partial, and there was, if anything, an exacerbation of the symptoms. Three days after, under chloroform, the dilatation was completely effected; this was followed during the day by very marked amendment, and a sound night's sleep, the first she had had since admission,

and every succeeding night was equally good. On the third day after, the movements became worse than they had been on the two preceding days, and dilatation was again effected on the fourth day under chloroform. From this time steady, rapid, and unintermittent recovery supervened. A very slight occasional twitching of the fingers of the right hand continued until delivery at term of a healthy child, when they entirely ceased.

Dr. Routh asked to what extent the os had been forcibly dilated. Was it in any way lacerated?

Dr. Matthews Duncan also complained of the want of exact information as to what was meant by full dilatation. He regarded thorough dilatation, as he understood it, as a very sure cause of miscarriage.

Dr. Aveling had seen reflex vomiting from abrasion of the cervix uteri cured by the application of a solution of nitrate of silver, and thought medication should be first tried before dilation.

Dr. Francis Tayler related the case of a boy suffering from severe chorea, who was taken to Guy's, where he remained in the taking-in room for some time. He was not admitted, but on his return home the choreic movements were found to have ceased, and did not recur. So sudden a recovery seemed inconsistent with so coarse a lesion as embolism, and the case also showed the need of caution in drawing conclusions as to therapeutics.

Dr. C. H. Carter on

ABSENCE OF THE VAGINA—UTERUS DISTENDED BY RETAINED MENSTRUAL FLUID—OPERATION—RECOVERY.

The patient, æt. 16, had never menstruated. Pain had begun two years previously, and recurred almost daily. The urethral orifice was found large, the vagina absent. By rectal examination the finger felt the sound in the bladder with only a thin layer of tissue intervening. About 1½-2 inches up the rectum, a rounded elastic mass was felt, reaching half way up to the umbilicus, about the size of the uterus at the third or fourth month of pregnancy. On July 25th the operation was performed for making an artificial vagina. After slight longitudinal and lateral incisions, the passage was chiefly torn by finger and director. Nothing like os or cervix uteri could be detected. The uterus was first punctured with the aspirator, and the opening then enlarged with a bistoury. About ten ounces of treacly matter escaped. Several ounces of treacly fluid were afterwards expelled, and the same evening the dressings were soaked with fresh blood. The next day syringing out the uterus with carbolic lotion (1-80) was commenced. For about ten days there was some elevation of temperature, and a rapid pulse (112-130), but the disturbance then passed off. When the patient went out on October 11, the new vagina had narrowed a good deal, and only admitted the finger for about ¾-inch. Thick sounds were passed occasionally to keep open the passage into the uterus, and menstruation took place regularly after the operation. In October of the following year an examination was made, and it was found that the ordinary sound could not be passed into the uterus, but a small-pointed sound could be passed into it 3½ inches. The author expressed to the mother his opinion that marriage was inadvisable, since delivery could not take place *per vias naturelles*.

Dr. Galabin's experience was that the difficulty of keeping an artificial vagina in a condition fit for married life and parturition was considerable. He had had a similar case in which also no trace of os or cervix could be detected. An artificial vagina was successfully made, and the patient afterwards menstruated naturally. But the attempt to keep the passage of full size was defeated by the fact that the pressure of the dilator repeatedly caused an opening into the bladder, though without producing any continued incontinence of urine.

Dr. Routh said that in his own case the patient had not died from the operation, but from the rupture of another cyst. He believed that in most of these cases the vagina had originally existed, but became subsequently adherent. He thought so in his own case, from the ease with which he tore it open. He thought that the passage could be kept dilated by using sponge tents, and subsequently Sim's dilators. The dilators should not be too large, and should not be worn more than a few hours at a time. They then would not cause inflammation. He mentioned a case in which Mr. Baker Brown had made a good artificial vagina, and the girl subsequently went upon the town, and consorted with life-guardsmen.

Dr. Braithwaite said that there were two classes of cases of atresia, one being incomplete, a fistulous track existing. From the presence of mucous membrane in this contraction was less likely. When the atresia was complete, he thought that mucous membrane might be transplanted from the vulva, or from an animal, to prevent the tendency to contraction. In a difficult case the urethra might be dilated, and the finger kept in the bladder, and thumb in the rectum, during the operation.

Dr. Godson said he had that morning seen a young woman for whom he had reluctantly made an artificial vagina two months since. There was no retention of menses, but she had married in ignorance of her deformity. Though a fortnight ago there was a capacious canal, it would now only admit a pen-holder. He believed that such failure was inevitable, and would not again operate unless there were retained menstrual discharge.

Dr. Aveling thought that Dr. Carter was quite right in dissuading his patient from marriage. He did not agree with Dr. Routh that the majority of cases of absence of vagina were due to inflammatory adhesions. In the three cases he had seen it was evidently congenital, as the uterus was also absent, though the ovaries were present.

Dr. Carter, in reply, said that Dr. Emmet stated that the tendency to close depended upon the passage being made by cutting rather than by tearing. He did not think that the tendency to contract depended altogether upon the absence of mucous membrane, but rather upon the contractility of the tissues, since in his case a mucous membrane like that of the labia minora was noted in the new passage. He agreed with Dr. Galabin that it was better to defer washing out the uterine cavity a short time. He did not recommend marriage in his case, because the end of the new vagina was closely attached to the margin of the opening into the uterus. No natural dilatation of this opening could occur in labour, and Cæsarian section would probably be necessary.

Dr. Braxton Hicks on a

CASE OF CONGENITAL ABNORMALITY OF UTERUS SIMULATING RETENTION OF MENSES.

The patient, æt. 24, had never menstruated. About twelve weeks ago she had severe pain in right hypochondrium, lasting about four weeks. About the same time she noticed an increasing swelling in lower abdomen, and recently tension had become severe. On admission, a tumour was felt reaching above the umbilicus, tense and fluctuating, causing distress and œdema of legs. She had not distinctly suffered from monthly increase of distress. The vagina was nearly of normal length, ending in a kind of transverse depression, beyond which was felt the tumour, exactly resembling the uterus distended with menses. The author had had such a case apparently exactly similar, the very extremity of vagina and os uteri being closed. The patient was therefore placed under chloroform, and a trocar plunged in where a depression like a dilated os beyond the closure could be felt. Nothing but a little bloody serum flowed. The sound was then passed up into the centre of what seemed to be the uterus, but still no sign of menstrual fluid, Further interference was then abandoned, the tapping having been done antiseptically. In the night she became feverish, and died about thirty hours after the tapping. Post-mortem examination showed that there was neither uterus nor ovaries, but a large cyst attached to the upper end of the vagina walls, very irregular within, smooth without. It was half filled with a cheesy white matter, and the rest with dark grumous material. The wall above was thinned and perforated in two or three places, where the contents, in a fœtid condition, had escaped into the peritoneal cavity. The trocar had passed through two layers of peritoneum. Probably the operation had only hastened the rupture.

A report by Dr. Galabin on the "Microscopic Structure of the Cyst," was appended. The outer wall of fibrous tissue was only about 1-12th inch thick. The soft material within was made up of round cells, larger than leucocytes, having a fibrillar reticulum amongst them. It was to be regarded as a soft sarcomatous growth.

Dr. Routh said that the practical point which came out was that in another case the aspirator should be used, and see the nature of the fluid, if any, before a trocar was employed.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 26TH.

The President, Dr. E. HEADLAM GREENHOW, F.R.S., in the chair.

DR. CARRINGTON on

A CASE OF HYDRO-ENCEPHALOCELE.

The patient was brought under the notice of the author by Mr. Fortescue Ingram, of the Chelsea Infirmary, to whom he was indebted for such of the history as it had been possible to obtain. The case was exhibited at one of the later meetings of the previous session, but it was not possible to read the notes on that occasion from stress of time. The boy, A. T., is 7 years old, has been an inmate of the infirmary for the past three years. The family history is unimportant. The mother, who is now alive and healthy, states that the delivery was instrumental. Nothing was observed until the patient was 2 years of age, when the back of the head began to protrude. It slowly increased in size, but how long it has been stationary is doubtful; it had certainly not markedly increased from the time of admission up to that on which the first note was taken, although it was at times more tense than at others. Measurements were taken seven months ago, and it has certainly been stationary since. The boy has no other malformation. His general health is good. Intellectually he is sharp and cunning, always cheerful, and keeps up an incessant prattle, which, however, is rational enough. At 3 years of age he was knocked down by a cab, and since that time, and not before—according to the mother's account—has suffered from fits. These have been, for the most part, short and transitory, although there was complete unconsciousness in them. On two occasions, however, prior to seven months ago, they had been of long duration, lasting some hours. At the upper and back part of the boy's cranium is a large tumour measuring 14½ inches in circumference at the base, and 7½ inches over its vertex from side to side. It is completely sessile with a broad base, soft and fluctuating, non-pulsatile, and not translucent. Compression produces no effect at all; indeed, at one time the boy frequently stood upon his head without any ill effects. The tumour apparently springs from a large deficiency in the cranium involving the parietal, especially the left, along the sagittal suture, and the posterior part of the left side of the frontal bone. The only symptoms are: epileptiform fits which, in the last seven months, have become much more frequent, and of longer duration; weakness of the right arm and leg, a peculiar mode of moving the arm, resembling that of athetosis, and a moderate amount of talipes varus. The changes that have taken place within the last seven months have been an increase of the paresis, with wasting to a slight extent of the arm and leg, the convulsions have become more frequent, and last longer, and the boy has developed a lateral curvature of the spine, the left shoulder projecting more than the right. There is no optic neuritis.

Mr. HOWARD MARSH asked if Dr. Carrington intended to attempt treatment of the tumour by means of the fine aspirating needle introduced by Dr. Southey?

Dr. CARRINGTON replied that he thought this treatment the right one to be pursued. The case, however, was not his own.

Mr. PEARCE GOULD on

VARICOCELE AND ITS EFFECTS ON THE TESTICLE.

Two men were shown to the Society, each presenting a large left varicocele, with the testicle on the same side, much smaller than its fellow, but retaining its usual firmness, outline and testicular sense. The one man, æt. 18, noticed the swelling in the scrotum accidentally 4 or 5 months ago. The other, æt. 17, had noticed the varix for 6 or 7 years. In neither case was there any pain or disturbance to be traced to the varicocele. Neither patient had suffered from inflammation of the testicle or any injury to the scrotum. They were both well made, robust, healthy-looking men. Mr. Gould quoted the views of Sir James Paget and Mr. Curling as illustrating the opposing doctrines on the question whether varicocele does or does not cause wasting of the testicle. After enumerating a list of authors who support Curling in his opinion that atrophy of the testicle does result from varicocele, he observed that many of the cases cited in support of this assertion must be excluded on account of the traumatic origin of the varicocele; wherever there was a history of injury or inflammation it was impossible to say that the change in the testicle was not the direct result of such injury or inflammation. Again, cases where there was no mention made of the presence or absence of these conditions were also of doubtful value. With these reservations the alleged cases of atrophy were of three kinds. First, cases of arrested development of the testicle, illustrated by the cases shown. Second, cases of very slight lessening of the size of the testicle, said by many authors to be very common; a condition difficult to be certain of. Mr. Gould had never seen the left testicle larger than the right—its normal relation—when there was a large varicocele on the same side. Third, cases of morbid and extreme softening and wasting of the gland. Although cases of this kind are recorded by Curling, Richter, Landouz, and others, no mention has been made of the absence of previous injury or inflammation of the testicle, and they are not entirely free from doubt on that account. There is strong reason to think that varicocele may produce such wasting of the gland. Referring to the frequency of varicocele on the left side, Mr. Gould argued that neither the greater length of the spermatic vein on that side, nor its lying beneath the sigmoid flexure, nor mode of entrance into the left renal vein was sufficient explanation. It was maintained that the use of the valve at the mouth of the spermatic vein was to convert the direct opening into an oblique aperture, and by lessening its size caused the flow of blood over it to exert an aspirating effect. Many differences between varicocele and other external varices were pointed out, and the opinion was advanced that many cases of varicocele are nævoid in character; a primary abnormal development of the veins. Mr. Gould intends to practice the operation for radical cure of varicocele, described by him in the *Lancet* of this year in the two cases shown.

Mr. BRYANT was inclined to believe that varicocele was consequent on developmental changes at puberty. In one instance he remembered, a tumour in a child, æt. 7, which had been termed a hydrocele, but was in reality a perfect varicocele. He had seen three or four instances of the complaint under the age of puberty, all being on the left side. Notwithstanding, however, some of the worst cases he had seen had been on the right side. The cause was obscure, and he thought the Society should be grateful to Mr. Gould for the explanation contained in his paper. The effect produced by the disease on the organ was not fully understood. Arrest of development undoubtedly occurs, and it is remarkable how the testicle re-develops after recovery from the operation for varicocele. Mr. Bryant related the case of a gentleman, in which, after operation, the testicle increased in size 50 per cent., and the patient married. He was disposed to agree with Mr. Gould that arrest of growth, and not atrophy, distinguishes the condition of the organ. Hæmatocele does sometimes occur, but it always is consequent on some injury, slight though it may be. The whole subject required elucidating, and he was glad the Society had taken its consideration in hand.

Dr. WALSHAM referred to the position of the valve, as described by Mr. Gould.

Mr. GOULD explained that the existence of the valve maintained a constant stagnation in circulation. A young man, he said, was exhibited that evening, in whom varicocele existed without evidence of atrophy of the testicle.

Dr, GOODHART on

A CASE OF ULCERATION WITH HYPERTROPHY AND DILATATION OF THE COLON ENDING IN PERFORATION, IN A GIRL OF 17.

The patient was admitted into Guy's Hospital for enlargement of the stomach and diarrhœa. She had been ill for eight months, during which time the abdomen had been gradually enlarging, and she had been failing in health. The bowels had been irregular: sometimes constipated, sometimes loose. When admitted she was extremely ill, very anæmic, with a distended tympanitic abdomen, in which the intestinal cells could be plainly seen and felt to be rapidly contracting. She passed, and continued to pass, frequent stools of a loose consistence, black colour, and offensive odour. The case was considered to be one of tabes mesenterica associated by adhesion, shortening of the mesentery, or twists round enlarged glands, with obstruction. Death occurred shortly after her admission, and the transverse and descending colons were found to be enormously dilated and hypertrophied, with chronic ulceration of the rectum and sigmoid flexure. The questions proposed for discussion are:—1. Whether the evident considerable hypertrophy of the bowel in some parts, and the absence of pain, which were noticed as peculiar, would be sufficient, if occurring in any future case, to prevent a mistake

in diagnosis? 2. What was the primary disease? Was it a primary ulceration of the colon, followed by spasm of the sphincters, and slow accumulation; or may we suppose that there was some paralytic distension of the bowel, which may find a parallel in certain cases of dilated stomach in young persons? 3. Is there any evidence in the stomach or elsewhere to show that such an amount of hypertrophy and dilatation as existed in the colon in this case is recoverable under appropriate treatment?

Dr. HORROCKS, who had made the post-mortem examination, described the case as one presenting much obscurity at first. The bowel was found progressively enlarged from the hepatic flexure to the rectum, and it was distinctly hypertrophied. There was no constriction. There was no evidence that straining had occurred in the life of the patient, and for this reason Dr. Horrocks could not wholly agree with Dr. Goodhart that the hypertrophy was due to atony.

Mr. BRYANT suggested that the condition of the gut might be secondary to chronic intestinal obstruction, and similar to those examples of obstruction in which ulceration follows the irritation of accumulated fæces. He detailed the history of a man who, born with imperforate anus, was successfully operated on, and had little trouble until he began to neglect the observance of hygienic rules of cleanliness, &c. At 26 he died, and on post-mortem examination the intestines were found to be enormously hypertrophied, the consequence of a lifelong effort to push on the accumulation of fæces. The walls were gangrenous in this case. Mr. Bryant thought Dr. Goodhart's might be a similar case. In another case he examined a hysterical girl, who had been colotomised for a stricture which had no existence, and in whom a lumbar fistula persisted. He introduced his hand into the rectum, and found it enormously distended, hysterical constipation being the cause of the enlargement.

Dr. HENRY GREEN said he should have thought the intestine would be paralysed in tabes mesenterica. It was difficult to explain the existence of hypertrophy in chronic constipation, and he inclined to attribute this latter rather to loss of tone in the walls of the intestines.

Dr. GOODHART thought Dr. Green had misunderstood him. He did not assert that hypertrophy was a common occurrence in tabes, but increased peristaltic action is noticeable. In Mr. Bryant's case of hysteria there was, he urged, no proof of hypertrophy offered, but only of distension. The existence of scybala was an important factor in determining the nature of the disease, since these never occur above the stricture in intestinal obstruction.

Dr. F. TAYLOR on a case of

RIGHT HEMIPLEGIA AFTER SCARLATINA; WITH EMBOLISM OF THE MIDDLE CEREBRAL ARTERY; DESTRUCTION OF BROCA'S CONVOLUTION WITHOUT APHASIA; AND DEATH FROM DIPHTHERIA.

The patient was aged five years, and was seized two weeks after an attack of scarlatina with hemiplegia of the right side. There was no aphasia, but the boy answered questions intelligently, and in long connected sentences. There was sensation in the leg, but not at first in the arm, and there were occasionally attacks, apparently of the nature of convulsions. Two or three weeks later sloughs occurred on the back of the hand and fingers; later still the right arm and leg became œdematous, and the urine was subsequently found to be albuminous. About nine weeks after the onset of his illness he was attacked with nasal and pharyngeal diphtheria, of which he died in a few days. At the post-mortem examination there was found embolism of the left middle cerebral artery, with extensive softening of the left hemisphere, involving the posterior portions of the second and third frontal convolutions, the lower parts of the ascending frontal and parietal, the supra-marginal convolution, the island of Reil, the corpus striatum, and the anterior part of the inner capsule. The heart showed a few minute vegetations on the mitral valve; it was not dilated. The right kidney had two large embolic infarcts, and the right hand presented over the abductor indicis one large irregular ulcer as a result of sloughing, and three smaller sloughs on the fingers. Dr. Taylor called attention to the frequent occurrence of attacks of cerebral hemiplegia in connection with exanthems in children, in many of which no opportunity was afforded for demonstrating the exact manner in which the paralysis was brought about. Thrombosis of the cerebral vessels was considered to be a frequent cause, but this case showed that obstruction of the vessels might also arise from embolism as a result of an acute disorder of the heart. In relation to the persistence of the faculty of speech, it appeared from the history that the child had been *left*-handed in consequence of some enfeebled condition of the right arm, which was noticed from birth. This places the case in the category of those which appear to show that the speech centre tends to be located on that side of the brain which is most educated for muscular movements. A third point of interest with the case was the occurrence of diphtheria; its late appearance renders it probable that it was independent of the previous infection of scarlatina.

Dr. MAHOMED thought such cases were to be explained as due to dilatation of the heart, with or without adhesion. He had recently been investigating the question, and in his own practice a patient lately died of diphtheria in whom dilatation existed with embolism. There was no hemiplegia; but this might have occurred.

Dr. ALTHAUS said that thrombosis and embolism were the most frequent causes of hemiplegia. He thought Dr. Taylor's case might be taken as the exception proving the rule that disease of Broca's convolution precedes aphasia.

The PRESIDENT remarked that the paralysis in the case under discussion differed from that after typhoid. It was due to embolism, and consequent on dilatation of the heart. He had seen six cases of scarlet fever succeeded by diphtheria.

Dr. TAYLOR said the heart in his case showed no signs of dilatation at a late period of the illness, and endocarditis also was only evident in a very slight degree. He had brought the case forward merely to illustrate the possible sequiturs to exanthems.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, DECEMBER 1, 1880.

THE LAUREATE ON DOCTORS AND NURSES.

MR. TENNYSON'S new volume of Poems, which has just been published by Messrs. Kegan, Paul, and Co., contains

one poem which might have been written in the interests of the treasurer of Guy's Hospital, its chief aim and purpose being the glorification of the nurse and the abasement of the medical practitioner. This poem, entitled "In the Children's Hospital—Emmie," is supposed to be spoken by a nurse, who is nothing loath to exhibit her own exquisite sensibility, which stands out all the more brightly against the dark rough background of medical callousness and cruelty which she coincidently depicts. Like every product of Mr. Tennyson's pen, this poem contains many beautiful touches, but grace of diction will not compensate for gross injustice, nor will a liberal use of sacred names cover up and conceal a flagrant violation of Christian charity. Those who admire Mr. Tennyson most will most deplore that he should in this instance have besmirched his laurels with misrepresentation, and made his verses the vehicle of vulgar slander. The richness and rashness of his poetic impulses will not account for the fault he has committed. It is evident that he has been inoculated with a virus of anti-scientific fanaticism which works only in natures containing a certain element of weakness, and that yielding himself up to its influence he has perpetrated this malignant wrong upon a body of men who are not "the idle singers of an empty day," but the laborious workers of a teeming century. Great and broad is the sway which Mr. Tennyson exercises over the minds of men, and serious therefore is the responsibility which attaches to him, when he quits his garden and Arthurian fields and comes into the dusty highways of life to inculcate a truth or promote a policy. In proportion to his power shall his obligation be, and he should have paused, therefore, before helping to pile up what many believe to be an obstacle in the way of human progress. He should have informed himself thoroughly before espousing one side in a controversy, the decision of which must seriously affect the duration and extent of human suffering.

The spirit of Mr. Tennyson's anti-medical lyric is revealed in the first verse :—

Our doctor had called in another; I never had seen him before,
But he sent a chill to my heart when I saw him come in at the door,
Fresh from the surgery—Schools of France and of other lands.
Harsh red hair, big voice, big chest, big merciless hands !
Wonderful cures he had done ; oh yes ! but they said too of him
He was happier using the knife than in trying to save the limb.
And that I can well believe, for he looked so coarse and so red,
I could think he was one of those who would break their jests on the dead,
And mangle the living dog that had loved him and fawned at his knee—
Drench'd with the hellish Oorali—that ever such things should be !

And this, according to the greatest English poet of our epoch, is the type of modern scientific medicine. A coarse, under-bred man, of revolting aspect, destitute of pity, rejoicing in any bloodshed that will display his manual skill, irreverent in the presence of death, and the torturer of the creatures that love him, is held up by the author of "In Memoriam" as a specimen of the young hospital physician of the day. And doubtless some intelligent persons will believe that Mr. Tennyson's model is from the life, and that it fitly represents that body of men to whom is entrusted the care of the sick poor. Ignorant that the study has been taken from Miss Lonsdale's virulent pages, they may well conceive that it is a true and faithful copy of a doctor fresh from the schools, and may shudder to reflect that such monsters in human shape are permitted to lay their merciless hands upon those who are prostrated by accident or disease.

To say that the description which we have quoted is the very opposite of the truth is to fall far short of condemning it in deserved terms. It is not only outrageously false, but, taken in connection with the rest of the poem, it is obviously a malicious libel on a profession that has in some way incurred Mr. Tennyson's displeasure, which he vents in no measured language. Again and again a bitter animus against medical men comes to the surface. The red-haired and repulsive doctor is made to tell the nurse, in the hearing of a crushed and dying boy, that he "will need little more of your care," and thereafter to indulge in gratuitous blasphemy. The senior surgeon of the hospital is represented as actually killing an unhappy little girl by brutally saying in her presence—"Nurse, I must do it to-morrow. She'll never live through it, I fear." Small wonder that, after such a shock to a worn-out constitution, when he brought his ghastly tools poor "Emmie had past away." From first to last the poem is a bitter and passionate phillippic against the practitioners of medicine, and an attempt to make them odious by representing them as being, and doing, and saying what their whole training makes it next to impossible that they should do, or be, or say. Not one word has Mr. Tennyson to utter in favour of those who have called children's hospitals into existence, and who give to their service, ungrudgingly and gratuitously, of their best years and highest dexterities ; but much has he to pour forth in praise of the smart young women who, for good wages, minister more or less successfully in their wards. According to him, the nurses are the redeeming features of these institutions, who, by their tenderness and piety, put a check on medical ferocity, and save more lives by their smiles and consoling voices than do the surgeons and physicians with their drugs and appliances. In depreciation of the nurses of children's hospital we have no word to say. We believe them, as a rule, to be efficient and humane, and we know that their motherly care and kindness often work incalculable benefit in healing wounds and curing diseases, as well as in smoothing the rough road of sickness and brightening the entrance to the gloomy portal. But we should be sorry to believe that they resembled the gushing and obtrusive young lady of Mr. Tennyson's lyric, who chops theology with the medical staff, and is much more concerned about her own feelings than about the duty that lies before her. The poet's ideal nurse is not the sort of person we should wish to have by our bedside at any mortal crisis. Her egotism and glib philosophy would not, we fear, support her through the drudgery of a long illness, and a tendency to "reeling of the brain" to which she confesses, and an extreme sensitiveness to bad smells, might disqualify her for some very necessary offices of the sick-room.

Before Mr. Tennyson indulges in any more hospital lyrics he ought to familiarise himself with the routine and discipline of these establishments, so that he may avoid

blunders which would be absurd if they were not damaging. Had he possessed the most elementary knowledge of these matters he would not have represented little Emmie as dying alone and untended in the night, and being found dead by the surgeon on his rounds, because her highly educated and religious nurse, who had been watching her for three successive nights, did not feel equal to a fourth vigil, and so went off to bed. What hospitals may come to when they are handed over entirely to the tender mercies of matrons, nurses, and lay governors, we cannot pretend to predict, but under existing arrangements, and as long as doctors have anything to do with their management, such shameful negligence as that which Mr. Tennyson records cannot possibly occur.

The medical profession needs no laureate nor hireling lays in its honour. It fears not the denunciations of the shrieking sisterhood, nor of sickly sentimentalists. It will survive the hostility of superstitious clerics and mock philanthropists. It is strong in the love and esteem of those—and they are the millions of our people—who know it as it is, and who are not to be deceived by a hideous caricature, even though it be drawn by a master pencil. Day by day, and night by night, in hospitals, asylums, camps, and private houses—wherever sickness and suffering show themselves—the members of that profession bear perpetual witness that loving kindness is not incompatible with scientific attainments, and that deeds of heroism may be performed when there is no prospect of a pension or Victoria Cross. Medical men might safely leave the vindication of their character against foul misrepresentation in the hands of their patients. Mr. Tennyson has doubtless taken good care of his health, and has not perhaps required medical assistance. Should he ever unfortunately do so, he will, we feel satisfied, come to regret that he has employed his powers to traduce and wound a body of men who are worthy of better treatment at his hands.

THE DUBLIN CREDIT FEE SYSTEM IN ITS RELATION TO APPRENTICESHIP.

The abuses which we recently indicated as arising from the system of allowing the Dublin student to postpone payment of his fees until the eve of his examination affect very seriously—as we showed—the student himself, his parent or guardian, and his teacher. As regards the student, we pointed out that, inasmuch as the "tick" system allows him to postpone until the end of his study his payments for instruction, it is his present pocket-interest, and often of those who advise him, that he shall neglect his first year of study altogether, and crush his entire lecture-curriculum and his whole study for examination into his last year. To the student this system plainly offers the strongest inducements to idleness during his first years of study. Not being entered for lectures in the preparatory subjects, he, of course, does not attend them, and has nothing to do but walk the wards of the hospital in blank ignorance of all he sees—sit out courses of advanced lectures suited to third year's men, and fill a place at "grind." Thus, idleness is inculcated at the very outset of the student's career, and the lesson so learned is, we may be perfectly certain, not readily unlearned.

As regards the parent, we pointed out that this credit system was equally disastrous, for, having postponed all possible payments until the awful moment when he is called upon to pay up every shilling of arrears *plus* diploma fees, he then finds that the future of his son depends upon his readiness to book up for his previous omissions. In many instances the money is *non est inventus*, being invested perhaps in standing crops, or in cattle, or some such unnegotiable security, and thus, while the student in Dublin is straining every nerve to make up for the idleness of his first years, and for the absence of elementary training, the father is scraping every shilling together for the diploma fees and for the certificates which ought to have been paid two years previously. How often does it happen that either the student lacks the education, or his parent lacks the cash, and consequently, the professional life of the young man is wrecked by his being kept loitering about the Dublin hospitals long after the time when he should have been earning his bread.

To the teacher we tried to make it clear that his direct interest lies in the direction of cash payments. As we said, when the books of his school close on the 25th of November, he finds himself the appointed teacher of a goodly number of students. But where are they? and where are their fees? They have, it is true, put down their names for the course of lectures, but they have paid nothing, or only an insignificant instalment of the professor's honorarium. He has the pleasure of lecturing them for many months with the disappointment of finding that, after all, the certificate is not wanted, and the fee is not paid, the student having meanwhile died, or retired from doctoring to the more congenial employment of farming.

It is in its connection with these evil effects upon student, teacher, and parent that we think it right to refer to the apprentice farming system which obtains in Dublin, and which "lives and moves and has its being" by reason of the credit fee system—a system fraught with injustice to both the student and his teacher, and calculated to foster the worst abuses of which we have spoken. We should be very sorry to suggest that the narrative is applicable to even a considerable number of teachers, or to infer that, when the system does apply, it is anything more than a vicious result of competition; but we know and must not hesitate to assert distinctly that such things are done in Dublin, and that as long as the temptation is held out by the credit fee system they will continue to be done in spite of all remonstrance. The method of proceeding is as follows:—Mr. Verdant Green, senior, and his junior namesake come to town for the purpose of starting the latter on his career as a medical student. Probably Mr. Green has already decided, upon the advice of some medical friends, to place the son with some medical teacher; if not, the inextricable confusion of mind into which the incomprehensibility of the collegiate regulations throws him, leads him in that direction, and he is glad to find an instructor who will take charge of the whole educational arrangements, and undertake to see the boy through his whole period of studentship, and past his successive examinations. Such an obliging friend they find ready in the apprentice-farmer, who is willing, for a stated sum to provide for the medical certificates, diplomas, "grinding," and everything else necessary to the qualification. A sum vary-

ing from £120 to £150 is handed over by the parent, and the boy becomes unindentured apprentice of this teacher. The first step is for the teacher to go to the school which he patronises, and enter the student thereat. Here he is probably well known as the owner of many pupils, past and present; his patronage is of substantial value to the school lecturers, and he is considered to be entitled to very special relaxations and discounts upon the amount and times of payment of the lecture fees. He is entitled, in any case, to a handsome discount upon payment, cash down, of the whole money for the student's curriculum; but frequently he demands, and is granted, the same discount—paying only by instalments, spread over the three years of supposed study.

This contract system is obviously open to objections to which we will refer on another occasion; but it is nevertheless infinitely preferable to the other alternative, in which the "farmer" does not compound for a complete curriculum, but enters the student for the lectures and hospital attendances one by one, as they are required. This latter course is the favourite procedure with the more needy teachers, for it enables them to keep the fee money in hand for an indefinite period. The student is entered for just so many lectures and just so much hospital attendance as will pass muster for the first year, and qualify him to appear as a medical student. For these lectures the "farmer" probably pays only one guinea on account, leaving over the great bulk of the fees to accumulate until the certificates come to be "taken out" prior to the "first half" examination. This arrangement gives the farmer the command of the money for two years, and perhaps extricates him from a serious difficulty which may have arisen with reference to the fees on certificates of other students, whose money was spent years ago, and who are coming forward for examination. In any case it puts him in possession, where several students are thus farmed at the beginning of the session, of a very considerable amount of ready money. Six "apprentices" at even £120 each, tot up to something over £700, and such a sum is sufficient to lift the farmer into comparative opulence. Be this as it may, the student, once he is entered at his school, hospital, and "grind," is left to his own devices. He is probably expected to show himself more or less frequently at the grind-lecture or hospital visit given by his master; but for any other work he may do as he pleases. He is not an apprentice in any true sense of the word—does not receive any special personal instruction worthy of the name, or materially superior to that which any unapprenticed student may receive if he pleases; and in some instances he is hardly known by appearance to the "farmer" who has undertaken his education.

Three years thus pass over, the requisite entries for lectures and hospital attendance being made, but little or no money paid to the lecturer thereon. The student is "ground" up for examination, and it becomes necessary to provide him with the required certificates; but by this time the arrears of fees have mounted up to a large sum; perhaps fresh "apprentices" have been scarce—perhaps the domestic or professional expenditure of the "farmer" has been exuberant—perhaps a brougham has been started on the strength of cash compositions of various students. For any or all of these reasons it may be awkward to have to pay up for the certificates of half-a-dozen "apprentices," and immediately the tightness of the money market reacts upon the student. Probably that gentleman is very willing to postpone his examination—possibly indolent, tired of the profession, or anxious to "see the world;" but in any case his presenting himself for the examination is not forced upon him; he is told, probably with perfect truth, that it is doubtful whether he will pass—that he needs at least six months' more grinding—that the profession is "going to the dogs," and hardly worth the attention of any smart young man. Thus a respite from the payment of the lecture fees may be obtained, and perhaps the student may relieve the "farmer" from any further expenditure on his account by abandoning the profession altogether, and going to sea or the colonies.

Whether or not this description of a system is the offspring of our imagination, let Dublin teachers and registrars of schools and hospitals say. It is at least the possible and rational result of the credit fee system, and it cannot be denied that when parents, teachers, or students are permitted to postpone their payment of lecture fees, the tendency of such a system must be that the certificate will, in many instances, never be purchased—the whole education of the student will be rendered abortive—the teacher will be mulcted of his fair earnings, and the certificate, if obtained, will be utterly valueless except as a receipt for the money paid.

The remedy for so indefensible a system lies obviously—Firstly: In the sub-division of study, and the examination which, for other reasons, we have advocated elsewhere, and which would compel a reasonable part of the curriculum to be taken out and paid for in each successive year. Secondly: The adoption of the London system, under which the student enters for a stated sub-division of his course of study, and for all the lectures and hospital instruction therein, *and pays his money in advance.* Such arrangement would serve many good purposes. It would render the lecturer perfectly independent of fee considerations in the granting of certificates. It would at the same time stimulate him to give such "value" to the student as would induce him to remain at the school after the current sub-division of his course of study had lapsed; it would relieve the minds of parents and students of any monetary apprehensions as regards that period of study; it would ensure that the teacher would receive payment for his didactic work, whether or not the student died, ceased study, or ran away. Finally, it would make impossible the postponement of payments, and would prevent the contingency of the student being obliged to hang on as a "chronic" long after he was ready for examination, waiting for the money necessary for his curriculum and examination fees to be found.

THE VACANT CROWN REPRESENTATIVE FOR IRELAND IN THE GENERAL MEDICAL COUNCIL.

THE *Lancet* in its last issue follows up the view strongly expressed by us in our leading article of last week. The vacancy by the resignation of Dr. Alfred Hudson, gives,

it says, the Government an opportunity of reverting to the original design of these Crown nominations. A study of the nature of the case and of the state of feeling at the time of the passing of the Bill, both among statesmen and members of the profession, go to show that the Crown nominations were intended as a means of supplying members of Council who should be familiar with general practice and with the defects of medical education and examination, as shown by the experience of general practitioners. The overwhelming representation otherwise secured to universities and corporations makes it quite unnecessary to give them further representation. On the contrary, to make the Council effective and less considerate of the mere pecuniary interest of corporations, it is in the highest degree desirable to select as Crown nominees men who will really take a public and practical view of questions affecting medical education and registration.

The Government will very soon be asked to complete the Medical Acts by amending them. But pending this action on their part, it cannot do a more liberal or a more proper thing than by using its powers as Crown vacancies occur so as to make the Council really representative of the experience and the intelligence of the great body of general practitioners.

In thus indicating the propriety of appointing a general practitioner to the representation of the Crown for Ireland, we conceive that the *Lancet* means a man actively engaged in the work of the profession in Ireland, and conversant with its educational arrangements. "General practitioners," in the sense in which the term is used in England, can hardly be said to exist in Ireland, but there is the analogue of the general practitioner in the working physician and surgeon, who certainly needs the means of expressing his views in the Council. For twenty years the Crown seat for Ireland was occupied by Dr. Stokes, whom to laud as a physician and a gentleman would be an impertinence. But he was not of the age in which we live, nor was the late Dr. Hudson, and neither of these representatives could either know much, or could have much, interest in Irish medical and medico-educational affairs. What knowledge of matters as they exist in 1880 could be expected from gentlemen qualified under the old apprenticeship system in 1825 and 1834 respectively? And is it another representative of this class that will speak for the Crown and the general public, when the reforms now pending in medical education and qualification come to be put in practical shape? We earnestly trust not.

Notes on Current Topics.

London Smoke and Fog.

Under this heading Mr. Frederick Edwards, jun., has issued a small pamphlet dealing with the question of smoke prevention and fog cure. The work is described as "a chapter from the author's new edition of his work on the 'Ventilation of Dwelling Houses, and the Utilisation of Waste Heat from Open Fire places.'" Very possibly the work referred to may contain chapters explanatory of the author's conception of the mode of dealing with smoke and fog, but the pamphlet certainly does not enlighten us. So far as we can judge, Mr. Edwards considers that entire combustion grates will meet the difficulty, and he devotes a lengthy portion of his essay to declamation against the "country parson's" grate, so widely and favourably known. This is generally admitted now to be an admirable improvement on the old ruinous open fireplaces; and we venture to disagree with Mr. Edwards' dictum that "no scientific man!" would ever have invented the country parson's grate. He endeavours, to us it seems with unnecessary emphasis, to ridicule the invention, and its sponsor, Mr. Mechi, whom he somewhat ungenerously attacks. The smoke and fog of London are undoubtedly great evils, and a remedy against them would be a blessing indeed, but Mr. Edwards has scarcely found it; at any rate, his pamphlet on the subject does not afford it. A low bedded fireplace with holes in place of a solid bottom is all he offers, a plan having little of science to recommend it over the grate he so severely condemns, in which combustion is certainly provided for, as well as in the grate he recommends.

Public and Private Asylums.

We have been favoured by Messrs. Dean and Son, with a preliminary notice of a new publication they will issue in December, and of which a special feature is to be a series of articles on the "Treatment of Lunatics in Asylums, and the Action of the Lunacy Laws." From the information we are afforded concerning these essays they are to be of the character usually supplied to a sensation loving public. It is a little to be regretted that publishers should so readily lend themselves to the dissemination of the nonsense written by the journalists who depict scenes they have never witnessed, and describe those things with which they have had no personal acquaintance. We are told in the announcement of these delectable productions that "strange as it may seem, in order to arrive at a proper opinion as to the present system (*sic*) and conduct of our asylums, it appears that the experience of reliable witnesses once incarcerated but now in the enjoyment of public (*sic*) health, physical and mental, in addition to other important evidence, has been carefully collected for this purpose for some time past." As far as this elegant and somewhat involved sentence means anything, it means that some person has been found to pen more of the miserable and harm-dealing misrepresentations with which the reader of sensational literature was formerly surfeited. It may be inquired, and the curiosity excused, what value can be attached to an ex-patient's description of that he experienced before he entered on the enjoyment of "public" health, or what confidence can be felt in a writer who confessedly only hashes up the tales told him at second hand. We know little of Messrs. Dean & Son as publishers, but we venture to assure them they will gain but little reputation by acting as the medium for further abuse of institutions to the value of which many "reliable witnesses" testify.

The Names of Diseases.

The nomenclature of diseases decennially published by he Royal College of Physicians will be revised for the

next issue by the following committee appointed for the purpose:—Drs. Ridson Bennett, W. Peacock, Bristowe, Radcliffe, Barnes, Bucknill, Barclay, Galabin, Ord, Pye-Smith, W. Ogle, Weber, Savage, Buchanan, Gowers, Buzzard, W. H. Stone, Payne, Dickinson, G. Johnson, Mahomed, Sir J. Fayrer, Dr. J. W. Reid, of the Naval Medical Department; Dr. L. Kidd, of the Army Medical Department; and Messrs. Simon, Holmes, Hutchinson, and Holden. Dr. Ord will possibly be requested to act as honorary secretary.

Cholera in India.

According to accounts received, cholera, which prevailed somewhat severely among the troops who returned through the Kyber Pass to India still lingers at Peshawur, where its attacks are confined to the native town. Fears were, at one time entertained lest the epidemic should extend to Lahore, as a grand durbar, now over, had been arranged to assemble at that place. Fortunately, these fears were not realised. But in the history of cholera in India instances are by no means wanting in which the course of the epidemic was from west to east, or nearly so; thus, in 1817-18 it progressed from Jeypore to Bengal; it spread upwards along the course of the Ganges and Jumna to Agra, Delhi, and Hurdwar, meeting a stream of the same disease that was in progress downwards from the latter place. In 1844, while one current extended westward from Bokhara, another advanced from the Punjab eastward to Delhi. Thus there are no real grounds for the belief that cholera only advances according to a particular set of lines. A peculiarity of cholera, in 1878, appears to have been that it did not specially occur among those assembled at fairs as heretofore, nor is the exemption in all cases accounted for by the nature of "sanitary" measures adopted on such occasions.

Sewer Ventilation.

It will be interesting to the Dublin citizens to learn that according to a report presented by the local medical officer of health to the sanitary authority of Maidstone at its last meeting, that two cases of typhoid fever—one of them having a fatal result—are attributable to the noxious odours emanating from the sewer ventilators. Within the last two or three years £60,000 has been spent by the Local Board in providing a drainage scheme for the town, and the sewers are ventilated by air-shafts and man-holes, placed short distances apart and opening into the public streets. Ventilators of this sort are being scattered throughout the streets of Dublin, and a fiery controversy has recently taken place between an ex-Lord Justice of Appeal and the Medical Officer of Health for the city, as to the propriety of delivering undiluted sewer gas into the streets. The Lord Justice having lost a child by typhoid fever immediately after the opening of one of these ventilators opposite his windows.

Drunkenness in Siberia.

Mr. Henry Seebohm in the interesting account which he has just published of his visit to the valley of the Petchora in North-East Russia, states that it is the custom for the revellers at all merry-makings in Siberia in Europe to get more or less drunk. The Russian peasantry, he thinks, becomes drunk very easily. They take vodka neat, and two or three glasses are enough for most of them. There is one very curious circumstance about drunkenness in this part of the world, and that is, that it never produces crime. When a Russian peasant is intoxicated he is not quarrelsome like most Englishmen, but simply becomes obtrusively affectionate. He wants to embrace you, and kiss you, and be your very best friend. Mr. Seebohm when returning from the hospitable boards of his Russian and German friends in the small hours of ths morning, used occasionally to see the victims of excess of vodka lying in the snow, their malitgas being warm enough to prevent them from being frozen to death.

The Medical Services in India.

The government of India lately published a "resolution" by which the relative position of the surgeons-general of the Army and Indian Medical Departments is more clearly defined than it has hitherto been. Surgeons of the latter service will, under orders from the Surgeon-general with the government of India, be sent from Bombay on arrival to Allahabad, where, under orders of the Deputy Surgeon-General of that "circle" they will be appointed to do duty with troops. From that time, and until withdrawn for other employment, they will be under the authority of the Surgeon-General, British Forces; nor will he be removed from military duty as a rule under two years, although in special cases this regulation may be modified. All officers of the Indian Medical Service who have completed two years with troops are eligible for civil employment, but remain liable at any time to be re-called to military duty. It is expressly stated that "a minimum establishment for the requirements of the army, and for all other sanctioned appointments will always be maintained;" this including the prescribed margin for absentees and those on sick furlough, and giving the army the first claim on the medical service.

Trepanation of the Mastoid Process.

Dr. F. C. Hotz, of Chicago, in a paper in the *Archives of Otology* lays down with emphasis the advisability of early performing trepanation of the mastoid process in acute purulent inflammation of the middle ear implicating the mastoid cells. He also gives the indications for the performance of the operation. The danger, he contends is no more than in the performance of Wilde's incision while the relief afforded is immeasurably greater. It has been too much the custom, Dr. Hotz thinks, for aural surgeons to look upon trepanation as an *ultimum refugium*, to be resorted to only after incision had failed, instead of as the surest and quickest cure of an acute collection of pus in the mastoid bone. In support of these opinions he cites authorities and cases. The chief point which he considers as an indication for the use of the trephine is the condition of the periosteum, and he lays down the principle that "when in the course of an acute purulent otitis media the mastoid region becomes implicated by pain, redness, swelling, and tenderness to the touch, and these symptoms are not speedily relieved by leeches and poultices, an exploratory incision should be made down to the bone. If marked symptoms of acute periostitis are found, our surgical interference shall cease

with the incision. But if the periosteum is found of firm texture, normal thickness and strongly adherent to the bone, the incision should immediately be followed by the perforation of the bone."

The advantages which Dr. Hotz claims for this early and immediate operation are :—1. It abridges the sufferings of the patient. 2. It saves the patient from the disappointment of an unsuccessful operation, and from the anxiety and excitement of a repeated operation (*i.e.*, when Wilde's incision has been performed first, and trepanation is ultimately found to be necessary). 3. It shortens the course of the suppurative inflammation, and thereby limits its destructive effect. 4. It arrests the disease before it can become dangerous to life. 5. It enhances the possibility of restoring a useful amount of hearing power.

The Army Medical Service.

THE medical officers of the Household Brigade are to be congratulated if, as stated, apparently on authority, the warrant having reference to them has been determined upon and is about to be promulgated. It is expected that, in respect to pay, their position will be somewhat, if not entirely, assimilated with that of the general body of medical officers in the army, and that in order to open up to them prospects of promotion to administrative rank, the position of deputy surgeon-general in the brigade is to be created. We observe the statement, however, that the position of statistical officer in the Army Medical Department is not likely to be filled up. Does this imply that the members of the foreign-going portion of the department are to be deprived of a step in order that it may be given to their more fortunate brethren of the Guards? Let us hope not. It appears that in the matter of leave of absence army medical officers are still invidiously dealt by as compared with the "executives." This ought in justice not to be so, and we trust that the *grievance* thus felt by them may before long be removed. It is difficult to perceive, either as a point of equity or expediency, why a "surgeon-major" should be less liberally considered as regards leave of absence and sick leave than a "major," for instance.

Ergot of Rye in Acute Rheumatism.

AT the Clinical Society of Paris Dr. Chevallereau brought forward three cases in which the subcutaneous injection of ergotine had caused a rapid diminution of the pain, and other symptoms of acute articular rheumatism. In the first case the ergotine was given for the relief of prolapse of the rectum, without any idea of its having any effect on the rheumatic affection from which the patient was also suffering, but to the surprise of the doctor the next day articular pains had much diminished and the patient was able to move her joints. The author brings forward no theory to account for the facts, but hopes that other physicians will try the remedy.

AT a meeting convened at Colchester to support the repeal of the Contagious Diseases Acts, a counter-proposition approving of the measure was carried almost unanimously. The meeting, however, appears to have broken up in disorder.

A Potash Bichromate Ring.

THE *Chemist and Druggist* says that there is quite a complicated duel being carried on just now between the Scotch and American manufacturers of bichromate of potash. The Scotch, it appears, want to force the American makers to enter into a combination on the iodine principle, and they have been sending their product over to the United States, paying duty on it, and then selling it at less than they would charge a purchaser who came and took it from their works and paid cash for it at the moment. The Americans, on the other hand, have sent their product over here and are underselling the Scotchmen in British and Continental markets.

Guy's Hospital.

ALTHOUGH one hundred and eighty beds have been permanently closed in Guy's Hospital within the last twelve months, it has been found impossible to keep the expenditure below the receipts ; and it is now rumoured that a deficit of £10,000 on the year's working is manifest. It will be difficult to explain in face of this fact, what necessity there could have been for incurring the very considerable expense that was gone to for the purpose of renovating the chapel and the treasurer's lodgings, earlier in the present year.

Relative Value of the Cinchona Alkaloids.

DR. HAGER, in a paper in the *Bunzlauer Pharmaceutische Zeitung*, gives the results of some experiments made on himself to decide this question. Pills containing considerable doses of the alkaloids were used to relieve catarrh, and the antipyretic value and cost in shillings for 100 grammes are given in the following table :—

	Antipyretic value.	Cost.
Quinine sulphate	100	... 95
Quinidine sulphate	90	... 35
Cinchonidine sulphate	70	... 30
Cinchonine sulphate	40	... 10

This table means that 2½ grains of cinchonine sulphate in a dose will produce the same antipyretic effect as 1 grain of quinine in a dose, which costs four times as much.

Easy Test for Arsenic in Fabrics.

THE following plan is recommended by Dr. Henry Barnes as an easy plan to detect arsenic in paper hangings or any other suspected fabric :—

Immerse the suspected paper in strong ammonia on a white plate or saucer ; if the ammonia becomes blue, the presence of a salt of copper is proved ; then drop a crystal of nitrate of silver into the blue liquid, and if any arsenic be present the crystal will become coated with yellow arseniate of silver, which will disappear on stirring.

This test is not so well known as it should be. It is mentioned in some of the text-books, but we are not aware to whom the credit of its first introduction is due.

SURGEON-MAJOR J. R. KEOGH, of Maganey, co. Kildare, has, on the recommendation of the Marquis of Drogheda, been appointed to the Commission of the Peace for the county Kildare.

Milk Adulteration in England.

THE English Local Government Board has recently issued a Report which illustrates forcibly the condition as regards purity of the milk sold throughout England. During the year 1879 the public analysts of England are reported to have examined 5,654 samples of milk, and of these 1,101 (nearly one-fifth) were pronounced adulterated. This proportion is less than in either of the two preceding years. In the whole metropolis, 1 sample in every 5 was pronounced adulterated. The percentages of adulterated samples in different districts were :—

Hackney . .	41·3	Kensington . .	26·9
Fulham . .	40·5	Paddington . .	24·2
St. Pancras . .	35·5		

It St. James's, Westminster, of 67 samples all were genuine, and the same may be said of Limehouse. The provincial percentages were :—

Birmingham . .	59·7	Bristol . . .	20·9
Manchester . .	34·6	Sheffield . . .	13·0
Liverpool . .	20·0	Leeds . . .	5·9

In some cases it was found that science had been called in to aid adulteration: thus, one sample contained a sufficient amount of sugar to bring it up to the specific gravity of genuine milk ; and in another an alkali had been introduced to conceal the badness of milk that had become sour. It is curious to note the loss which the Local Government Board calculates is sustained by consumers through the adulteration of milk with water ; in the metropolis, for instance, estimating that each person on an average consumes a pint of milk a week (a moderate estimate, considering that over an eighth of the population consists of children under five years of age), the yearly consumption is twenty-three million gallons, representing, at fivepence a quart, an expenditure of nearly £2,000,000. If nearly a quarter of this milk be adulterated with about 16 per cent. of added water, it follows that Londoners are annually paying some £70,000 for common water sold under the name of milk.

The Scientific Grants of the British Medica Association.

THE following grants in aid of scientific investigation for the past year have been made, viz. :—Dr. McKendrick and Committee, Glasgow, for a continued Investigation on Anæsthetics, £25. Dr. Gerald Yeo, London, on the Efficacy of the Antiseptic Method in Injuries of the Brain, £50. Dr. Thin, London, for a continued Investigation on Parasitic Skin Diseases, £25. Mr. W. North, London, for a continued Investigation on the Relations which Exist between Nitrogenous Egesta and Muscular Work, £50. Dr. Hamilton, Edinburgh, an Investigation on the Pathology of the Brain, £30. Mr. Watson Cheyne, London, an Investigation on the Relation of Organisms of Septic Disease, £25. Dr. Augustus Waller, London, an Investigation on the Time and Relations of Muscular Contractions in the Human Body in Health and Disease, £20. Dr. Alexander Ogston, Aberdeen, a continued Investigation on the Relation between Bacteria and Surgical Disease, £10. Dr. Newman, Glasgow, a renewed grant in aid of an Investigation on the Functions of the Kidney, £10. Drs. Braidwood and Vacher, Birkenhead, to Illustrate the Third and Final Report on the Life History of Contagium, £20.

Infected Clothing.

THE best intentions of sanitary authorities are liable to be thwarted by the perversity of the unmanageable pauper, as we learn from a statement made by the Rev. Dr. Haughton at the recent deputation to the Lord Mayor of Dublin in *re* registration of disease. During the late epidemic of small-pox, he said, the Public Health Committee of the Dublin Corporation considered the question of the danger of infected clothes, and an offer was made to Sir Patrick Dun's Hospital, that if they destroyed the infected clothes a decent suit would be provided for the patient when he was leaving the hospital. The governors of Sir Patrick Dun's Hospital found that worked so badly that they gave it up, for when a small-pox patient had a reasonably good suit of clothes he did not care to have them destroyed, and he accordingly came into the hospital with the oldest rags the family could find, leaving his own clothes at home to be worn by the next member of the family whom they fitted, and thus propagating the disease.

The Pomegranate Alkaloids.

M. DUJARDIN-BEAUMETZ, in a paper read before the Academie de Médecine upon the physiological and therapeutic effects of the above, deduces the following actions : 1st. They have decided physiological properties. 2nd. They paralyse the motor nerves, while leaving the muscular contractility intact ; they do not affect the sensibility, and appear primarily to affect the motor nerves at their muscular extremities similarly with curare. 3rd. The sulphate of pelletierine and of isopelletierine, in the dose of grm. 30 in a solution containing grm. 50 of tannin, have very marked tænicide properties. 4th. This physiological action should entitle them to trial in the use of certain diseases, such as in which curare is indicated, tetanus, rabies, mania, &c., also in ocular affections, when it may be necessary to provoke congestion at the bone of the orbit, and finally in certain vertigos, particularly that of Ménière.

Rectal Alimentation.

AT the meeting of the French Association for the Advancement of Science at Rheims, M. Catillon read a paper on "Alimentation by the Rectum," in which he stated that he had fed two dogs during two months with injections of eggs. The first, which had eggs only, lived with difficulty, with considerable loss of weight ; the other, in which the injected eggs were mixed with glycerine and pepsin, lived in an apparently normal manner, weight and temperature being constant. After thirty-seven days, the pepsin having been stopped, the animal lost weight, and the temperature fell from 102° Fahr. to 99° Fahr. It is therefore apparent that, in order that nutrition should be properly performed by the intestine, digestive ferments must be associated with the food—that is to say, they must be transformed into peptones.

Dublin Obstetrical Society.

DR. JOHNSTON, President of the Irish College of Physicians, having declined to be put in nomination for re-election as President of the Obstetrical Society for the ensuing Session, the Council nominated Dr. John A. Byrne, and that gentleman has been elected.

Treatment of Membranous Sore Throat.

At a recent meeting of the Academy of Medicine of Paris Dr. Viard made a communication on this subject. He considers that membranous sore throat is primarily a local affection, which does not become general for five or six days; during this first period the diphtheria may be cured by cauterisation. During the last eighteen months he has had 26 cures out of 28 cases. Wrapping his finger in a rough cloth he removes the false membrane, leaving in its place a bleeding surface; then he cauterises with nitrate of silver; four or five such cauterisations neutralise the diphtheritic poison. General tonic treatment is employed at the same time.

Brown Institution Lectures.

Dr. W. S. Greenfield, professor superintendent of the Brown Institutson will deliver the annual course of five lectures for 1880, in the theatre at the University of London, on December 13th, 15th, 17th, 20th and 22nd, at 5·30 p.m. The subject of the course is "Further Investigations on Anthrax and Allied Diseases in Man and Animals." On December 22nd the hour preceding the lecture will be devoted to exhibiting microscopic specimens.

Death Through Sewer Gas.

The *Cincinnatti Lancet and Clinic* records the death in Boston of the Mayor's daughter, from blood-poisoning. An investigation having taken place into the cause leading to the condition, showed that some meat contained in a refrigerator had been subjected to the influence of sewer gas from a pipe near at hand, and it having been in part eaten by the deceased, brought about blood-poisoning.

Oxide of Zinc in Laryngeal Phthisis.

In the ulcerative stage of laryngeal phthisis, Dr. Samuel Johnston, of Baltimore (*Archives of Laryngology*) has found the insufflation of a small quantity of the following powder once or twice in the twenty-four hours very valuable. ℞ Iodoform, 1 drm.; zinci oxidi, 40 grs.; morphiæ sulph., 3 grs. This is employed after using a spray of a solution containing chlorate of soda, carbolic acid and glycerine.

In the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 24, Bombay 29, Madras 33; Paris 26; Geneva 18; Brussels 36; Amsterdam 25, Rotterdam 25, The Hague 19; Copenhagen 20; Stockholm 31; Christiania 22; St. Petersburg 37; Berlin 26, Hamburg 23, Dresden 22, Breslau 25, Munich 23; Vienna 24, Buda-Pesth 32; Rome 30, Turin 21, Venice 22; Lisbon; 34 New York 27, Brooklyn 23, Philadelphia 17, and Baltimore 18 per 1,000 of the population. Small-pox caused 15, and typhoid fever 36, deaths in Paris.

The death-rate last week from the seven principal zymotic diseases per 1,000 in the large towns, ranged from 0·7 and 1·0 in Plymouth and Hull, to 4·3 and 6·3 in Norwich and Sunderland. Scarlet fever showed the largest proportional fatality in Sunderland, Oldham, Norwich, and Salford; and whooping-cough in Sunderland. The highest death-rates from enteric fever occurred in Portsmouth, Dublin, and Norwich. Small-pox caused 10 more deaths in London, 1 in Dublin, but not one in any of the other large towns.

The rates of mortality per 1,000 last week in the twenty-three large towns of the United Kingdom, were: Birmingham 16, Hull 16, Glasgow 19, Sheffield 19, Leeds 19, Wolverhampton 19, Plymouth 19, Bradford 20, Brighton 20, Portsmouth 21, London 21, Sunderland 21, Edinburgh 22, Newcastle-upon-Tyne 22, Manchester 22, Nottingham 23, Leicester 23, Salford 24, Bristol 24, Oldham 24, Norwich 24, Liverpool 25, Dublin 33.

The curious and interesting Pygopagi Twins, of which we gave a brief description a fortnight since, will be presented this evening at a meeting of the Obstetrical Society of London, by the President. A full meeting is expected.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

The Progress of Evolution Theories.—On the 26th ult. Dr. Andrew Wilson, of Edinburgh, delivered the last of a course of four lectures to the Greenock Philosophical Society on "The Constitution of the Animal and Plant Worlds." There was a very large attendance. The Rev. J. M. Jarvie occupied the chair, and introduced the lecturer. Dr. Wilson gave a clear and masterly *résumé* of the evolution theory, and directed his hearers' attention to such proofs of its correctness as were afforded by development, degeneration, rudimentary organs, and variation. He showed that variation was the key-note of the entire subject By special creationists, variations were regarded as original, or at most unusual; by the evolution theory, they were shown to be acquired and produced by such causes as changes of environment, &c. In individual development, which repeated the life history of the race, there was a great proof of the correctness of evolution; referring to the influence of evolution, Dr. Wilson said he strenuously denied that evolution was inimical to religion. It proved antagonistic certainly to dogmatic interpretation of the world's order; but the best minds alike in church and science had renounced these dogmatic ideas of which the creation of the world in six days was a familiar example. Evolution was a true and hopeful guide to future progress. It postulated progress of a universal kind as its outcome; and the whole course of history was merely a record of the evolution of higher from lower levels of thought. The Rev. J. M. Jarvie moved a vote of thanks to Dr. Wilson in highly complimentary terms.

Glasgow.—Association for Trained Nurses.—The fifth annual meeting of the association for providing trained nurses for the west of Scotland was held in the Religious Institution Rooms on the 24th ult. The Lord Provost presided, and was accompanied to the platform by the stock company for public meetings. The Report, which was read by the secretary, stated that the work of the Association had been carried out with great success during the past year. The staff, which at its commencement consisted of eighteen nurses and six probationers, had now been increased to thirty-five nurses and four probationers. Every care continued to be taken in the selection of the staff employed; and as candidates of a superior grade were now more easily obtained than formerly, each year tended to bring it into a higher state of efficiency. Gratuitous or district nursing

being one of the objects of the Association its steady increase was in every way gratifying. Eight district nurses and four assistants were now employed, as against five nurses in the preceding year. The usual motions and votes of thanks terminated the proceedings.

UNIVERSITY OF ST. ANDREWS — ELECTION OF LORD RECTOR.—The election of Lord Rector for the University of St. Andrews took place on the 25th ult. The candidates were Mr. E. A. Freeman and Sir Theodore Martin. The poll opened at 10 o'clock and closed at 11.30 a.m., 181 students recording their votes. The result was that Sir Theodore Martin was elected by 113 votes, against 68 recorded for Mr. Freeman.

WESTERN INFIRMARY OF GLASGOW.—The annual meeting of the subscribers to the Glasgow Western Infirmary took place on the 25th ult. in the Religious Institution Rooms. The Hon. the Lord Provost presided. The old fallacy that the greater the number treated the greater the need for a hospital was freely expounded. The income of the Institution falls short of its expenditure by £585. From November, 1879, to the end of October, 1880 over 15,000 patients were treated at the Infirmary.

HEALTH LECTURES TO THE PEOPLE.—A series of lectures of this nature was begun on Saturday evening, the 20th ult., at the Watt Institution, Edinburgh. The meeting took place in the large hall of the institution, which was crowded by an audience comprising a large number of working men. The lecturer was Professor Fleeming Jenkin, with the Lord Provost in the chair. After giving it as his opinion that people who thought they took the better care of their souls by mortifying their bodies acted on an entirely fallacious principle, the lecturer urged that care of one's health was a primary duty incumbent upon every person. Commenting on the way in which infectious diseases were often spread by a little carelessness, he referred, among other points, to the care that should be taken against the contamination of milk, which was afterwards to be sent out for the use of families, the neglect of certain simple sanitary precautions being sufficient to make milk a thoroughly deadly poison. In order to indicate the great extent to which public health was dependent on sanitary measures, he mentioned that while in Edinburgh the death-rate was only about 20 per 1,000 it rose in Dublin to 40 per 1,000 ; while, on the other hand, at Hampstead the average was only 13, and in New Zealand only 12 per 1,000.

DEATH-RATE OF GLASGOW.—Notwithstanding the unusual severity of the weather so early in the season, and to the fact that several fatal cases of typhus fever had occurred, the death-rate of Glasgow for the week ending with Saturday, the 20th ult., was only 19 per 1,000 per annum, as against 24 in the preceding week ; and 21, 29, and 21 in the corresponding weeks of 1879, 1878, and 1877 respectively.

DEATH-RATE OF EDINBURGH AND LEITH.—The death-rate in Edinburgh for the week ending with Saturday, the 20th ult., was 22 per 1,000 per annum, and that of Leith 23.

Literature.

REMOVAL OF THE ENTIRE TONGUE BY THE WALTER WHITEHEAD METHOD. (a)

IN 1859 Professor Gross, of Philadelphia, wrote of complete extirpat on of the tongue, "If there is any operation in surgery that deserves to be stigmatised as cruel and unmeaning, it is this ; it cannot be too strongly condemned."

There are few, now, who have ever witnessed the sufferings of an unfortunate patient affected with foul and sloughing cancer of the tongue, accompanied, as it is, with profuse salivation, and great difficulty of deglutition, and who have seen this patient a few months after the operation, who would agree with this sweeping condemnation. For our part, we look upon this operation as one of the most merciful in surgery, and one which statistics show is singularly free from danger to life.

Mr. Syme was, we believe, the first (1859) to extirpate the entire tongue. His operation was performed by making an incision through the lip, chin, and lower jaw. Regnoli made a semi-lunar incision along the line of the lower jaw opening into the cavity of the mouth through the floor, and then making a vertical cut through the centre of this from the hyoid bone forwards. The tongue was drawn through this wound and excised. Mr. Nunneley, in 1861, described his method, which consisted in passing a curved needle, armed with the chain of an écraseur through an incision made in the integuments, mylo-hyoid and geniohyoid muscles round the base of the tongue. Sir James Paget improved this by doing away with the primary incision, but used the knife to free the tongue from its sublingual attachments. Collis, of Dublin, used the écraseur for the same purpose, but divided the cheek to give more room.

The essay now before us advocates the excision of the entire tongue by a succession of cuts made with a pair of scissors, which is the only cutting instrument used. The operation here recommended appears to have been performed several times by Mr. Walter Whitehead in the Manchester Infirmary, but it seems to us that it is attended with greater danger from hæmorrhage than any of the other operations ; this, of course, being what is most to be feared in operating on vascular parts like those within the mouth.

There is much in this essay in which we differ, especially where the author argues that complete removal is preferable to extirpating a portion of the tongue.

(a) "Removal of the Entire Tongue by the Walter Whitehead Method, with full details of the Operation and after Treatment." By Edward Lund, F.R.C.S., one of the Surgeons to the Manchester Infirmary, Professor of Surgery in the Owens College, &c., Manchester. Manchester : Cornish. Pp. 36. 1880.

Literary Notes and Gossip.

As an exception to the general rule, November has this year proved to be *the* publishing month instead of October. In our last column of Literary Notes we referred to the paucity of new ventures or new editions of important books. This hiatus in the steady run of medical books has been filled in during the past few days by the issue of new editions of some well-known works.

* * *

THE first to command attention is the seventh edition of "Aitken's Science and Practice of Medicine," containing over two thousand three hundred pages, in two ponderous volumes. The first edition of this work was published some twenty years since, and its author has faithfully performed his task with each successive issue in keeping the contents fully abreast of the time. The present is virtually a new work, and from a hasty glance its reputation will in no way suffer.

* * *

MEDICINE again comes to the fore with a third edition of "Bristowe's Theory and Practice of Medicine." That such should be demanded in the short space of four years is sufficient evidence of its value. In this, as in Aitken's new edition, the increasing interest in matters relating to the care and treatment of the insane is shown by the addition of chapters on this subject, culled from the writings of known authorities or from actual observation in asylums.

* * *

THIS month also sees the completion of the English edition of Witkowski's "Movable Atlas of Anatomy and Physiology." This work appears to have met with an extraordinary success, as the publishers inform us that nearly nine thousand copies have been printed within eighteen months. The two last parts completing the series are VI., "The Brain," text by Dr. Stretch Dowse ; and VII., "The Male Organs of Generation," text by Dr. D. Campbell Black.

* * *

ANOTHER important atlas, issued in fasciculi, "Godlee's Atlas of Human Anatomy," containing forty-eight coloured plates of ordinary dissections, has been completed by the issue of Part XII, and the only other in course of preparation in the same form, "Klein and Smith's Atlas of Histology," will be finished during the present month by the issue of Part XIII. These three atlases referred to were enterprises of considerable magnitude, and their completion reflects the highest credit on the publishers.

* * *

A SECOND edition of Mr. Furneaux Jordan's handy little book, "Surgical Inquiries," has just made its appearance. It is virtually a new work, as it contains, in addition, his "Hastings' Essay" on Shock, the Treatment of Inflamma-

tions, and numerous Clinical Lectures. Comment is reserved for more careful reading.

* * *

THE title of Mr. Osborn's little work ("Diseases of the Testes") indicates its exact nature. It is simply "notes" on the subject it treats of, and it would be difficult to say in what it serves to replace those sections of the larger surgical treatises devoted to diseases of the testes. As a guide to what is to be learnt in connection with the treatment of this class of ailments, and as being a sort of catalogue of them, Mr. Osborn's work may be valuable, but we cannot venture to hope for it any extended usefulness as a student's manual.

* * *

IN our last column of Literary Notes we mentioned the publication of an important-looking royal quarto, "The Descriptive Atlas of Anatomy," expressing our surprise that although the preface stated it to be "by a Metropolitan Hospital Surgeon," no name appeared on the title page. Messrs. Smith, Elder, and Co., the publishers, have supplied us with the information in a note in which they say "the work was compiled by Mr. E. Noble Smith." We are glad to give publicity to this information, as Mr. Smith has shown his prowess as an artistic and scholarly draughtsman in "Klein's Histology," and his reputation is not likely to suffer with the new venture.

* * *

DR. ROBERT GREENHALGH, one of the consulting physicians of the Samaritan Free Hospital, has just presented to that Institution a portion of his medical library, consisting of 600 volumes, together with his surgical instruments. The books are given with the view of forming the nucleus of a permanent library for the use of the staff. Arrangements have been made by the Committee of the Hospital for the proper care of the books and instruments.

* * *

MESSRS. GEORGE BELL AND SONS are about to publish an illustrated work on "Bookbinding of All Ages," in which examples will be given from the libraries of Maiolo, Henry II., and Diana of Poitiers, President de Thou, and other celebrated collectors. It will also contain specimens of the workmanship of Clovis Ere, Le Gascon, Derome, Gadeloup, and other noted binders. The work is edited by Mr. Joseph Cundell, and will form an interesting volume for bibliophiles.

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UNDER the title of *A Word of Warning*, Mr. S. C. Hall has published a pamphlet which deserves the attention of all who take an interest in the distribution of charity. The object of the author is to show that by a too minute investigation into the antecedents of the applicants for charity, and by too hard an adherence to the rule that alms should only be bestowed on deserving objects, the Charity Organisation Society defeats its ostensible object.

* * *

IN the Russian medical journal, *Vratch*, Dr. Hertzenstein devotes an article to medical education in regard to women in Russia, from which we learn that since the St. Petersburg school of medicine was opened to women in 1872, 796 students matriculated, 72 per cent. of the pupils were under 22 years of age, between 22 and 30, 24 per cent., above 30, 3 per cent. According to social condition, they are classified: single, 89·4 per cent.; married, 9 per cent.; widows, 1·6 per cent. As the course of studies is five years, only the first three classes had graduates; their number is 111, corresponding to 266 matriculates. During 1879 453 students pursued the study of medicine, and as 111 graduated and 30 died, 202, or 25 per cent., abandoned their studies. This large percentage is due to the fact that the majority of students are obliged, while studying, to earn their living by giving lessons, literary work, &c., a condition not favourable for a steady study of five years.

* * *

THE monthly parts of "Letts's Popular Atlas" continue to make their regular appearance. In Part IX, just to hand, at the extraordinary price of sevenpence, there are three original maps which commend themselves to our notice, especially that of the West Indies, which, however important these countries may be to us as a nation for a trading centre, have always appeared wanting in interest otherwise. Here is shown the very home as it were of those genial "gulf streams" which warm our own shores even after travelling so many thousand miles; whilst the polar or cold currents are conspicuous by their absence. The curious network of submarine cable connecting nearly all the British Isles (except Barbadoes) with each other, and the mainland of North and South America, the extraordinary collection of volcanic mountains, and the lighthouses, all help to add a brightness to a map which is generally deficient in attractiveness.

* * *

AMONG the most noteworthy features in the extra-medical world of literature during the past month were the publication of a new work by Professor Darwin "On the Movements of Plants," and Lord Beaconsfield's novel "Endymion." The former does not trench upon that debatable subject "The Origin of Species," with which his name became notorious, but writes on plant life as few men living can, with literary powers of the highest and most dignified order, combined with scientific knowledge and experiment, of which a life-long study have made him so profound a master. Every page bears evidence of genuine research and argument, and though the subject will not attract so wide a circle of readers as some of its predecessors, the book nevertheless stamps its author as the most original and philosophical thinker of the age. Lord Beaconsfield's "Endymion" is not one we would pass an opinion on in these pages; its appearance is presumptive evidence of the vigour of literary genius at an advanced age, and is remarkable for the large sum paid for the copyright by Messrs. Longmans, £12,000, and for the number sold within a week of its publication, over 12,000 copies.

* * *

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list. Nov. 3rd. "A Movable Atlas of the Brain with Text," by T. Stretch-Dowse, M.D. "Atlas of the Male Organs of Generation with Text," by D. Campbell Black, M.D. "Surgical Enquiries," by Furneaux Jordan, F.R.C.S., 2nd edition. "Clinical Lectures and Commentaries," by Hy. Thompson, M.D. "Précis Clinique des Affections des Voies Urinaires," par le Dr. Christian Smith. "Ringworm, its Diagnosis and Treatment," by Alder Smith, M.B. "Cæsarian Section, Craniology, &c.," by Thos. Radford, M.D. "Manual of Ophthalmoscopy," by Dr. Daguenet, translated by C. S. Jeaffreson, F.R.C.S. "The Theory and Practice of Medicine," by J. S. Bristowe, M.D., 3rd edition. "The Science and Practice of Medicine," by W. Aitken, M.D., 7th edition. "Domestic Plumbing and Water Service," by W. White, F.S.A.

* * *

PAMPHLETS.—The following have been received since the publication of our last list, Nov. 3rd. "Dress in its Sanitary Aspect," by Bernard Roth, F.R.C.S. "The Scientific Roll and Magazine," Part I. "Insanity, its Treatment and Prevention," by J. A. Campbell, M.D. "What shall Medical Men say about Alcoholic Beverages," by J. J. Ridge, M.D. "Treatment of Naso-Pharyngeal Catarrh," by D. H. Goodville, M.D. "The Treatment of Post-Partum Hæmorrhage," by G. J. Engelmann, M.D. "Time of Conception and Duration of Pregnancy," by G. J. Engelmann, M.D.

Correspondence.

NOTIFICATION AND REGISTRATION OF DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me to correct an erroneous statement in your Leader on the above subject in this day's *Medical Press*.

The British Medical Association never in any way proposed or suggested that the physician should be the informant in cases of infectious diseases. Indeed, if you refer to your own report of the interview the deputation from the Dublin Branch of the Association had with the Lord Mayor, you will see that I said that the principle adopted—or as it should have been reported, the method approved—by the British Medical Association, as regarded notification, was that stated by the Rev. Dr. Haughton, whose remarks on the occasion you noticed with approval. For what the method is, and in order to show that it is not "the direct reverse," either "in principle" or "in detail" to the opinions either of the British Medical Association, or of the two Colleges, I beg to refer you to the Report of the Committee on the Registration of Disease

adopted by the British Medical Association in 1876, and to the Report of the same Committee adopted by the Annual General Meeting of the Association in 1878 (*vide British Medical Journal*, Nov. 22, 1879, p. 831). The latter report expressed the following opinions :—

"1. Whatever may be said as to the abstract right of the State to require the service, it is most undesirable that the confidential relation of the medical attendant and patient should be disturbed, or that the former should be placed in the position of an 'informer' in reference to the affairs of the latter.

"2. It is not well that, in addition to the heavy responsibilities and risk to life attaching to attendance upon cases of infectious disease, medical men should be liable to vexatious actions at law, and to heavy penalties for alleged non-performance of a duty that lies outside of their ordinary practice, and that would be more justly and better performed by persons in charge of the cases.

"3. Such an enactment would also often tend to defeat its own ends, seeing that it would in many cases prevent resort to medical assistance, or lead to the employment of unqualified practitioners, and to more frequent application to druggists. Patients suffering from these complaints would thus not only run much greater danger to life, but the community would be more frequently exposed to danger of infection.

"4. Any injury to trade, or to the means of gaining a livelihood, in consequence of this notification, would probably be ascribed to the action of the medical attendant, and in case of a disputed diagnosis, might lead to further evils than mere loss of practice.

"5. It is not desirable that the extent of a medical man's practice in these cases should be made known to, and commented upon by, members of the various local sanitary authorities."

The same views were brought before the late President of the English Local Government Board by a deputation from the Association last February (*British Medical Journal*, Feb. 28, 1880, p. 340). And it was then stated to Mr. Sclater Booth that "the Association considered that it was undesirable that the medical attendants should be made responsible for reporting such cases." Although some members of the profession may think that the notification of the existence of infectious diseases to the sanitary authority should be made by the physician or surgeon, if in attendance, such is not the opinion of the British Medical Association as officially expressed. And in the clause which has been adopted by the Association as a model in future legislation on this subject, and which is at present in force at Nottingham and Norwich, the medical attendant is required to fill up, sign, and deliver to the occupier or person having the management or control of the building, or, in case such person is suffering from infectious disease, to the person in charge of the patient, a certificate, which must be forthwith delivered *by the person to whom it is given* by the medical practitioner at the Town Hall, to a clerk or servant of the Corporation. If no medical attendant be called in, the occupier or other person is, so soon as he becomes aware of the existence of the disease, to give notice to the Corporation forthwith. In the event of the sufferer not being a member of the occupier's family, the head of the family (resident in such building) to which the patient belongs, or, if there be no head, the patient himself (unless prevented by such disease, or by youth) is to give notice of the existence of the disease to the occupier or other person as above.

The position of the medical profession in regard to the notification of infectious diseases is therefore, in the opinion of the British Medical Association, as follows :—

The authoritative declaration of the nature of the disease must necessarily come, in the first instance, from the medical attendant. On the other hand, to be obliged to furnish information to a public official with regard to sickness occurring in a family, might reasonably be resented by the medical profession. It would be regarded by many not merely as an unnecessary addition to their work, but as an inquisitorial test of the extent of their practice, and as leading to a breach of professional confidence that might cause annoyance both to doctor and patient. . . . No such objections apply to the proposal to make the householder responsible for the declaration of the presence in his house of diseases likely to be injurious to the community.

Although there are other points in your article I should wish to comment on I refrain from doing so, inasmuch as I have already trespassed too much on your space. It would, however, be a matter of much regret that your influential journal should inadvertently attribute to the British Medical Association a line of action in any way opposed to the views of the Irish Medical Association, or to the opinions of the majority of the profession of this city.

I am, Sir,
Your obedient servant,
GEORGE F. DUFFEY, M.D.,
Hon. Sec. Dublin Branch British Medical Association.

30 Fitzwilliam Place, Dublin,
Nov. 24, 1880.

[The force of our correspondent's criticism rests upon the interpretation which he puts upon our use of the word "informant." He conceives that we used the term as signifying that the British Medical Association desires to place upon the physician the duty of notifying the infectious disease *to the sanitary authority*. We did not use the word in this sense, for we were aware that, while certain influential members of the British Medical Association advocated such a proposition, we knew that the Association did not officially sanction such a policy. What it does sanction is set forth by Dr. Duffey in the following words :—"That the medical attendant shall be required to fill up, sign, and deliver to the occupier . . . or to the person in charge of the patient, a certificate which must be forthwith delivered by such person at the Town-hall to a clerk or servant of the Corporation." Our objection lies to making the physician the informant in this way, we recognise no material difference in principle between the serving of a statutory notice on the occupier and the service of the same on the sanitary authority; and, in practice, we submit that the delivery of such a process to the custodian of the patient would be even a more irksome duty than the posting of the same to the City Hall. We urge that, as in the case of every other nuisance detrimental to public health or convenience, the proprietor of an infective nuisance (if we may use the phrase) should be the person solely responsible for its reporting and for its mitigation. He should be held responsible, we think, to ascertain the existence of the infection, and should be expected, if in doubt, to call in a medical man in the early stage of the illness and to ask him the question as to its infectious nature. If he did this, we hold it to be the strongest moral duty of the physician to give his opinion frankly, and we should regard the medical man who told less than the whole truth under such circumstances as an offender against every precept of the profession and every duty as a man. But we would not allow the custodian of the patient, unless under very exceptional circumstances, to escape from his responsibility upon the plea that he had no doctor and did not recognise the disease. No doubt it will not be easy, by legal means, to fix this responsibility and the penalty for its infraction upon the custodian of the patient, but we cannot allow the relation of patient and physician, and the very important interests of the latter, to be sacrificed in order that this difficulty may be removed.—ED. M. P. & C.]

Medical News.

Infectious Diseases Notification in Dublin City.—The Dublin Corporation met last week in committee of the whole House, to consider the question of compulsory notification of dangerous infectious diseases. The subject having been discussed, the town clerk was directed to communicate with Dr. Duffey, hon. secretary of the Irish branch of the British Medical Association, to the effect that the committee would be happy to meet a deputation from that body, and any other medical men interested in the question, irrespective of the opinions held by them on the subject, on Thursday, the 2nd inst., at twelve o'clock noon.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary examinations, were admitted Members of the College at a meeting of the Court of Examiners on the 18th Nov. :—

Appleford, S. H., Champion Grove.
Baird, Andrew, Plymouth.
Campbell, H. W., Claverton St., S.W.
Chisholm, W., Goulburn, N.S.W.
Cockell, E. Seaton, Hackney.
Cooper, R., Gilpin, Southport.
Day, T. M., Harlow, Essex.
Fielding, Edward, Rochdale.
Gabriel, J. S., Ceylon.
Galpin, G. L., Graham's Town.
Griffiths, E. E., Barnstaple.
Lawrence, Joseph H., Frome.
McCulloch, James, Swansea.
Otway, A. C., Kennington.
Pasteur, W., Stratton St., W.
Pickthorn, T. R., Kensington.
Pound, F. J., Odiham, Hants.
Renner, W., Quittah, Africa.
Stead, Geoffrey, Shrewsbury.
Toistie, F. T., Ashburton, Devon.
Watkins, C. J., Mornington Road.

Four candidates who had passed in Surgery at previous examinations, having subsequently obtained a medical degree or license recognised by the College, were also admitted Members.

NOTICES TO CORRESPONDENTS.

M.R.C.S. should study Mr. Gant's little "Guide to the Examinations" before going up for the Fellowship.

Dr. S. G. R.—Beneath notice; his own doings will sooner or later bring him within the pale of the law.

Dr. Michael Kelly, Felling-on-Tyne.—Reply received as we were at press; shall appear in our next.

Dr. J. W. Martin, Sheffield.—We will publish the name in any subsequent list of adherents.

One Hundred and Fifteen Years Old.—*Land and Water* states that in Liverpool at present is living an old lady whose lot it has been to live to an almost unexampled period of human life, and to have been contemporaneous with some of the most remarkable events of history. Mrs. S—— was born in 1765. On the day of her birth Dr. Johnson was running a race in the rain with Signor Barretti in Paris, whilst visiting that city with his friends, Mr. and Mrs. Thrale, and five years previous to the publication of the "Lives of the Poets;" Garrick, Reynolds, and Burke were at the height of their popularity; Napoleon and the Duke of Wellington were six years of age; the father of the present Queen was eight years of age; the population of Liverpool was under 85,000, against 500,000 now; the dock dues yielded £5,000 a year, against £560,000 now; the first Sir John Gladstone was eleven years of age; and it was eight years afterwards that the United States acquired their independence. She has seen the reigns of four monarchs, and yet her powers of memory are as good as ever.

Compulsory Superannuation.—The newspaper reports of the recent deputation from the Irish Medical Association to the Chief Secretary were inaccurate, in so far as they represented Mr. Meldon to have stated that "the Act makes superannuation compulsory and leaves it to the Guardians to fix the amount." Mr. Meldon knows the subject too well to make such a statement.

SALE OF POISONS BY GROCERS.

To the Editor of the Medical Press and Circular.

Sir,—I wish to call your attention to a paragraph in yesterday's *Freeman's Journal*, relative to a case of child-poisoning by a shopkeeper in a small town in England, and to the curious verdict given by the coroner's jury. I would like to know what is the Medical Council doing? What steps will they take in the matter? How can respectable qualified men live when any petty shopkeeper in a small town in the United Kingdom can compound and sell medicines of any kind? It is really very hard on them. Surely the Council in its great wisdom ought to be able to meet the case of the kind referred to and strive to protect the unfortunate qualified men who see these things practised every day before their faces.

Hoping you will, with your usual ability, refer to this particular case in the next issue of the *Medical Press*,

I am, yours respectfully,

Nov. 23, 1880. L.A.H.

[The offence of this shopkeeper comes under the provisions of the Sale of Poisons Act and the English Pharmacy Act and is not within the jurisdiction of the General Medical Council. The English Pharmaceutical Society is constantly engaged in the prosecution of such offenders. Nevertheless, the sale of poisons by grocers and other unqualified persons continues rampant.—Ed. M. P. & C.]

Dr. Pearce is thanked for his kindly interest, the name sent has been placed on our Subscriber's List.

Mr. Fowke.—An announcement of the annual meeting appeared in our last number.

Mr. Cross.—Quite true; the subject is referred to in another column.

Mr. M. S. Wade, Glasgow.—The number of the *Medical Press* for October 1st, 1879, is out of print.

Epidemiological Society.—This (Wednesday) evening, at 8, Dr. E. Dickson, British Delegate to the Ottoman General Board of Health, "On the Outbreak of Plague in the Province of Astrakhan, 1878-79."

Obstetrical Society of London.—This evening, at 8, Specimen: The Pygopagi Twins will be shown by the President.—Paper: Dr. Priestley. "On the Induction of Abortion as a Therapeutic means."—And other communications.

Harveian Society.—Thursday, Dec. 2, at 8½ p.m., First Harveian Lecture by Dr. James E. Pollock, "On the Prognosis and Treatment of Chronic Diseases of the Chest in relation to Modern Pathology."

Pharmaceutical Society of Great Britain.—This (Wednesday evening, at 8½, the following papers will be read: Mr. C. B. Allen, "Notes on the History of Saffron."—Mr. E. M. Holmes, "On the Use of Saffron in Pharmacy."

Ophthalmological Society of the United Kingdom.—Thursday, Dec. 9, at 8 p.m., Living Specimens: Mr. J. E. Adams, Peculiar Opacities in Vitreous Humour after Injury.—Dr. S. Mackenzie, (1) a Case of Scurvy with Retinal Hæmorrhages; (2) a Case of Idiopathic Anæmia with Retinal Hæmorrhages.—Dr. A. D. Davidson, Congenital Absence of one Eyeball.—8½ p.m. Dr. Hughlings Jackson, "The Eye-Symptoms in Locomotor Ataxy."—Mr. Higgens, "Hyposcleral Cyclotomy."—Mr. Critchett, "Peritomy in Partial Pannus."—Dr. A. D. Davidson, "Detachment of Retina after Albuminuric Retinitis."

Odontological Society of Great Britain.—Monday, Dec. 6, at 8 p.m., Casual Communications from the President, Mr. Geo. Lyddon, and Dr. Walker. The President will introduce for discussion the subject of "Extraction or Retention of First Permanent Molars."—Mr. F. Canton will introduce the subject of "Plastic Fillings."

VACANCIES.

Carlow District Lunatic Asylum.—Visiting and Consulting Physician. Salary, £100. Election, Dec. 10.

Derbyshire General Infirmary.—House Surgeon. Salary commencing at £100, with board. Applications to the Secretary at Derby before Dec. 4.

Dorset County Hospital.—House Surgeon. Salary, £80, with board. Applications to the Chairman before Jan. 12.

Evelina Hospital for Sick Children, Southwark, S.E.—Registrar and Chloroformist. Salary, £50 per annum. Applications to the Committee of Management before Dec. 7.

Leicester Infirmary and Fever House.—House Surgeon. Salary commencing at £120, with board. Applications to the Secretary before Dec 13.

Lisnaskea Union, Brookborough Dispensary.—Medical Officer. Salary, £115, with fees, and £15 as Medical Officer of Health. Election, Dec. 14.

Lisnaskea Union Workhouse.—Medical Officer. Salary, £40, with fees as Consulting Sanitary Officer. Election, Dec. 4.

Lisnaskea Union, Lisnaskea Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, Dec. 4.

Mitchelstown Union, Galbally Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, Dec. 15.

Mountmellick Union, Coolrain Dispensary.—Medical Officer. Salary, £90, with fees, and £15 as Sanitary Officer. Election, Dec. 13.

APPOINTMENTS.

Barney, R. W., L.K.Q.C.P.I., L.M., L.R.C.S.Ed., House Surgeon and Dispenser to the Tiverton Infirmary, Devon.

Bennett, Storer, L.R.C.P.L., M.R.C.S.E., L.D.S.E., Assistant Dental Surgeon to the Dental Hospital of London.

Cotter, J., M.D., House Surgeon and Apothecary to the Cork North Infirmary.

Edmunds, W., M.D., F.R.C.S.E., Resident Medical Officer to the Paying Patients' Department of St. Thomas's Hospital.

Fox, T. C., M.B., M.R.C.S.E., a Physician to the Victoria Hospital for Sick Children.

Frazer, D. M., M.B., Assistant Medical Officer to the Metropolitan Fever Hospital.

Gulliver, G., M.D., Resident Medical Officer to St. Thomas's Hospital.

Hammond, G., L.D.S.R.C.S., Dental Surgeon to the Western General Dispensary, Birmingham.

McDermott, P., L.R.C.S.I., House Surgeon to St. Michael's Hospital, Kingstown.

Births.

Blenkarne.—Nov. 26, at West street, Buckingham, the wife of L. Heureaux Blenkarne, M.R.C.S., of a son.

Drapes.—Nov. 22, at Enniscorthy, the wife of Thomas Drapes, M.B. of a son.

Marriages.

White—Watson.—Nov. 19, at Killoughy Church, King's Co., Henry White, L.K.Q.C.P.I., to Mary Jane, only daughter of Henry Watson, Esq., Killurine, King's Co.

Deaths.

Cusack.—Nov. 18, at Merrion Square North, Dublin, Frances, relict of the late James William Cusack, M.D., in her 89th year.

Gordon.—Nov. 25, at Burgie House, Forres, N.B., Margaret, wife of William Gordon, M.D.

Hudson.—Nov. 19, at Lowville, Merrion, co. Dublin, Alfred Hudson, M.D., aged 72.

Moxon.—Nov. 25, at his residence, Spencer Terrace, Leeds, John Moxon, M.R.C.S., late of Huddersfield, aged 80.

O'Connor.—Nov. 23, at Boher Cottage, Michael Power O'Connor, L.K.Q.C.P.I., L.R.C.S.I., Galbally, co. Limerick.

Philps.—Nov. 1, at Piquetberg, Cape Colony, Vincent Philps, J.P. for Piquetberg, M.R.C.S.E., late of Berkhampstead, aged 28.

Quin.—Nov. 24, at Queen Anne's Mansion, Westminster, S.W., Fredk. Hervey Foster Quin, M.D., in his 79th year.

Sandels.—Nov. 7, at Lisnaskea, co. Fermanagh, W. J. Sandels, M.R.C.S.E., aged 56.

Simpson.—Nov. 13, at Thanet House, Basset, Southampton, Thomas Simpson, M.R.C.S., aged 75.

Sproulle.—Nov. 24, at Culmore, of typhus fever, O. W. Sproulle, M.B., aged 25.

Wilson.—Nov. 19, suddenly, at Middle Street, Brighton, from heart disease, W. J. Wilson, L.R.C.P., of Clay Cross, aged 46.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 8, 1880.

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ABSTRACT OF

Harveian Lectures

ON

THE PROGNOSIS AND TREATMENT OF CHRONIC DISEASES OF THE CHEST IN RELATION TO MODERN PATHOLOGY.

DELIVERED DECEMBER, 1880, BY

JAMES E. POLLOCK, M.D., F.R.C.P. Lond.,

Senior Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

I.

The question of prime importance at the present moment is twofold, do we advance in knowledge, and is our treatment advanced? The ordinary observer is brought so closely into contact with the phenomena he is surveying, that his vision is obscured, and his views are shorn of the breadth that would be possessed by them if the outlook were from a higher ascent. Much of the invaluable information that might be gleaned from fully recorded cases is in this way lost to science; the busy practitioner, though constantly coming across telling examples of disease, is prevented by his engagements from fully noting their occurrence and history; and though he may accumulate no inconsiderable amount of unarranged material, he, unfortunately, does little thereby to influence the progress of medicine. He does, however, sow the seed of future performance, and his efforts will not be wholly lost. Earnest in the work they achieve, such men think only of extending the limits of that which is known to them; they pay little heed to mere nomenclature, a new name having for them almost the significance of a new fact. There are, however, on the other hand, young men at work in numbers, who are less careful to preserve time-honoured appellations; from them we are constantly receiving additions to the familiar names we know, or requests for changing those in use. *Nullius addictus jurare in verba magistri* should, notwithstanding, be the motto of him who would receive the truth only; and in that spirit the lectures in delivery were undertaken. They consist of an inquiry into the changes undergone by modern views in relation to diseases of the lung; and an attempt to reconcile these with clinical observations. The living case is the central point of interest, and on the clinical aspect of the subject much important detail must be permitted.

Until Lænnec attempted to describe the condition of phthisical patients, no definite view of tubercle had been advanced, but even Lænnec's dissertation gave no indication of the primary seats of the disease. Addison, in this country, first explained that consumption is of inflammatory origin, a doctrine which has received the best confirmation at the hands of Virchow, and which is now so generally accepted that modern usage adopts the German classification of inflammation into catarrhal and croupous. In all times there has been a difficulty in distinguishing the forms of chest disease, but the progress it makes at length removes all doubt. The parts involved become cheesy, disintegrated, and absorbed; or undergo an entire structural change that materially modifies the relations of the whole affected organ. The inquiry arises, Is the product in the two affections the same; the same chemically and histologically? The decision of this question is of the utmost importance clinically, as on it must depend the ultimate success of our treatment, which, moreover, must be influenced through it.

Croupous pneumonia is characterised by high fever, the temperature ranging so high as 105° to 108°, and there are to be discerned with it all the signs of consolidation. There is a fibrinous exudation into the air-cells, which undergoes absorption after about eighteen days, the cell walls remaining intact, and no permanent structural alteration of the tissues anywhere occur, epithelial lining also being preserved. These exudations are chiefly of fibrin and coagula, and it is a common subject of observation in practice, how easily recovery takes place, with the restoration of natural percussion sounds in the lung. Turning, however, to other cases, we may witness apparent recovery at first, followed in about two months' time by a return of symptoms; and on examination there will be found patches of partial lung consolidation; the air-cells become blocked, and the alveolar walls are involved, the interstitial structures being affected, broken down, and ulcerated, while the epithelium undergoes rapid degeneration. This condition has the appearance of phthisis, but it differs from true consumption in several important points. Catarrhal pneumonia is attended with catarrh of the bronchi, and crepitation, both inspira-

tory and expiratory. Consolidation takes place at the base of the lung, and there are indications, by no means clear always, of the infiltration of certain tracts of tissue. There is dyspnœa fever, ranging from 102° to 104°, not however of a typical kind, and occasionally even preceding the physical signs. It is due to the presence of septic elements in the blood, and the inquiry is permissible whether the degeneration of tissue producing it may not have preceded the pneumonia. The infiltrated interstitial substance is found in the collapsed portion of the lung, the stages towards which condition may be summarised thus:—Degeneration of nodule of infection; breaking down of alveolar walls; collapse of lung tissue; isolated caseations now take place, with extensive fibrous changes; the lung contracts, and patches of pigment appear, the state in which it shows being termed desquamative, catarrhal, cheesy, and said to be non-tuberculous. Thus the modern view would not have been accepted by Laennec, who would have called the deposit in the organ tubercle. We are justified, however, in the present state of our knowledge, in believing that these symptoms may occur without true pneumonia, and in the history of the disease we shall find the real clue to its character. In practice it cannot by any possibility be sometimes distinguished at the bedside from phthisis, and hence it is highly important to do our utmost in differentiating the two diseases.

The characteristic symptom of phthisis is a constantly increasing emaciation, and though the disease presents itself under multitudinous forms, they all bear a certain close resemblance. The duration may vary within the widest limits, but tubercle is not an essential concomitant in any stage. When present it is due either to absorption from without, or to infection, and the lung changes ascribed to it may last for years. Strangulation of the phthisical lung is brought about by the continuous contraction, and ultimate necrosis of the tissue is a necessary consequence. In the healthy organ, however, catarrhal inflammation is unattended with the phthisical sequelæ, while, in those of a scrofulous tendency, this termination is to be expected. In such persons the tissue of the lung undergoes a thickening and hardening process, passing to necrosis, and no vascular development occurring in it eventual recovery is absolutely impossible. The tubercular growth is thereby encouraged, its origin being traceable to infection by detritus, carried in the circulation from the seat of a local, scrofulous, inflammation. The power of repair enjoyed by the organism is ultimately dependent on the condition of the blood, and proceeds, *pari passu*, according to its purity or vitiation. Modern experiments in inoculation have helped to establish a belief in the receptive capacity of the human organism for tubercular infection, a power conclusively shown to be held by dogs. Late observations on these animals afford important evidence on the nature of infection from tubercular and phthisical *materies morbi*, which may be briefly summed up thus:—Inhalation of phthisical sputa by dogs suffices to set up tuberculosis of the lungs, the period of incubation being, for these animals, between nineteen and twenty-three days; general tuberculosis may, or may not, supervene. No tuberculous deposit follows even prolonged inhalation, either of scrofulous, cheesy pus, or of croupous-bronchitic sputa. It is, consequently, not unreasonable to regard so-called cases of communicated phthisis as being really examples of hereditarily acquired disease, bearing in mind always the condition which may, sooner or later, induce the production of the typical symptoms in constitutions predisposed by scrofulous or similar tendency to the reception, locally, of a specific exciting cause.

When the apex of the lung becomes the seat of the disease the course it pursues is a definite one, subsequently to the catarrhal stage, in those cases where this does not terminate in resolution such as occurs in healthy organs. The lung tissue is infiltrated, and at a point in it a central cavity is formed by absorption of the surrounding material. The process is attended by high general fever, due to the influence exerted by the detritus constantly being carried into the circulation from the situation in which necrosis is progressing. Hence, one centre of local disease becomes the source of a new localisation, and this continues until the pabulum by which such fresh growths are fed is exhausted. This consideration must be of prime importance in deciding the line on which treatment is to be pursued, influencing, as it must do, every attempt made to check the course of the disease. It is hardly plain why the apex should be the first affected part in these cases, but we may assume that the greater rigidity of the part and its firmer adhesions have something to do with it, as well as its remoteness from the diaphragm, together with the comparative immobility it enjoys. Complete restoration to health from apex disease is to be anticipated only in the examples of it which are of croupous origin simply. The term used to designate "catarrhal pneumonia" is an unfortunate one, and had best have been retained for the particular asthenic form to which it was confined before the introduction of German equivalents. It differs in every important feature, however, from croupous inflammations; the change to which, in its worst form, it may give rise—viz., fibroid degeneration, demands the serious attention of the inquirer. This condition is brought about as a consequence of the gradual change undergone by the connective tissue of the lung, this in turn being influenced by the obliteration of the blood-vessels produced by the gradual contraction or shrinking up of the organ. The air-cells are extinguished, and the bronchial tubes dilate under the pressure brought to bear within them by the forced respiratory efforts, their elasticity likewise being at the same time destroyed. The chest-walls become filled in a degree; hæmoptysisisa rare occurrence, but emphysema may take place in so much of the lung as admits of it. Lividity is produced from the deteriorated blood, and the mechanical contraction of the lung draws the heart up along with it. This disturbance of the position of other organs than the lung as a consequence of its contraction, should be kept well in mind in estimating the importance of any observed disfigurement of the kind, as mistakes concerning it are quite possible to be made.

Every chest complaint, whether purely local, or having a general origin, has important features to make it deserving of careful study. In most cases of phthisis gradual deterioration of health of long standing is the determining cause, reference to a specific cough caught on a definite occasion being rarely possible; and hence it is difficult at all times to allot any accurate chronological sequence to its features.

THE RELATIONS OF GYNÆCOLOGY TO SURGERY.

Being an Address delivered at the Opening of the Fiftieth Session of the Surgical Society of Ireland.

By A. H. McCLINTOCK, M.D., M.A.O., *Hon. Caus.*; President of the Royal College of Surgeons in Ireland.

Mr. Vice-President and Fellow Members of the Surgical Society,—In addressing you from this chair I discharge, as you know, one of the duties attaching to the high collegiate office to which I have been raised by the kindness and the confidence of my professional brethren. Whilst I feel it an honour presiding here, I also feel extreme diffidence in taking the position. Were this Society, as its name would imply, intended for the discussion of questions belonging to the domain of pure surgery only, nothing would induce me to accept the responsibility of acting as chairman of its meetings, even though I well know that I could confidently reckon on the valuable assistance of two able and judicious secretaries, as well as on the support of every member of the Society.

It cannot be too often stated, however, that the objects contemplated by this medico-chirurgical society comprehend many other subjects besides surgery proper. In its original rules a wide range of subjects was put forward; and as a matter of fact, which the records of the Society abundantly testify, communications on all of them have from time to time been read at its meetings. Every department and subsidiary branch of the healing art is, and always has been, represented here. In fact, there is no subject bearing on the physical and mental health of man which may not be considered to fall within its scope and cognizance. The limited designation "Surgical Society" was chosen by the founders to mark its close connection with this Royal College of Surgeons. By members of our College the Society was formed, within these walls it had its birth, and ever since has found a congenial home.

Considering the numerous essays on all points connected with medicine, which have been brought to light and matured under the fostering influence of this association during the half-century of its existence, I think it is not too much to say that if our College had, during that period, done no other service than the creation and maintenance of such an organisation as this, it would still have earned a large share of public gratitude.

There is no doubt in my own mind that the success of our

Society has been due in no small degree to the fact of its being so comprehensive in its objects. Any society that circumscribes its work within narrow boundaries, will seldom continue to flourish. Personal jealousies and petty feelings are sure to spring up, and to engender decay and dissolution.

I have just now alluded to an historic fact which deserves more emphatic notice—namely, that this Society has almost reached its fiftieth anniversary, having been founded in the year 1831. I dwell on this with satisfaction, for though we may individually deplore the flight of years, and are very reluctant to admit that we have reached the mature age characterised by "the lean and slippered pantaloon," yet in regard to a society the case is quite different, and we all should feel a sense of pride that ours is entering upon the second half-century of its career, and in saying this I heartily utter a wish that will meet with as hearty a response from all present, and of our Society I say "Semper floreat."

Few associations attain this advanced age, and it forms a very large period in the life of a man. No wonder, then, that of the founders and original members of the Society not a single one now remains!

At the inaugural meeting of last session, and at the two succeeding meetings, we were all delighted to see amongst us the one solitary survivor of those eminent men by whose wisdom and exertions the Society was instituted. The last connecting link he was between them and us. We were happy, I repeat, to see him in his accustomed place—"gravis annis," it is true, but still clear in intellect, fresh in memory, and prim in body. But alas! on the 21st of January Charles Benson departed this life—calmly and gently, without pain or struggle; "a shock of corn fully ripe."

As a founder of the Society, one who had filled the offices of president and secretary, who had contributed many papers to its proceedings, and who was never absent from its meetings, even after the total loss of vision must have greatly lessened the pleasure of attending them,—for all these reasons, I say, we must deeply deplore his removal, and shall long cherish his memory. In view of his labours here, and his persevering exertions in the cause of that noble charity, the Royal Medical Benevolent Fund, his biographer may well say "exegit monumentum ære perennius."

Another illustrious physician has been vanquished by the same enemy since the opening of last session. I mention his name in this connection because I have reason to believe that Sir Dominic Corrigan, if not one of its founders, was certainly an original member of the Society.

Just and able tribute has been paid to the lives and works of these eminent men, and I shall not attempt a panegyric on either of them; indeed I feel it would be as hard to say anything new in their praise as to add to the merits which have called forth such eloquent eulogiums.

Though outside the proper scope of this address, I still would venture to seize the opportunity of expressing, in common with my medical brethren of this city, a deep sense of the loss our profession has sustained by the recent death of Dr. Hudson. I need not attempt any portraiture of his character, or any eulogy on his qualities and attainments; this is not the place to do either, nor is my pen equal to the task. Nevertheless, as one who knew him well, I may be permitted to offer the opinion that in him were united the profound physician, the honourable, high-minded gentleman, and the generous, beneficent Christian, whose purse was ever open to relieve the necessitous, or promote any philanthropic object. In each of these phases he leaves behind a worthy example, and a reputation untarnished by a single act inconsistent with the highest standard of medical ethics.

As I happen to be for the nonce, *primus inter pares*, let me use my position to take a glance at some of the triumphs of surgery in the domain of gynæcology. Here let it be observed, that in the use of this term, I adhere to its etymological, and not to its conventional meaning, and include in it midwifery, as well as the diseases and accidents peculiar to women.

The precept that comparisons are odious, applies only to individuals, not to systems or sciences; and it is eminently useful at times to review our progress, and to compare the acquisitions made by Medicine and by Surgery respectively. Thus we extend the horizon of our view, and are better able to appreciate the course and tendency of modern discovery, and more fit to regulate the studies and the training of those preparing for the responsibilities of practice.

It is universally admitted that both Medicine and Surgery have made striking progress within the period covered by this Society. Each has greatly expanded beyond its former limits; but in different directions, I think. While Medicine has notably improved in regard to diagnosis, pathology, and prophylaxis; the most signal advances of Surgery have been in the way of treatment; the successful combatting of disease by purely surgical measures, as well as by diminishing the pain, hæmorrhage, and ulterior dangers, attendant upon operations. Viewed under this utilitarian and practical aspect, surgery has far outstripped medicine. Physicians of the present day know more of the *juvantia* and the *lædentia* of disease than our ancestors did; but how few specific remedies have we acquired, and how very few drugs are there in the pharmacopœia, of whose efficacy there is unimpeachable scientific evidence? And yet it is mainly on these that the physician depends. Truly, in the matter of therapeutics, the progress of medicine is lamentably slow.

In such an audience as this, I need not particularise the manifold triumphs of modern surgery. Most of them will occur, on the moment, to your minds. In many diseases affecting different parts of the body, surgery has superseded—has virtually taken the place of medicine. For example, "pleuritic and pericardiac effusions are removed by tapping; poisons are taken from the stomach, urine from the bladder, air from the intestines, and serum from the brain, by aspiration; cavities in the lungs are injected, abscesses of the liver opened, the pelvis of the kidney cut into for stone; the gall-bladder invaded, nerves affected by neuralgia stretched and severed, all for the purpose of supplementing by surgical resources the shortcomings of pure medicine." (Gaillard Thomas). Most assuredly in no department has this advance of surgery been more conspicuous than in the diseases and accidents of the genito-urinary organs of women. In this region of the body more than in any other, surgery has displaced medicine. The treatment by physic has had to yield to treatment by the cautery, the ligature, or the knife. But the use of these means necessarily requires a sound knowledge of the principles of surgery, and the possession of peculiar adroitness in manipulative details. In the performance of many of these operations, such, for example, as the removal of calculi or foreign bodies from the bladder, plastic operations on the vagina, extirpation of uterine fibroids and intra-uterine polypi; excision of the uterus, ovariotomy, Battey's operation, laparo-elytrotomy, hysterotomy, removal of extra-uterine fœtus, &c., &c., for the performance, I say, of such operations as these, no small amount of surgical skill and cultivated tact are needed: so that to be a really successful or accomplished gynæcologist, a man must possess, in a high degree, the qualities and attainments of the surgeon. Besides these grave cases, there are a number of others of a more ordinary kind, occurring in the daily experience of every gynæcologist, to which treatment of a strictly surgical description is applicable or indispensable. In truth, if we go over the whole catalogue of injuries and diseases incident to the sexual organs of women, there is scarcely one to which the resources of surgery fail to render valuable aid, at some stage, or under some combination of circumstances.

If, from the diseases of women, we turn our attention to pure obstetrics, we find that nearly every deviation from the course of natural labour is to be met and remedied by treatment of a surgical kind; and operations in childbed are now many times more frequent than they used to be, because we are better acquainted with the conditions for using instruments safely and advantageously to parent and offspring.

It is curious and interesting to note the changes which have occurred in the actual relations of midwifery to medicine. The pure physician of bygone days looked with disdain upon the office of the accoucheur in *natural* parturition, and would hardly pollute even the skirts of his robe by entering the sufferer's room. Still more foreign to his sensibilities and qualifications were the cases of difficult labour, and yet, by a strange anomaly, an old and revered College of Physicians actually examined for licenses in midwifery, and granted those licenses! Was anything ever more inconsistent? We may well repeat the question of Professor Sir Edward Sinclair, and ask, "How, thus ignoring midwifery, did they examine and license candidates for the practice of midwifery?"

As a natural consequence from this state of things, much ordinary obstetric practice fell into the hands of surgeons, as well as all the more difficult cases requiring operative interference. It is not surprising, therefore, to find that among the most eminent reformers of midwifery, surgeons hold the foremost place.

To Ambrose Pare, the illustrious father of modern surgery, practical midwifery is indebted for its first great improvement

– the operation of podalic version, one that is second only to the midwifery forceps in its value and the wide range of its applications.

PETER CHAMBERLEN, the discoverer of the midwifery forceps —that instrument which has no equal in the whole surgical armamentarium, whether we regard the benefits it has conferred on suffering humanity, or the number of lives it has saved—he, I repeat, was a barber-surgeon of London, and practised as such.

WILLIAM SMELLIE, the greatest among British obstetricians, who did more than any other man to reform midwifery—to clear away the rubbish and superstition which enveloped it—and to lay down the true principles on which alone it should be based—he was a surgeon, and obtained his degree as such from the Faculty of Glasgow in 1733.

WILLIAM HUNTER, the contemporary, and in some respects the rival, of Smellie, was a member of the Corporation of Surgeons in London, the body which was incorporated in 1745 on the dissolution of the union of barbers and surgeons, to which Chamberlen belonged. In 1748 Hunter was appointed "Surgeon Man Midwife" to Middlesex Hospital.

The illustrious HARVEY, as you all know, practised midwifery, and that he had skill and eminence as a surgeon is plain from the fact that in the year 1615 (when only 36 years of age) he was chosen to deliver lectures on surgery and anatomy at the College of Physicians, London, in which course it was that he first made an exposition of the views concerning the circulation, which have rendered his name immortal and reflected lustre on the country of his birth.

It would occupy too much of your time were I to mention at length the various surgeons who have contributed to the cultivation of midwifery. Suffice it to say that among them we read the honoured names of Eucarius Rhodion (a surgeon of Frankfort), author of the first special treatise on midwifery published in Europe; Rueff, a surgeon of Zurich; Guillemeau, the pupil of Paré; Puzos, Gugoire, Levret, Deventer, Velpeau, Chapman, Giffard, Pugh, Denman, Masse (founder of the Dublin Lying-in Hospital), Fielding Ould (its second master), McDougall (the originator of ovariotomy), Dease, Spencer Wells, Keith, and a host of others.

In 1743 the School of Surgery at Paris instituted a regular course of lectures on midwifery, Puzos being appointed the first professor. This, I believe, was the earliest introduction of midwifery into the regular curriculum of instruction given by any medical body. It redounds in no small degree to the credit of the Irish College of Surgeons, that from its very commencement it made provision for the study of midwifery. Among the first chairs created in the College was one for midwifery and the diseases belonging to women and children. It is true this was associated with anatomy, but in the year 1793 a distinct and independent professorship of midwifery was established, Sir Henry Jebb (an ex-assistant of the Lying-in Hospital, and subsequently, viz., in 1800, president of this College), being appointed to fill the chair, which from that time to the present has been occupied by an unbroken succession of obstetric surgeons, and in the following order, viz., Dr. John Crichton, Dr. Andrew Johnston, Dr. Charles Johnson (afterwards master of the Rotunda), Dr. Henry Maunsel (whose death took place only a few months ago), Dr. Thomas Edward Beatty (afterwards president of this College, and subsequently of the King and Queen's College of Physicians—a double honour, I may remark, never before enjoyed by the same individual). Dr. Beatty was succeeded by the late Dr. Sawyer; after him came Dr. John Cronyn, upon whose decease Dr. William Roe was appointed to the vacant professorship, which I trust he may long continue to fill with credit to himself and advantage to the College.

It has been mentioned that we are on the verge of the *fiftieth* year of this Society's existence. Now I find that by a curious coincidence a like period of half a century has elapsed since this College took a second most important step for the advancement of gynæcology, which I now advert to with much satisfaction, and it was this:—The establishment, under provisions of the charter of Geo. IV., year 1828, of a separate examination and diploma in midwifery and the diseases peculiar to women and children. Though registered pupils of the College were admissible to this examination on production of the required certificates of lectures and cases, yet the diploma was never granted till the letters testimonial had been obtained. In thus withholding the obstetric diploma till after the surgical qualification had been acquired, this College has fully recognised the great principle "first a surgeon, then a gynæcologist."

In what has preceded it has been my endeavour to show that the greatest Improvers in midwifery were surgeons, and that in the practice of gynæcology (in which term midwifery is comprehended) surgery now plays by far the most important part. Every year brings before us some new surgical application for the relief or cure of female ailments, hitherto rebellious to *medical* treatment. Here, no more than in the general field of surgery, is there any conflict between it and medicine; they should work together for good, the one sustaining and supplementing the other, as the exigencies of the case may seem to require.

But for the discovery of anæsthetics this great advance of gynæcology could not have taken place. The natural sensitiveness of women, the tedious nature of most gynæcological operations, and consequently the great and prolonged pain which the patient had to endure, all concurred to form an almost insuperable obstacle to their performance. For the last quarter of a century, however, this has been removed, and precisely within that period the therapeia of gynæcology has been enriched with many surgical resources of inestimable value.

I have had occasion to notice the absurd inconsistency of the old physicians examining and licensing in midwifery, whilst the rules of their college strictly forbad its members to practise it. Since those days the ban on accoucheurs has been removed, but I venture to assert that an inconsistency of equal magnitude is still repeated. We have seen that gynæcology, in the fullest sense, has essentially become an integral part of surgery, and yet we find a college of pure physicians shutting their eyes to this patent fact, and with true corporate complacency gravely examining and licensing both men and women to be gynæcologists!! It is far from my wish or intention to unduly exalt the claims of surgery at the expense of medicine in this department of the healing art. But I would strive to render *suum cuique*; to indicate the direction in which the progres of knowledge and discovery is infallibly tending.

Let me now conclude this brief address in the words of the distinguished President of the American Gynæcological Society, Dr. Gaillard Thomas, and boldly maintain "the position that an enlightened conservative surgery is the pivot around which is to revolve the gynæcology of the future; that he who is incapable of meeting the demand for this will be by that fact incapacitated from rising to the required level, and that a gynæcologist of the future, without surgical attainments will be as impossible as an ophthalmologist without them is to-day."

FOOD AND DRINK. (*a*)

By JAMES ALEX. RUSSELL, M.A., M.B., B.Sc., in Public Health;
Formerly Demonstrator of Anatomy in the University of Edinburgh.

DR. RUSSELL prefaced his address by stating that food was required for three chief purposes—to replace the waste continually going on of the body; to supply and maintain warmth or animal heat; and to supply force for performing work. Their sources of food were mainly from the animal and vegetable world. In that they differed from the plants, which could take up the ultimate elements and convert them into food for themselves. It was possible that they might eventually have the power of building up the body with elements that just now were furnished to them by either the animal or vegetable world. He looked forward to the time when their chemists, by synthesis of the elements, would be able to give them the elements of their food prepared without the intervention of plants or animals. It was easy to resolve the food into its original elements, but difficult to build them together again. This the lecturer showed experimentally by extracting the water out of sugar, and leaving as residue only the black carbon. Now, if chemists were able to put water and coke together so as to make sugar, they should, instead of going to the West Indies, go to their own coal mines for their sugar. The chief elements in their food were five in number—(1) water, (2) albumen, or albuminoid substances, (3) sugar

(*a*) The second of the course of Edinburgh Health Lectures, delivered at the Watt Institute, Nov. 27th.

and starch, or carbo-hydrates, (4) fats, and (5) salts. Albuminoid substances were found in a concentrated form in meat; it was contained also in certain vegetables, but then t was not so accessible to them. Containing, as they did, a large proportion of nitrogen, the function of albuminoid substances was to repair the tissues of the body. It alone had that power. If animals were fed on food that had not albuminoid substances in it they lost health, and died of what physiologists called nitrogen starvation. Fats, although not tending directly to the building up of the body, were one of the great sources of animal heat and force for performing work, and they also tended to promote the digestion of other elements of diet. Butter was the most agreeable way in which fat could be taken by itself; and the lecturer also commended "butterine," which was made from mutton suet and milk, as a cheap and efficient substitute for the poorer classes for butter itself. The carbo-hydrates had no nitrogen in them, and therefore could not nourish the tissues of the body; but within the body they were changed into fat, and largely assisted in the supply of heat and force. Starch in a raw condition required to be cooked before it could be digested by man, because the granules required to be broken before the gastric juices could act upon them. Starch was largely digested by the active principle contained in the saliva of the mouth; and therefore it was very important that farinaceous food should be slowly masticated in the mouth—not for the purpose of breaking it down so much as for the purpose of intimately mixing it with the saliva, the active principle in which rapidly changed it into the form of sugar. As infants up to the age of seven months hardly secreted any saliva, when they were crammed with corn flour or other farinaceous foods it meant that they got something which they could not digest. The consequence was the high death-rate of infants of that age. All were aware how necessary salt was in promoting good digestion. The lecturer next pointed out the necessity there was for not only having all these elements present in food, but present in certain proportions, and remarked that there was no one article of food he was aware of in which they were perfectly balanced except milk, and that was only for young people. Milk was not a properly-balanced diet except for young people. It contained too much nitrogen for elderly people. Young growing people, however, required more nitrogen than grown-up people. Where people lived on an unbalanced diet, the quantities they required to eat of, say, either bread or meat alone to get the balance was enormous. That was one of the reasons why the natives of the Arctic regions and of Africa could eat so much flesh. The proportions required were: albuminoids 2½ oz., fats 1 oz., carbo-hydrates 12 oz., salts ¼ oz. One pound of water-free food was required daily to sustain healthy life. An unbalanced diet was productive of serious diseases. Gout in the rich was the result of an excessive nitrogenous diet, taken in the form of too much flesh. The poorer classes, on the other hand, suffered from a diet containing too much carbon. Diet also required to be modified in accordance with the work. That which sufficed for health in idleness would not suffice for health under a stress of labour. Thirty-one ounces of water-free food was required for men who had to do hard work; 35 to 40 oz. for very hard work—or as much as men could do. The mistake made in the Crimea was in sending men there to do hard work on the same diet as was found quite satisfactory for them at home doing nothing. That to the country, as they knew, was a costly dietetic experiment. Among all force-producing articles, oatmeal was placed at the head. Great political facts sometimes depended on dietetics. He heard a celebrated politician and chemist say, in reference to Ireland, that the human stomach was just capable of digesting a sufficient amount of potatoes to keep an Irishman living in idleness, but that it was not capable of digesting the quantity required to enable him to do any work. He wished to mention one fact in regard to milk diet for the young—that it had been determined by experiment that children grew exactly four times as fast when fed on milk as when fed on tea or coffee. Speaking to the question when should food be taken, Dr. Russell recommended that working people should take their food before beginning work. The greater amount should be taken at breakfast, or at an early dinner. Children require to be fed oftener than grown-up people, probably four or five times a day. Three diets per day, and for many people two, were quite sufficient for adults. After insisting on the necessity of food being properly cooked, the lecturer gave figures to show the time different foods required for digestion in the stomach. Among others mentioned were barley, 2 hours; beans, 2½; bread, 3½; potatoes, 3½; and cabbage, 4 hours; tripe, 1 hour; lamb, 2½; roast beef, 3; mutton, 3¼; roast pork and salt beef, 5¼ hours. On the subject of drink, the lecturer discussed the relative merits of stimulants. There was no doubt, he said, that alcoholic liquors should be abjured by growing people, except under medical advice; and the only time that they could not be proved to do marked harm was when taken largely diluted, along with food, and when the day's work was done. Beef, tea, and coffee were far better in every way to work upon than any form of alcoholic liquor. A drink he recommended to working men who had hard manual labour to perform was a thin oatmeal gruel made of oatmeal and water with a little sugar added.

Clinical Records.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

A Case of Obstruction of the "Iter a tertio ad quartum Ventriculum" occurring in Tuberculosis—Autopsy.

Under the care of Dr. THOROWGOOD.

Reported by SIDNEY DAVIES, B.A., Clinical Assistant.

JOHN B., æt. 23, shoe-laster, was admitted into Victoria Park Chest Hospital on the 5th of October for phthisis. The patient gave the following history:—

He had always enjoyed good health until two years ago; he then caught cold, which gradually spread downwards to his chest. Since that time he has suffered from continued cough with expectoration. The latter has lately increased. He began to suffer from hæmoptysis twelve months ago, which continued for some months, but has not occurred for the last five weeks. He could not say how much blood was expectorated at any one time. He has not noticed any night sweating until a few nights ago. He has lost flesh all along since his illness began.

There was no family history of phthisis. The patient's father appeared to have died of "Bright's disease," and he had a mother and five brothers and sisters in fairly good health.

The patient was a man of fair complexion and medium size. On admission he appeared much wasted, with loose skin, and fingers rather clubbed. The tongue was moist and rather furred. Bowels regular. Appetite very good, but he had taken no solids lately, as swallowing hurt him. The uvula was elongated. Respiration, 25 per minute. The pulse beat 110, and its impulse was small. Temperature, normal. The urine was alkaline, of specific gravity 1010, and contained no albumen.

A few days after admission Dr. Thorowgood made a physical examination of the chest with the following results: Thorax elongated; defective expansive movement; under the left clavicle resonance clear; breathing sounds bronchial, and accompanied in the second interspace by crepitation after cough; the right side resonant. Under the right clavicle the breathing sound cavernous, and accompanied by much crepitation after cough; at both bases respiration tubular; there is a vomica at the right apex; heart sounds normal. It was noticed from his entrance that the patient's mental apprehension was decidedly slow. He was ordered haustus quinia, ter die, and mixed diet.

On the 9th the following note was made: Sputa stringy, tinged with blood; tongue furred. Patient sleeps well.

On the morning of the 10th it was noticed that the patient was light headed and wandering. The pulse was full and strong; the skin dry; pupils dilated; feet warm; no loss of sensation or motion. He was ordered an ice-bag to the head and poultices to the feet, and an enema simplex.

On the next day the note says: Enema acted very slightly. Ordered oleum ricini in one drachm doses. There is pain in the abdomen; water is passed freely; patient slightly conscious, recognised his wife, and spoke a little; pulse more quiet, and the tension not so great; slight moaning in his sleep. Ordered brandy and milk in small quantities.

On the 12th.—Bowels open yesterday freely by enema; pulse quiet and regular; no moist sounds in the lungs: no loss or sensation on motion; almost continually groaning. The urine was tested and found to contain no albumen.

The temperature on the evening of the 13th was 99·2°.

The patient was now ordered the following prescription:—

Spir. ammon. aromat., ℥xv.;
Spir. ætheris, ℥xx.;
Aq. camph., ℥j. ter.

and emplastrum lyttæ to the back of the neck.

On the 14th the body was rather rigid; the arms fell on raising them up and then relinquishing hold; the legs exhibited no resistance on being moved; the pulse was full and strong. The patient had, during this period of coma, passed his motions and urine into the bed, and exhibited floccitatio.

Death occurred on the 15th.

A post-mortem examination was made with the following results: Body emaciated; rigor mortis well marked. Both pleural cavities completely obliterated by firm adhesions, the apices of the lungs being torn in the removal; the whole upper lobe of each lung converted into a large trabeculated cavity, with fibrous walls, richly vascular, and not covered with any caseous material. Change most advanced in the left lung; in the lower lobes scattered patches of greyish nodules of various sizes, mostly of the size of millet-seeds, arranged round a greenish pigmented centre; in the lung hardly any spots caseation, but some of the bronchial glands are cheesy; the tissue between these patches slightly congested, but containing air. The pericardium contained about three ounces of clear serous fluid; in one or two places were delicate adhesions, the pericardium corresponding with them roughened, and containing a few greyish nodules. The heart was dilated on the right side, chiefly as regards the auricle; muscular substances of good colour. Liver, spleen, and kidney a little congested, otherwise healthy. Some slight adhesions in the peritoneal cavity, chiefly between the great omentum and small intestine. More numerous adhesions over the surface of the liver. On removing the skull-cap the surface of the brain was seen to be vascular, and there appeared some loose adhesions in places between the dura and pia mater. At the top of each anterior lobe, symmetrically placed, were two small calcareous plates. There was some fluid in the spinal canal. Tissues in the base slightly œdematous. Lateral ventricles distended with clear serous fluid, the parts in relation with them being extremely soft, almost diffluent. The velum interpositum was thickened, especially round its posterior extremity, and here yellowish-grey scattered nodules were seen. The thickening extended down both lateral ventricles to their extremity, and was also marked at the base of the brain, where it became continuous with the pia mater covering the pons. There was a similar thickening, more marked, on the opposite surface, between the cerebellum and brain. Where the velum interpositum passes into the choroid plexus the thickening is very considerable, chiefly on the right, and is here of almost cartilaginous hardness. A probe refused to pass along the iter a tertio ad quartum ventriculum from the fourth ventricle. Further dissection showed that the iter a tertio ad quartum ventriculum was obliterated through the greater part of its length.

Diagnosis.—Phthisis (?) tubercle, chronic meningitis, hydrocephalus.

THE RECENT CASE OF STERILITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Please let me add to the Record you published in your issue for Oct. 20, page 326, that the patient has since borne a large healthy child, and that somewhat similar malformations are described by Coleman in the *American Journal of Obstetrics*, July, 1877, and by Cazeaux in his treatise on "Obstetrics," 1837.

Yours truly,
E. D. Mapother.

Transactions of Societies.

DUBLIN OBSTETRICAL SOCIETY.

The First Meeting of the forty-third annual session was held on Saturday evening in the hall of the College of Physicians, Kildare Street. At half-past eight o'clock the President of the past session, Sir Edward B. Sinclair, M.D., took the chair.

Dr. William Roe (hon. secretary) read the minutes and Report of the Society.

The ballot being closed, Dr. John A. Byrne was elected president for the ensuing year; Dr. Cranny, treasurer; Dr. Roe, secretary; and Drs. Denham, Kidd, Kirkpatrick and M'Clintock, members of the committee.

Sir Edward B. Sinclair, the outgoing president, delivered a brief address, in which he thanked the members of the Dublin Obstetrical Society for the high honour they had conferred on him in electing him their president, the duties appertaining to which post he endeavoured to discharge to the best of his ability. He congratulated the Society on the progress the Obstetrical Society was making in Dublin, and the recognition, so long withheld from it, which it was receiving from physicians and surgeons. He also congratulated them on the fact that the presidents both of the College of Surgeons and College of Physicians were members of that Society. He referred to the honour Her Majesty had been pleased to confer on him—the honour of knighthood, a distinction which he greatly prized as coming direct from the Sovereign herself. It was an honour conferred on him because of the efforts he had made in having trained upward of four hundred skilled nurses at Sir Patrick Dun's Hospital as midwives for the wives of soldiers; and he was happy to say one of these trained nurses would at present be found at almost every station of the British army, whether at home or abroad. (Applause.) Having made a touching reference to the lamented death of the late Dr. Alfred Hudson, by whose death the public and profession had lost so much, he concluded by calling

Dr. John A. Byrne, the newly-elected president of the Society, to the chair, and Dr. Byrne took the chair as president amidst loud applause. He thanked the members of the Society for the honour conferred on him, which he esteemed no small honour, having regard to the worth and professional character of the men who had elected him.

Dr. M'Clintock moved the thanks of the Society to the out-going president, Sir Edward Sinclair, on whom the Sovereign had recently conferred a high distinction, only conferred on two previous occasions, so far as he was able to ascertain on men eminent in obstetric science. He referred to the progress obstetrical science was making in the Dublin schools, and the advantages conferred on the profession by the existence of such a society as theirs.

Dr. Johnstone, president of the College of Physicians, seconded the vote of thanks, which was passed with acclamation, and Sir E. Sinclair expressed his thanks.

Rev. Dr. Haughton said he could not abstain from referring to the loss which the country and the profession had sustained in the death of Dr. Alfred Hudson, with whom he had a long and intimate acquaintance, and he, therefore wished to move—"That the Obstetrical Society of Dublin desire to record their sense of the loss that medical science has sustained in the death of Dr. Alfred Hudson, and to convey to his widow and brother their warm sympathy in their deep bereavement."

Dr. Kidd seconded the resolution, and said they were all deeply sensible of the loss the public and the profession had sustained by the death of so able a man.

The resolution was passed in silence, and the secretary was directed to forward it to the widow and brother of the deceased. The proceedings then terminated.

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.

Wednesday, November 17, 1880.

W. A. N. Cattlin, F.R.C.S., President, in the Chair.

SEROUS CYST.

The President stated he wished to draw the attention of the Fellows to a somewhat uncommon case of two separate

serous cysts, complicated with an alveolar abscess all in different parts of the superior maxillary bone, and each unconnected with the antrum. The palate on the right side was enlarged, and the first right upper molar and the right and left upper lateral incisors had been removed; over this latter spot were two small openings in the alveolar process through which flowed a clear serous fluid, very much resembling glycerine. On examining the two incisors, it was found that they had both been stopped with gold, and that their roots were more or less diseased; and at the end of one of them a dark concretion, resembling tartar, had been deposited. The molar tooth had a moderately large cavity in it with the pulp exposed. The patient, æt. 16, of delicate constitution, applied for advice on account of an alveolar abscess on the right side, near the first molar, which had an amalgam stopping, and the symptoms indicated that the stopping was pressing upon the sensitive pulp, as proved to be the case. The stopping was removed, and the pulp treated with arsenious acid, with complete success, but the enlargement of the palate still continued, and the tooth was consequently extracted. The antrum was carefully examined, and a probe passed, when it was found, as is frequently the case, that the palatine fang had penetrated through the floor, but no discharge of any kind followed, and readily healing, supported the diagnosis that no disease existed in the antrum. On pressure of the right side of the palate the bone was felt to yield, and a glairy fluid passed from an opening in the alveolus above the right upper lateral incisor, and a similar discharge from an opening over the left one, but pressure upon the palate did not increase the flow as on the right side. On the right side a probe could be freely passed for about an inch upwards and downwards, and the cyst appeared to lie partly on the external plate of the superior maxilla and between the plates of the palatine process. On injecting warm water it merely filled the cyst, and could not be forced into the antrum; nor did any pass by the opening made by the palatine fang of the first molar. In the left side water was similarly injected, and proved that the cyst was separate from that on the left side, and also unconnected with the antrum. The patient being about to leave England, further treatment was deferred until her return.

Mr. AUGUSTUS WINTERBOTTOM then read a paper on

CASES OF NEURALGIA DEPENDENT UPON NON-ERUPTED TEETH.

Case 1.—A young woman, æt. 21, consulted him some two years since for some severe neuralgic paroxysms affecting principally the left side of the face in the neighbourhood of the upper canine tooth. On examination a second bicuspid was found affected with caries. This was extracted, and the patient did not appear again for a year, when one morning she called looking thin and ill, and stated that she had suffered continuously, more or less, since the operation. On careful inspection a small fistulous opening situated in the position lately occupied by the second bicuspid was found. On exploration with a probe the sinus appeared to be about an inch and a quarter in depth, with a substance closely resembling dead bone at the bottom. The sequestrum, however, did not appear movable, but an offensive, thin sanious fluid could be pressed out from the antrum, which was slightly distended on the affected side. From previous notes of the case, I felt convinced that no part of the fang remained in the jaw. The foreign body not being loose, he determined to attempt its solution by painting the exposed gum bone continuously with sulphuric acid, whilst tonics were administered, and change of air recommended. The patient's health did not improve, and an operation was rendered imperative owing to her becoming more emaciated from the constant gnawing pain and wasting discharge. He introduced into the sinus a long narrow-bladed pair of forceps, and grasped a small roughened semi-detached fragment, and found what he considered to be the partially-developed germ of the second premolar tooth. The wound healed rapidly, and the pain never returned. In this case it seemed probable that periosteal mischief commenced around the fang of the decayed second bicuspid, and was from thence transmitted to the sac of the non-erupted premolar. The points of interest seem to be (1) the length and duration of the pain, and its rapid subsidence; (2) the difficulties and uncertainty of diagnosis, the true cause of trouble being never guessed at; (3) the uselessness of empirical remedies in the presence of a local source of irritation; and (4) the fact that non-eruptive teeth sometimes remain perfectly quiescent until disturbed by disarrangements of structures in their immediate neighbourhood.

Case 2.—A lady, about 40 years of age, complained of almost constant neuralgia, affecting the left upper jaw, between the centrals and bicuspids, which commenced three years prior to consulting him, and had then noticed that the left upper central incisor was loose. The pain becoming unbearable on examination, the left upper central was found raised in the socket, movable, and the gum congested. The tooth was removed, and the pain subsided. She returned in about 18 months, having been free from suffering in the interim, but annoyed by a continual discharge of purulent fœtid fluid, proceeding from a small fistulous orifice over where the tooth had been extracted. On probing, a piece of exposed and apparently carious bone could be detected, seemingly immovable. This, by the aid of elevators and strong stump forceps, eventually was dislodged, when it was found to be an upper canine, carious, with the pulp cavity freely exposed. The wound readily healed, and the patient recovered her health. In this case, pain had probably first commenced when her caries had set in, affecting the imprisoned tooth. The first point of interest consists in the extreme uncertainty of diagnosis, the roughened surface feeling so like carious bone, that several experienced surgeons who examined the sinus gave no uncertain opinion as to its nature, and were all unanimous in supposing the foreign body to be a sequestrum. Secondly, that some extraction of roots in the neighbourhood was useless no cure taking place until the first cause was removed. Thirdly, it followed, considering the patient's age, that there was no noticeable mischief until the imprisoned sac was irritated by some local affection; and lastly, all medicines were unavailing.

Case 3.—This case was of far greater severity than the two previous ones, and demonstrates the fact that discovery and removal of the first cause does not always permanently cure the disease. A man, æt. 40, was admitted into St. George's Hospital suffering from intermittent facial neuralgia. He was first under the care of Dr. Barclay, but medical treatment failing, it was determined to try the effect of nerve-stretching, and Mr. Pollock was consulted, who considered it desirable, before resorting to such severe measures, to have the man's mouth examined by a dental surgeon. The case consequently came under his observation. He found the patient in a truly pitiable condition, intense neuralgic paroxysms coming on regularly every five minutes. The attacks always commenced at one spot, nearly opposite the canine eminence, and from thence spread over the right side of the face and head, his eyes streamed with tears, his face became flushed and congested, and his features assumed an expression of hopeless agony quite painful to behold. He informed me that the disease had been active for twelve years, during which time he had undergone all kinds of treatment, and had latterly been compelled to throw up his employment, had lost all appetite, and was unable to sleep. On examining the mouth nothing abnormal presented itself; the upper jaw was edentulous, and the gums were firm and healthy. He had parted with all his teeth in the hope of obtaining relief; and on closer inspection with a magnifying mirror, a small fistulous orifice, no larger than a pin's head was discovered opposite the position of the right central incisor. On pressure a little glairy fluid could be squeezed out, and the sinus, some half an inch long, on probing a small, smooth, round body could be felt, which conveyed to his mind the presence of some tooth substance, and was, in all probability, the source of the mischief. He determined at once to remove it, and made an incision about an inch in length, extending from a point corresponding to the left upper central to the right canine socket. The tissues were freely divided to the bone, and with a strong pair of cutting forceps, a small portion of the alveolar process was excised, and after some difficulty the rounded object was grasped and dislodged, which, on examination, proved to be a canine tooth, partly disorganised. It was lying with its long axis parallel to the lower margin of the upper jaw, and with the exception of a small part of its crown, was completely imbedded in the alveolar process. The abnormality of its position fully accounted for non-eruption, and its nearness to the surface was due to the absorption of process following the extraction of the teeth. At one time it was doubtless very deeply implanted, possibly close to the apices of neighbouring fangs, and it is presumable that the cavity in which it was entombed became first of all laid open by extraction of one of the centrals. At the end of three weeks he was discharged "cured." For nine months he remained free from pain, and returned to his usual occupation, when his former symptoms gradually re-commenced, increasing day by day in

intensity, when he again entered St. George's Hospital, one year from the date of his previous admission. Medical treatment was again, but ineffectually, resorted to, and the surgeons, after consultation, determined to excise a portion of his upper jaw. He was placed under ether, and Mr. Pollock removed a piece of bone from the superior maxilla, comprising that portion corresponding to the interval between the left central and canine teeth inclusive. The attached gum and periosteum were, at the same time, boldly swept away, leaving a chasm in the mouth, some one and a-half inches long, half an inch wide, with its deeper portion opening up the floor of the nares and interior of the antrum. The excised nares revealed nothing abnormal. The poor man's condition was in no way improved, but rather impaired, the neuralgic paroxysms becoming more frequent and severe, being excited by every change of temperature; secondly, his powers of mastication were considerably interfered with, and with difficulty he prevented food from intruding into his nose; thirdly, the lining membrane of the antrum being exposed and irritated, such quantities of offensive discharge were secreted as to impair his general health. At this stage he was again requested to see the patient, and endeavour to ascertain whether another buried tooth existed, which is often the case, owing to impacted teeth frequently appearing in couples. He determined to thoroughly explore the unmutilated portions of the superior maxilla, and the patient being under an anæsthetic, he made deep perforations at close regular intervals all round the untouched alveolar margins, but no resisting material was met with at all resembling enamel, and was forced to the conclusion that severer measures would be useless. The next step consisted in an operation for nerve-stretching, performed by Mr. Pollock, who cut down upon the second division of the fifth in the position of its emergence from the upper jaw, and having seized the main trunk, applied to it considerable traction. This treatment was followed by no improvement, and eventually the unhappy patient returned home in a worse plight then when he set out, and he had since been unable to gather any further particulars. In this case must be noted (*a*) the length of time the affection continued, viz., 12 years. Odontalgia, once set up, became paroxysmal, and as the disease extended nearer the pulp became increased in severity. (*b*) The temporary cessation of the neuralgia, following the removal of the exciting cause for a period of nine months. This probably shows that the disease commenced locally, and would have been permanently arrested had the remedy been applied earlier. (*c*) The recurrence of the neuralgia in an inveterate and incurable form. Possibly the inflammatory action had, at this period, already invaded the main nerve trunk at a point out of reach of operative interference, and this shows clearly that often an exciting cause may be overlooked, and its removal be insufficient to establish a cure; and, as a rule, one cannot insist too strongly upon the necessity of eradicating the source of mischief at the earliest opportunity. (*d*) That great difficulty is occasionally met with in determining whether diseased bone or a carious tooth lies at the bottom of the sinus. (*e*) It is sometimes advisable to cut down upon foreign bodies, and attempt their extraction, even if not moveable: and to wait for the supposed sequestra to separate would only prolong the patient's suffering. Finally, he would be gratified if any Fellow of the Society could suggest any plan of treatment for this last case, his own resources having come to an end. The deductions to be drawn from these cases are, that careful examination should be always made of the mouth and gums; and that the presence of diseased bone alone does not usually produce persistent neuralgia, and that when we find in the mouth a sinus leading down to exposed roughened material (coincident with continually recurring neuralgic paroxysms), our suspicions should be aroused, and that it is our duty to cut down upon, and investigate the true state of affairs.

THE rates of mortality per 1,000 last week in the principal large towns of the United Kingdom, were:—Bradford 17, Portsmouth 17, Brighton 18, Leeds 18, Birmingham 19, Sheffield 19, Norwich 19, Leicester 20, Newcastle-upon-Tyne 21, London 22, Edinburgh 22, Hull 22, Bristol 24, Oldham 24, Manchester 25, Salford 25, Glasgow 25, Plymouth 26, Sunderland 26, Nottingham 26, Liverpool 29, Wolverhampton 30, Dublin 38.

Special.

FRANCE.

[FROM OUR OWN CORRESPONDENT.]

TREATMENT OF WHOOPING-COUGH.—At the Academie de Médecine last week M. Roger read a report in which was exposed the value of gas-works in the treatment of whooping-cough. M. Roger is the only survivor of a commission that was formed a long time ago to report on this subject. The reporter concluded the inhalations of gas have only an action, and that limited, on catarrh; that they are contra-indicated in whooping-cough attended with fever, and that in broncho-pulmonary complications it is injurious. It is not a treatment that could be adopted at all seasons of the year, for in winter it becomes dangerous from the liability to contract worse pulmonary affections from exposure. Thus the gas treatment is far from having therapeutic virtue superior to the classic remedies, and answers, as they do, to certain indications, and is susceptible to modify the bronchial secretions. It can temper some symptoms, but it has no specific or abortive action.

INTESTINAL OCCLUSION.—At the Societé de Chirurgie M. Trelat spoke at length on the treatment of intestinal occlusion, and cited a case in support of his opinion that operations seldom succeed when once peritonitis sets in. Being called in consultation to a patient who had been complaining of great abdominal pain, aggravated at intervals, and vomiting freely, he observed the following symptoms:—Tongue white, obstinate constipation, marked meteorism, intense pain in the iliac fossa, and the abdomen abnormally distended. There was no fever, nor was there any tumour to be felt; percussion emitted normal sounds. On this first visit morphia was given in subcutaneous injections, and enemas ordered. The following day the pain became general over the abdomen; the constipation persisted, and the vomiting was continuous. The enemas were continued and abdominal Faradisation employed. Two days afterwards, the condition of the patient remaining the same, M. Trelat decided on operating, and the abdomen was opened under all the antiseptic precautions. On introducing the hand no tumour nor obstacle could be felt. There was a certain degree of peritonitis, but no thickening nor adherence. The colon was seized between the fingers, and followed during the whole of its course, and whilst returning towards the wound M. Trelat encountered a mesenteric cord, above which was found an infundibulum, or cavity, through which penetrated the sigmoid flexure. Having disengaged the intestinal loop, he closed the wound and placed an antiseptic pad. The patient found himself eased, and passed gas and a blackish liquid matter, by the rectum. The patient, who for the first twenty-four hours after the operation was doing well, succumbed on the third day to the peritonitis, that had not ceased to make progress. M. Trelat related a similar case, attended with a similar result, and terminated by saying that he was more than ever a partisan of prompt interference. He admitted that forcing enemas and Faradisation might be employed during the first few hours, but that time passed, and no sensible and prompt amelioration experienced, an operation should not be delayed.

DECOMPOSITION OF SALICYLATE OF SODA.—It has been proved from a series of experiments that salicylate of soda is decomposed by the acid of the gastric juice, and that a certain quantity of salicylic acid is set free. This fact is not without interest in a therapeutic point of view, for it shows that in giving salicylate of soda one gives in reality salicylic acid; the general action of the two preparations is identical, or nearly so, but their local action is different, the acid being alone anti-zymotic.

CANCER OF THE UTERUS.—The *Progrès Médicale* advises the following antiseptic for the local treatment of cancer of the uterus:—Vinegar ℥x, tinct. eucalyptus ℥iss., acid salicylic gr. xv., salicylate of soda, ℥i. The dose is from one to five tablespoonsful in a pint of warm water to be used three or four times a day as injection. By this means not only is the discharge constantly disinfected but according to the quantity employed each time it is diminished, or even completely suppressed. Although the employment of this disinfectant gives the best results where the cancer is at its *début*, yet, where it has reached the second or third degree, and espe-

cially when it is accompanied by neuralgic pains, the complete arrest of the discharge would increase the intensity of the pains, and bring the disease to a speedy termination (fatal, of course). In these cases one should rest satisfied by simply lessening the odour, which can be effected by diminishing the dose of the active principal of the injection.

HOT WATER IN METRORRHAGIA.—Professor Courty, of Montpelier, considers that the employment of water as hot as can be borne in injection for metrorrhagia renders the greatest services. The application of heat to the lumbar region is also very efficacious. The learned Professor has tried it so often that there can be no further doubt as to the efficacy of injections of hot water in uterine hæmorrhage, often arresting the flux altogether, especially when no organic lesion exists. But the effects of warm water are not limited to the arrest of hæmorrhage it can have a resolutive action on the uterus itself, so that M. Courty recommends it very frequently to his patients, who suffer from chronic congestion, chronic metritis, or hypertrophy of the cervix. These injections accompanied by the other ordinary means materially abridge the duration of the affection. Also this hæmostatic action having so clearly manifested itself, M. Courty has recourse to this means to diminish the chances of hæmorrhage in operations on the uterus or vagina. It is thus that he orders for several days before the intended operation injections of hot water. Since he adopted this method the Professor remarked that the quantity of blood lost after or during an operation was infinitely less than it is generally in the majority of cases. To be effectual the patient should use a great deal of water each time, and take care to introduce the canula of the syringe as far as possible.

RABIES AND HYDROPHOBIA IN YORKSHIRE.

YORKSHIRE enjoys an unenviable notoriety in connection with hydrophobia, and the causes are explained in Dr. Dolan's series of reports prepared for the *Med. Press and Circular* (reprinted in one volume, second edition) we have again to chronicle a sad history, in which Yorkshire is the scene; so that it is evident that the largest county in England requires special legislation and instruction in reference to dogs and their management. What results may follow from the bites of this particular dog time alone can tell. Much will depend upon the treatment of the wounds and upon the part injured, and the unfortunate sufferers must perforce pass weeks and months of anxiety before they are absolutely free of the consequences. Strict police measures should be at once adopted, and all dogs known or suspected to be bitten by the rabid retriever should be at once destroyed, and the general directions enumerated in our reports carried out.

The animal referred to was seen a few mornings since rushing frantically about Hunslet and New Wortley, biting all with whom he came in contact, and before he was killed by a policeman nearly twenty persons are known to have been bitten by the rabid brute. One unfortunate fellow, named Thomas Mann, was walking quietly along Hunslet Lane, when he was attacked by the animal, which approached him from behind. It jumped up to the back of his head, but failing to get hold there, it rushed at him a second time, and seized him by the thigh. The dog then rushed on, and bit another person before reaching Thwaite Gate, when it turned back, and again proceeded along Hunslet Lane, snapping and biting at every one it approached. The dog proceeded up Church Street, where it bit one or two other persons severely. It seized one man by the hand, and inflicted a serious wound between the finger and thumb, and afterwards bit him on the leg, tearing his trousers to pieces. Another young man was suddenly seized by the left hand, which was bitten through, and his leg also lacerated considerably. Indeed, so serious were the poor fellow's wounds that after having them attended to by a doctor, he was deemed unfit to go to his work. Three other men, named Joseph Hutchinson, Samuel Haigh, and William Green were also savagely attacked by the brute, all being bitten in the leg and thigh. Another workman named Wm. Shaw, who was walking down the street, was placed in a terrible plight. The animal unexpectedly rushed at his back so violently that he was thrown to the ground face downwards, and whilst he was in that position the unfortunate fellow was severely bitten on both legs before he could effect his escape. Several other persons were bitten more or less severely in Hunslet, the dog in its mad course snatching at every one it approached. No one appeared able to stop it or put it out of harm's way and it rushed wildly on to New Wortley, where ultimately it was killed by Police-constable Spencer, who courageously attacked it with his staff. He also got possession of another dog which had been bitten by the mad one, and had it poisoned without delay. Altogether it is feared that nearly twenty persons have been bitten by it more or less seriously.

Mr. Bennett Stanford last year gave £100 for the best essay on the prevention and treatment of hydrophobia. The College of Physicians of London appointed Drs. Lauder Brunton, Ferrier, and Dickinson adjudicators. The result of the competition was that M. Baurrel (Paris) was assigned the first place, and it was recommended that a second prize should be given to the writer under the *nom de plume* of "Multarum Annarum Opus," who is now known to be our Commissioner on "Rabies and Hydrophobia," Dr. Dolan (Halifax, Yorks). Thus the wisdom of our choice was confirmed.

In the face of this last and terrible venture of a rabid dog, the question may well be asked by the profession and the public—What has become of the essays? Are they to be published? We presume that Mr. Stanford desired that the public should derive some benefit from the competition by being placed in possession of knowledge which would be useful in the eradication of this preventible contagious disease. No good result can follow if the essays are sealed letters to the profession. The very object of the competition would be thus defeated.

The subject is interesting to us, as we were the first to endeavour to educate the profession and the public on the importance of striving to limit rabies in the dog, in order to prevent hydrophobia in man. The present catastrophe will reawaken public interest in this much dreaded complaint, we hope with some good result.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, DECEMBER 8, 1880.

CREMATION.

THE disposal of dead persons has been a subject on which the interest of the living has always been strongly

excited ; the consequences following from an improper or inefficient mode of burial have at all times been manifestly dangerous to the community, influenced by imperfect precautions in this respect. A few over-zealous advocates of the ancient custom of sepulture have prated about the absolute safety of the churchyard system ; of its being in all respects safe as well as traditional, and in moving accents have besought the world to cling fast to that which appeals so strongly to their own nature in the manner of burial their desires are wedded to. Such adherents are strangely blind to incontrovertible fact ; they neglect the evidence not alone of their own senses, but that also afforded in the testimony of innumerable witnesses, to the effect that most disastrous results have followed, and do follow from the close contiguity of graveyards to the habitations of men. Not, possibly, in the case of those well-cared for plantations with which the metropolis and most considerable towns have been provided in recent years ; but the small pent-up places like those familiar to the city clerk, whose working life is spent on a three-legged stool, overlooking a dingy, grave-cumbered enclosure in the heart of the commercial world. It can hardly be supposed that the experiences of the present will have no analogies in the future ; that there will ever remain an impossibility of closer intimacy between the quick and the dead in the necropolitan districts, than exists at present; while human life progresses and human industry flourishes, the circumscribing limits of towns will encroach more and more, insidious, but certain, on the borders of "country," and the sparsely surrounded centres of to-day will by-and-bye be set round by a close population, as surely as the value of land increases with the demand for business accommodation. And it should be remembered that the dangers arising from a cemetery, that are possibly infinitesimal just now, are aggravated and encouraged with every addition made to the vitiating influences brought to bear on the atmosphere in its neighbourhood. Too easily is it assumed that because a burying-ground is itself large, therefore it may be filled to overflowing without detriment to the dwellers near at hand. This cannot be too emphatically contradicted, and the practical hygeist is the first to disclaim any participation in the error which, unfortunately finds, even now, a wide acceptance.

In cremation an opportunity is offered of effectively, with cleanliness, and without the possibility of after-evil, removing the remains of dead persons. The medical man is required to discuss the question, in the spirit of science, solely, and his conclusions need to be affected by his desire simply to carry out the precept of this journal, *salus populi suprema lex*. Unhesitatingly, then, must he accept the truth again and again demonstrated, that cremation is calculated to ensure a higher standard of public health than is possible so long as the cumbrous burial system in vogue in this country is permitted to exert a deteriorating influence on the vital resources of the nation. The gradual growth of foreign opinion favourable to the process may be taken as an indication of the satisfactory result achievable through it ; and it is interesting to know that the Milanese are in the enjoyment of that legal permission which it is the object of an English association to obtain for this country, on behalf of those who claim the right to order their remains so to be treated as to incur no risk to the public from their decomposing bodies. More than one form of crematorium has been constructed and tested, but in all the essentials the device is the same, viz., a fire-brick furnace in which the body is sought to be exposed to a fierce heat for a length of time sufficient to effect its entire combustion. In the apparatus used hitherto there is one fault, and, it may be admitted, a grave one. The products of combustion of a human corpse may not impossibly be productive of serious injury if permitted to pass into the free atmosphere as they are first evolved. Hence the absolute necessity of arrangements to ensure the most perfect burning of all such products, and, *imprimis*, an abundant supply of oxygen. The air admitted to the great chamber of the crematorium, however, being first driven over the fire by which it is heated, is to a certain extent deoxygenated, and charged also with carbonic acid and watery vapour gathered in its course over the burning fuel of the fire. The experiments most lately conducted tend to prove the oxidising process in the chamber is sufficiently rapid and complete to prevent the exit of any appreciable quantity of unconsumed material from the apparatus; and the atmosphere around it has been declared free from any other product of the burning process than carbonic dioxide, water, and ammonia. Notwithstanding this, and in spite of its possible truth the public have a right to demand that any crematory process introduced into this country shall be as perfectly innocuous as the resources of science can suffice to make it. Exception can, and with some show of reason, be taken to the suggestion for regulating an institution that is national by anything that will not bear a searching test of its fitness for the end sought to be gained by it. But there seems no obstacle to be surmounted that the ingenuity of chemists is unable to overcome, especially since the more vigorous opponents of cremation' omitting for the moment the sentimentalists, rely for their objection on the fact that combustion *may be* imperfectly accomplished. Attempting to overcome this difficulty, and with a view of ensuring certainty of result, Signor Venini, an engineer of Milan, has constructed an apparatus in which provision is made for the introduction into the heated chamber of a definite mixture of hot air and inflammable gas ; and, further, the gases are conducted from the cremation chamber to a special hot chamber, in which their further and perfect combustion is obtained. This somewhat complicated plan ought to be altogether unnecessary, and we are sanguine enough to anticipate that an English mind may be found capable of devising a simple and effective apparatus to replace it. We would suggest that the introduction into the cremation chamber of a substance such as manganese dioxide, or, possibly, potassium chlorate, or a mixture of both, would do all that is accomplished by Signor Venini's roundabout manœuvring, and in a much more satisfactory manner. The excessive heat of the chamber might even be utilised for the purpose of producing oxygen from its own bed, if this were made of baryta or baric dioxide, which, on cooling and re-admission of fresh air, would resume the highly oxidised condition, and be ready for the next occasion. We trust the steps being taken to secure legislative interest in the subject of cremation may be successful, feeling assured that its adoption will be a public advantage.

A PAROCHIAL VICTIM.

In our last "Students' Number," in referring to the position of practitioners in outlying districts, and particularly in the Highlands of Scotland, we expressed an opinion favourable to the treatment received by all deserving medical practitioners, and our complete faith in the fairness and gentlemanliness of the parochial and other authorities. We are sorry to state that the particulars of a case have come under our notice, quite recently, which have rudely shaken the foregoing opinion, and to which, in justice to the profession, attention cannot be too widely drawn. A medical graduate of a university, or any duly qualified medical practitioner otherwise, who settles in a sparsely-peopled district, with, possibly, a wife and family, performs in many respects an act of great self-abnegation, is entitled to be regarded, socially and professionally, as an acquisition of no common importance, and is fairly entitled to expect both honourable and gentlemanly treatment. Such an individual we recognise in Dr. W. R. S. Jefferiss, of Isle-Ornsay, Skye; and, unless our information grossly miscarries, he has received treatment the most diametrical to what we should have anticipated, at the hands of the Parochial Board of Sleat. Dr. Jefferiss is a medical practitioner of twelve years' standing, is a graduate of the University of Edinburgh, and is possessed of the diplomas of the two colleges of that city—facts of themselves sufficient to demonstrate that his position in the profession is a superior one; while, besides, we are cognisant of a number of his literary contributions on medical and cognate subjects which stamp him as a man of culture beyond what one would expect—we say it with all deference—in the ordinary country practitioner.

Dr. Jefferiss has, or had, as it turned out, the misfortune, as humble parochial medical officer of the parish of Sleat, to reside within the dominion of a live Scotch peer. With all its grandeur, the Island of Skye has the misfortune to be peopled by a community sharply and rudely differentiated into two classes—viz., the abject poor—the Celtic serf; and the affluent, comprising among the latter the descendants of men historically distinguished, in days gone by, for bravery; and at the present time, we still believe, speaking generally, for urbanity, manliness, and culture. It is to a community thus peculiarly constituted, with no middle-class worth speaking of, that the unfortunate Dr. Jefferiss had to minister the noble duties of his self-sacrificing profession. That he did not do so with acceptance to the entire community, with *one* exception, does not appear. An accident, constituting this exception, befel Dr. Jefferiss, as accidents will occur, even to Scotch peers. It was of the following nature; and to such as have any idea, as we happen to have, of the arduous duties of a Highland country practitioner, the misadventure will be readily appreciated:—Returning home from a visit ten miles away—and this is but a short distance in Skye—one Sunday evening last August, Dr. Jefferiss found that a message had been waiting him since the morning, requesting his attendance at Armadale Castle, seven miles distant. No particulars were left, and no second message was sent. His horse—the *only* one to be had, was so jaded that he could not be taken out again; and no urgency being shown, the visit was postponed till the following morning, when, on arriving at the Castle, the doctor found that a lady visitor had been suffering from toothache! Explanation of the delay was given, an apology offered, some simple remedy prescribed, and leave taken. Two days afterwards another visit was made, and the patient was found quite well. It appears, however, that, although the patient and the lady of the Castle were both at home, the doctor was not asked in, nor his trouble in taking so long a journey recognised in any way.

A few days afterwards, the Chairman of the Parochial Board, through his factor, took steps to deprive the doctor of his appointment; and at the next meeting of the Sleat Parochial Board, the factor, in presence of Lord Macdonald, informed the Board that the doctor had been very careless in not attending at the Castle when sent for, and thereupon proceeded to dictate a minute calling upon Dr. Jefferiss to resign. Dr. Jefferiss, who was present, at once asked an explanation, and was simply told, in general terms, that several of the ratepayers were not satisfied with him, and a prompt request for names and particulars was curtly refused. Subsequently, Dr. Jefferiss wrote the autocrat of Armadale in respectful terms, from which we quote:—"I would take the liberty of asking your Lordship to favour me with some explanation of your action with reference to me as Parochial Medical Officer of Sleat, and also as medical attendant to your Lordship's household at Armadale. I refer to what took place at a recent meeting of the Parochial Board of Sleat, at which meeting I was asked to resign my appointment, *and that without being informed of the grounds on which so very summary a mode of action was resolved.*" This reasonable request, which could not be denied to the most depraved criminal, was parried in lordly fashion, thus:—"With reference to Dr. Jefferiss' questioning in his letter, the reason why he was asked to resign at a recent meeting of the Parochial Board was that the members of the Board were all of one opinion that he would not do (*sic*) as medical officer for this parish." Upon this follows a letter—a womanly and tender letter—from Mrs. Jefferiss to Lady Macdonald, in which it is stated "We flitted here scarcely eighteen months ago, and now, greatly through some misunderstanding, we are again on the eve of being compelled to remove out of the situation the duties of which we tried to fulfil to the best of our ability. I appeal to your Ladyship's well-known amiability and kindliness of heart to use your influence in our behalf, *or at least let us know how we have merited the withdrawal* of your support." So tender and reasonable an appeal to a sister, notwithstanding a "lady," we are sorry to say, discovered neither "amiability" nor "kindliness of heart," and is coolly replied to—"Lady Macdonald is very sorry she cannot help Mrs. Jefferiss about her husband's dismissal" (!) On September 2nd, Dr. Jefferiss writes to the Parochial Board explaining his view as to the nature of his appointment, maintaining that t is of the nature of an annual one, and terminable only by three months' notice prior to the term of Whit-Sunday of each year, and submitting a reasonable alternative proposition. To this the Inspector of Poor replies, in the highest parochial style—"I accept your resignation as *at the end of three months from the date of the meeting.*" On Dr. Jefferiss further insisting on his view, the Board evidently reconsidered its position, and, through its inspector writes:—"While not acknowledging your right to any

such lengthened notice as you claim, [the Board] instructed me to inform you that they dispense with your services at the term of Whit-Sunday, 1881." But the meanest and most contemptible treatment of all is indicated in a letter, dated "Portree, 2nd October, 1880, from the factor of the implacable and childish Scotch peer:—"I have to intimate to you that the *subscription* (*sic*) which you have hitherto been receiving from Lord Macdonald, as medical attendant at Armadale, will now cease. I have also to intimate to you that, if you insist on continuing to occupy the house at Isle-Ornsay, which Lord Macdonald has hitherto allowed you free of rent during his lordship's pleasure, you *will require to pay rent at the rate of £52 per annum*" (!)

Such, then, constitute an epitome of the details of one of the worst cases of parochial persecution to which it has ever been our misfortune to refer. Will it be believed by our English and Irish readers that a Scotch parochial medical officer is compelled to remove his wife and family, his lares and penates, and begin life again, because, after a long journey, he has for twelve hours delayed visiting a case of toothache? The issues involved are capable of being circumscribed by two pertinent questions—Is the dissatisfaction with Dr. Jefferiss confined to one individual? And, Is the real cause thereof the alleged negligence referred to? So far as our information goes, the antipathy to Dr. Jefferiss is confined to the chairman of the Board and one or two of his minions. If it be otherwise, in the interests of truth and fair play we challenge contradiction. So far as concerns the second query, we have simply to state, with shamefacedness, that after the manly challenge preferred by the doctor, we are compelled to the conclusion that we can discover no cause of offence other than the frivolous one above referred to. Lord Macdonald, in visiting Dr. Jefferiss with this measure of injustice, simply outrages a profession worthy of more consideration at his hands. We shall be pleased to learn that, on better reflection upon his conduct, he will tender the ill-used parochial surgeon an apology, and unreservedly reinstate him in his office. Such conduct would better become one of his social pretensions. *Noblesse oblige*—"the animosities perish; the humanities are eternal."

But apart from the personal aspect of this case, it possesses features pertinent to the profession as a body. In common with the case of Dr. Douglas, of Whithorn, referred to in our last number but one, the insecurity of the position of a parochial surgeon is made apparent by the one under consideration, and the difficulty of honourably discharging the duties involved under the Health Act made painfully patent. If the State expect the proper performance of such duties as devolve on medical officers in these respective capacities, it need hardly be urged that their position should be made independent of caprice or official retribution.

Matters are quite otherwise in England and Ireland, and the time has at length arrived when medical officers in the Scotch Public Service should demand an effectual redress of their just grievances. The present Lord Advocate is alive to their anomalous position, and would, we believe, favourably view reform in this direction. The Board of Supervision would gladly welcome it. Then the duty of the profession is obvious. Let it unite in petitioning Parliament; and we not only hope, but believe, that in a short time the persecution of the few, from whom the sympathy of the profession cannot be withheld, would eventuate in the benefit and comfort of the many.

TURKISH BATHS IN DUBLIN.

THE wholesome, cleanly, and comfortable procedure known as a Turkish bath has received this week a further facilitation (if we may coin a word) by the re-opening of the original bath house in Lincoln Place, rejuvenated and almost entirely rebuilt and replete with every aid to luxurious bathing which the imagination of the promoters could suggest. Whether it be from the avaricious disposition of the Irish people for cleanliness, or from some other equally obvious characteristic of that nation, it is a fact that Turkish baths have been more successful, and have reached a higher state of perfection in Dublin than almost anywhere else; probably the stimulus given to them at the start by the late Dr. Barter had much to say to this fact. The baths now re-opened were originally built upon the designs of that gentleman, but were, in the lapse of years, improved out of competition, and passed into the hands of the proprietors of the Stephen's Green Divan in such a state as almost to necessitate complete rebuilding. When first designed they were heated from the floor and ventilated from the roof, the result of which arrangement was that it was necessary to wear certain very uncomfortable clogs, and that all the breathing material came from underground in an unsatisfactory state. All this is now changed, the hot room being heated from the end, so that all temperatures are available without an inconveniently hot floor, while the impure air is drawn downwards and cast out, the pure air to replace it being drawn from above. The gentlemen's cooling room has sixty dressing closets, and the ladies side of the bath is provided with arrangements equally well devised for a less number of bathers. It is not our place to enter upon engineering details, but we know enough of the subject to be aware that the task taken in hand by Messrs. Sloane, of Dublin, the contractors, is a most difficult one to perform with due regard to the luxury and efficiency of the bath. That that firm has done its work in this specialty thoroughly well is endorsed by the fact that they have been called upon in England to undertake more than one contract for baths; and in this new bath the arrangements seem to us, as far as we can judge, to leave nothing to be desired.

As to the merits or demerits of the Turkish bath, we wish we could compliment our profession upon a better appreciation. The conservatism of a passing medical age has left behind it a prejudice—unmeaning, as we believe—on the subject of Turkish baths. We cannot here enter upon the task of removing that prejudice, but we could wish that medical men would—to use a commercial phrase—"look up" the subject better than they have yet done, and consider whether they might not make a wider use of a therapeutic agent which we believe to be too much neglected.

WE are glad to see that a liberal Warrant for the Indian Medical Service has appeared in the *London Gazette*. We shall, perhaps, have some remarks to make on the subject next week.

Notes on Current Topics.

Metropolitan Hospital Sunday Fund.

At the meeting of the Hospital Sunday Fund, held last week under the presidency of the Lord Mayor (the Right Hon. Alderman McArthur, M.P.), at the Mansion House, one or two matters of importance engaged the attention of the Council. The first in interest was the amount collected on the last Hospital Sunday, which exceeded that of any previous year. The collection amounted to £30,429 18s. This will be regarded as the more gratifying since individual collections did not frequently exceed that of former years; but a considerable increase took place in the number of contributing congregations, plainly indicating that the Fund is gaining in general estimation. Owing to the larger amount of the gross receipts, a proportionally larger sum was set aside for the purchase of surgical appliances during the ensuing twelve months; and, in reply to a question by a member of the Council, the secretary stated that 217 persons had been relieved out of this fund upon the application of the clergy, and that in all cases the relief had been immediate. So satisfied were the Council of the large amount of good that had thus been effected that it was decided to set aside two per cent. of the next year's collection for this purpose.

The rules which regulate the administration of the surgical appliance fund are not so well understood as they should be. They are to the following effect:—

Letters of recommendation for patients requiring "Surgical Appliances" are also given in the following way to ministers and others, whose names appear printed in the Report. Application must be made in writing to Mr. Custance, the secretary, giving the name, address, and age of the patient, and stating the nature of the appliance required. A proper form of recommendation will then be supplied to the clergyman or minister who makes the application. This form must be taken to the authorities of the hospital or dispensary named thereon. On presentation of the recommendation at the hospital or dispensary named, the secretary or officer on duty will inform the applicant which member of the staff will prescribe for the case, and see the appliance properly fitted. The member of the staff who prescribes for the case will state where the required appliance is to be obtained. As soon as the appliance has been properly furnished and fitted to the satisfaction of the surgeon prescribing for the case, an invoice with the cost shown, and bearing either the hospital or dispensary stamp or the initials of the secretary to vouch for its correctness, is to be sent to Mr. Custance, who will in due course make payment for the same. No appliance of any kind exceeding five pounds in value can be supplied without the sanction of the General Purposes Committee.

The working expenses of the Fund, inclusive of salaries, printing, advertising, and rent of office £100 a year, amount to only 3½ per cent. The Lord Mayor made the very gratifying announcement that next year he intended to save the Fund the cost of office rental. The Fund, he thought, should be at the Mansion House, where it had formerly been, because it would in every way be the means of promoting its best interests. The generous offer was accepted, with a very cordial vote of thanks.

The Fog Nuisance.

With the experience of last Thursday before them, and the certain knowledge that that experience will be again and again repeated ere the winter has passed away, Londoners will not be unprepared to hail any feasible means of remedying a condition of things as unhealthy as it is unpleasant. As Dr. Douglas Galton pointed out in a lecture delivered before the Balloon Society last week, the intensely suffocating character of London fog is chiefly due to the admixture with it of the partially burnt material evolved from the million chimneys of the houses in the metropolis. Any means of diminishing or preventing this contamination of the atmosphere, will result in ridding us of the most unpalatable and unbearable attendant on the evil we have almost come to regard as a necessary accompaniment of town existence. Compulsory perfect combustion in the fires of private houses would very materially influence this result, and there has at length arisen a very general willingness, even with the ordinary householder, to submit to the requirements such an end will necessitate. To be effectual, however, it must be general, and it can naturally only be made so with the aid of Government interference. Before this can be rightly initiated, moreover, a definite decision as to the means of cure to be insisted on is desirable, and the most available remedy at present suggested is that of a perfect combustion grate in one form or other. Of these there are several before the public, but in spite of all objections raised against it, that known as the Country Parson's, answers the requirements set forth most admirably, viz., efficient action, economy, and cleanliness. The ingenuity of inventors, however, will find this a fruitful and remunerative field in the future, for it can hardly be said that perfection has yet been attained.

The Evils of Brick-making.

In the process of making bricks cheaply, to supply the immense demand for cheap building material, many districts are most injuriously affected by the nuisance arising from the intolerable stench given off from the burning refuse, with which the drying fires are too frequently fed. It is satisfactory, therefore, to note that the Lambeth Vestry have been alive to the health-injury caused in this way, and have given practical proof of their watchfulness of the public welfare, by proceeding against a brick manufacturer guilty of the practice we refer to. There can be no question of the evil consequences possible to arise, as Dr. Farr, the medical officer of health for Brixton, explained, from a fire fed with the contents of dust-holes, and with decomposing animal and vegetable matter, as is done. The case was referred, on the first hearing, for the production of further evidence, and possibly its discussion may bring to light many facts likely to have a bearing on the *salus populi*.

The Revival of Spiritualism.

Within a very short time there have occurred several indications of a revival of the unhealthy craving after mystery, to which, in the past, the term spiritualism was accorded. Succeeding Professor Ray Lankester's exposure of "Dr." Slade's fraudulent pretensions, a wholesome terror apparently drove the fraternity of spiritualists

from the country; but it would seem that a number of them have once more commenced operations here, and in the same fashion introduced by Home, have set themselves to spoil the over-credulous and unwary. A trial now in progress reveals the existence of a species of madness, to which attention has more than once been drawn, and which should have importance for the physician as well as for the law officers. A gang of so-called "mediums" are charged with obtaining property to a large amount from a lady, over whom they gained power by pretending to bring her into communication with her deceased mother, and by persistently working on her imagination and over-excited nervous system. The prevalence of any sympathy with the craze for mysterious exhibitions of the kind which make up the spiritualistic *séance*, cannot be too energetically combatted. Medical men are, or ought to be, active agents in robbing these performances of their pretended marvels; they can do a great deal toward effecting this end, and the burden of doing so is one that should be undertaken and pressed at every available opportunity.

Chian Turpentine.

THE efficacy of Chian turpentine in staying the progress of cancer has been for some months made a special subject of clinical study in the wards of the Middlesex Hospital specially set apart for the reception of cancerous patients. In an exhaustive report on the results obtained, Mr. Henry Morris, F.R.C.S., surgeon to the hospital, emphatically declares that no beneficial effects have followed the careful employment of the drug, and that, after an anxious and prolonged trial of it, he is compelled to decide against the claims made on its behalf by Professor Clay, of Birmingham. At the same time, occasional instances of its alleged power to stay the ravages of the disease continue to be reported in the journals; but these, as we have before suggested, may possibly be explained—as Mr. Morris explains them—to be cases that would have improved under the older palliative treatment. It is disappointing, indeed, to have to accept the truth presented to us; but there is no appeal, apparently, from the facts adduced by Mr. Morris, and in consequence Chian turpentine must be regarded in future as one more added to the long list of futile remedies against a terrible disease.

King and Queen's College of Physicians in Ireland.

THE following regulations, relating to the curriculum of candidates for the License in Medicine, have been adopted by the College:—

1.—"On and after January 1st, 1881, every candidate for the License in Medicine of this College shall be required to produce evidence that he has, for not less than three months, studied fever in a recognised clinical hospital, containing fever wards, and recorded from daily personal observation at least five cases of fever, to the satisfaction of the attending clinical physician, as attested by his signature."—*14th May*, 1880 (By-law).

2.—"That certificates of attendance on lectures delivered after this date (October 1st, 1880), must contain a statement as to the number of lectures delivered, and the number attended by the student."—*1st October*, 1880.

3.—"That every candidate for the License in Medicine of the College, who shall have commenced the study of medicine or or after 1st October, 1879, shall be required to furnish evidence of having been engaged in the practical study of vaccination."—*18th October*, 1880.

These regulations are deserving of the approval of every one who aspires to make the curriculum of the Irish medical student a reality. The second is especially deserving of notice as being a direct blow at the sham certificate system which has been the subject of frequent objurgations in these columns; but the regulation would have been more comprehensive if it had required the certificate to set forth not only the number of attendances, but the date at which the student's name was entered for the lectures, because it would then have rendered impossible the not infrequent procedure of entering the student after Christmas, or even in March, for courses of lectures which commenced in the previous November.

It may also be worth considering how the lecturer is to record the attendance of the student. Since the University of Dublin began to insist on a guaranteed attendance of a certain proportion of the lecture course, some lecturers have satisfied their consciences by calling a roll and giving a mark to every student whose name was answered. It is needless to observe that, in not a few instances, the voice was not the voice of Esau, and accordingly Esau got credit for a vicarious attendance, his presence being vouched by some friendly Jacob, who chose to reply to the call. This is a *ruse* which the roll caller cannot possibly detect when the class is a large one, and we see no way of making the attendance *bona fide*, save by employing a checker to tick off the name of each student as he passes the door.

India-Rubber and Gutta-Percha Instruments.

PROBABLY many who have been unwise enough to put vulcanized india-rubber articles and instruments into the shop-windows have found, to their cost, that such articles crack and become brittle, and lose their elasticity. This, according to a Russian journal, may be prevented by immersing the articles for a few minutes to half or one hour, according to the requirements of the case, in a mixture of one part liquor ammoniæ with two of water until they resume their former elasticity, softness, and smoothness.

A new form of gutta-percha—for instruments, &c.—has been devised by Mr. G. Fleury. In warm countries, such as Algeria, surgical appliances made with gutta-percha become, in a few months, so brittle as to be useless. He found that by mixing nine parts of gutta-percha with one of camphor a soft product is obtained, which can be welded at about 136° Fahr., and which, when cold, is cohesive and elastic.

A Typhus Epidemic.

AN outbreak of typhus fever is reported from the vicinity of Ballylongford, co. Kerry. The fever is said to be of a most virulent character, and has, within the brief period of one month, attacked twenty-three persons, of whom twenty were admitted into the Glin Union Fever Hospital. The Glin Board of Guardians, aided by the medical officer of the district, have adopted measures to check the progress of the malady. Those who have already fallen victims to the epidemic appear to have died from the direct action of the typhus poison upon the system, as no local lesions had been developed—a fact indicating in itself the fatal type of the disease.

A Compliment to a Militia Surgeon.

We extract the following from the *London Gazette*, dated War Office, Pall Mall, 2nd November.

MILITIA MEDICAL DEPARTMENT.

The undermentioned officer resigns his Commission: also is permitted to retain his rank and to continue to wear his uniform on retirement:—Surgeon-Major Joseph Marshall Lynn, Armagh Militia.—Dated 3rd November, 1880.

In publishing the above Order the Commanding Officer cannot allow Surgeon-Major Lynn's connection with the regiment to cease without expressing his deep sense of how much he, and the regiment at large, are indebted to him for his most invaluable services.

For nearly fifty years Dr. Lynn has been identified with the Armagh regiment, and during the whole of that time he has been conspicuous for discretion and kindness of heart in the discharge of his duties, and has won the respect and affection of all ranks.

It is interesting to note that Surgeon-Major Lynn has passed into the servcie upwards of 6,000 men, and in no single instance has his opinion as to passing or rejecting a recruit ever been called in question.

The Commanding Officer, in the name of the officers, non-commissioned officers and men of the regiment, bids Dr. Lynn a hearty farewell, with the earnest wish that he may be spared many years to enjoy his well-earned repose. By order,

Signed CHARLES PAKENHAM, Captain,
Adjutant Armagh Light Infantry.

Armagh, Nov. 20, 1880.

Recognition of Practical Physiology in Dublin.

THE Council of the Royal College of Surgeons in Ireland has, after repeated consideration of the matter, decided to recognise the courses of practical physiology given by Professor Purser in the Trinity College School, and by Dr. Harvey in the Carmichael School, as equivalent to a course of physiology hitherto required for the license of the College. This is a most important decision in the direction of practicalising the education of the student, and substituting a new form of histological study for the repeated course of lectures which the student was supposed to, but did not, attend.

Irish Medical Association.

THE meeting of the full Council of the Association will be held on Saturday next, at 4.15 p.m., at the Royal College of Surgeons, Dublin, to receive the report of the Executive Committee for the last six months. Much business of great interest to the working members of the profession in Ireland will then come under discussion, and it is greatly to be desired that the meeting shall be numerously attended. In order that as many members as possible may be present the meeting has been fixed for Saturday in the belief that that day will be most convenient for country visitors to Dublin. To induce those who reside at a distance to come up and interchange views with the metropolitans, the committee has set on foot an undress and inexpensive Council dinner for that day, which will be held at the Shelburne Hotel. The dinner cheque will be 7s. 6d. per head, including wine, &c., and each councillor may invite one guest, who must, however, be a member of the Association.

Old and Young Soldiers on Service.

"UNLESS the experience to be gained in Afghanistan belie all that is past, the superiority for purposes of war of old soldiers over such as are young may be looked upon as absolutely established." Thus wrote in 1878 an officer of great and varied experience, and now by the testimony of the general under whose command that very brilliant march from Cabul to Kandahar was performed, the principle thus stated has been fully confirmed. No doubt the more immediate bearing of the question is military; but yet it has an important medical relation in so far that it relates also to health and physical efficiency; hence our reference to it.

For several years back old officers have raised their voices against the increasing tendency shown by administrators to fill the ranks of our army with young and undeveloped men. It was perfectly well understood by those who had themselves undergone campaigns, that although young soldiers made troops of tolerably good appearance, yet on active service they were soft, and ill-fitted to withstand privations and fatigue, losing many more men by prolonged marches and bivouacs than by the fire of the enemy. If these are the armies called "economical" it is not the population that they economise. It could not long maintain them at their original effective. With regard to India, the question of young soldiers as against old has a particularly important bearing. In that country not only is the proportionate rate of mortality great among the young soldiers, but on service the non-efficiency among them by sheer inability to withstand fatigue, is far greater than can be represented by statistics, inasmuch that instead of being able to march with their more seasoned comrades, they have to be carried. Experience in all wars has shown that for every purpose soldiers of 25 to 30 are the best, provided they joined the ranks at 20. Thus while still *young* as men, they by training and discipline become *old* as soldiers. With regard to British soldiers, as development proceeds more slowly in our own nationality than it does in the case of continental nations, the period of greatest efficiency for war is considered to extend to 35 years of age, and in individual instances considerably beyond that, for soldiers, like other classes, withstand very differently among themselves the wear and tear of life. There appears every reason, however to hope, that a reversion to some extent, at least, to the former state of things under which old soldiers may again appear among the ranks, is an event by no means far distant. Not only military efficiency, but considerations of health and of simple humanity, loudly call for such a change.

IN the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 26, Bombay 29, Madras 35; Paris 24; Geneva 22; Brussels 30; Amsterdam 23, Rotterdam 25, The Hague 22; Copenhagen 20; Stockholm 30; Christiania 20; St. Petersburg 36; Berlin 26, Hamburg 23, Dresden 24, Breslau 22, Munich 30; Vienna 24, Buda-Pesth 35; Rome 29, Naples 26, Turin 19, Venice 26; Lisbon 33; New York 24, Brooklyn 26, Philadelphia 17, and Baltimore 17 per 1,000 of the population. Small-pox caused 22 deaths in Rome.

South Africa as a Field for Medical Work.

Sir Bartle Frere, in a lecture on South Africa, delivered at the Drill-hall, Wimbledon, a few days since mentioned that of all professions in that region, the most prosperous was that of medicine. Steady, hard-working medical men, he said, were sure to succeed there, in a kind of practice very much like that of former days in England, when men were paid not so much for their medical or surgical skill as for the quantity of medicine they sent their patients. Chemists, also, have a profitable business in South Africa, but lawyers are not wanted there. Sir Bartle Frere took a very favourable view of the future of our South African colonies, in which there is a steady and moderate demand for capital and labour. He spoke of their climate as the finest he had ever met with. He had been in many countries of Europe, but in no part of the world had he encountered so delightful a climate. It was no uncommon thing to see persons who had lived long in the tropics, and who would soon be worn out in the colder countries of Europe, get a new start of life in temperate South Africa.

Army Medical Services.

We are pleased to learn that a somewhat liberal distribution of honours and rewards is spoken of as about to be conferred upon medical officers who underwent the fatigue, hardships, and dangers incidental to the recent campaign in Afghanistan.

Gibraltar.

Notwithstanding the extensive and costly improvements made in the sanitary arrangements at Gibraltar, the particular type or variety of fever locally known as "Rock" fever continues to affect the troops. A committee has, we understand, been appointed to investigate this important subject.

On Saturday last, a chemist, named Titley, living at 44 Charlotte Street, London, was committed for trial at the Marlborough Street Police Court for selling a noxious drug, with intent to procure abortion. Prisoner reserved his defence.

His Excellency the Marquis of Ripon, Viceroy of India, was seized, last Thursday, with a sharp attack of fever, necessitating a delay in the departure of the Viceregal party for Calcutta. Latest telegrams state that his Excellency is much better.

It was stated at a meeting, on Friday last, presided over by Mr. Robert Gladstone, treasurer of the Liverpool University Fund, that the promised subscriptions to that institution amounted to nearly £100,000.

The *United Service Gazette* says:—"Surgeon-Major G. J. H. Evatt, M.D., has been appointed to succeed Surgeon-Major Roberts as medical officer to the Royal Military Academy, Woolwich. Dr. Evatt has recently arrived from Afghanistan, where he has been in charge of one of the field hospitals with the Cabul Field Force for the last two years." Dr. Evatt is one of the ablest medical officers of his standing, and, we doubt not, will fully justify his being selected for that important appointment.

The death-rate last week from the seven principal zymotic diseases per 1,000 in the large towns, ranged from 0·7 and 1·1 in Plymouth and Birmingham, to 5·6, 7·0, and 7·6 in Salford, Dublin, and Sunderland. Scarlet fever showed the largest proportional fatality in Sunderland and Nottingham; and measles in Salford and Leicester. The 17 deaths from diphtheria included 11 in London, and 3 in Portsmouth. The highest death rates from enteric fever occurred in Salford, Sunderland, Portsmouth, Dublin, and Liverpool. Small-pox caused 21 more deaths in London and its outer ring of suburban districts, 2 in Dublin, but not one in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Scotch Opinions on the Conjoint Scheme.—The annual banquet of the Faculty of Physicians and Surgeons of Glasgow, was held on the 26th ult., Dr. R. Scott Orr, President of the Faculty, occupied the chair; Dr. Robert Perry, and Dr. James D. Maclaren, Treasurer, discharged the duties of croupiers. There was a large attendance of Resident Fellows, and also a considerable number of their non-resident brethren. After the usual loyal and patriotic toasts, the Chairman gave "*Floreat res Medica*," passing in brief review the various medical authorities of Scotland, and adverting to the salient features of medical education and licensing in this country. He took occasion to deprecate legislation intended to effect organic changes with a view to assimilate the Scottish to the English system, or with the object of bringing about an undesirable and even impossible uniformity, views which the majority of his hearers endorsed by their applause.

Glasgow.—Death by Poisoning.—A rather peculiar case of poisoning was reported in the Western Police Office on the 28th ult. A pavior, named Hugh Brown, residing at Carrick Street, 59 years of age, before going to bed at 11 o'clock, took a drink of what he supposed was butter-milk from a stone jar. The jar, however, contained colouring matter for the walls of the house. About 12 o'clock, Mrs. Brown was disturbed by her husband vomiting. She gave him tea and whisky, after which both retired. Mrs. Brown fell asleep at 2 o'clock, and when she awoke again, about six in the morning, she discovered that her husband was dead. The colouring matter contained poison.

"The Bailie."—The *Bailie*, a vulgar Glasgow weekly paper, affecting the comic element, and which has already lived much longer than its merits entitle, by retailing personal scandal, and the manufacture of low "wit," does the medical profession the *honour*, in its number for the 1st inst., of selecting its "celebrity" from the ranks thereof. Dr. Samuel J. Moore is the individual thus raised on the questionable pedestal. While the biographical sketch is no doubt intended to please, we believe it cannot fail to prove offensive to the gentleman more immediately concerned. The public, or rather the readers of the *Bailie*, are informed, that so well did Dr. Moore "show" especially in anatomy, that Professor Allen Thomson appointed him, during his first session, to the

honorary and onerous position of Class *Prosecutor ?* whatever that may mean. The same section of the community are also informed how well the hero of the *Bailie* "could throw the hammer and toss the caber." These may be excellent preparations for *throwing the hatchet*, which pays better in after life, and which we would thus commend to Glasgow students.

GLASGOW.— A FEARFUL CONFLAGRATION.—In our expectation of receiving the customary amusement for the annual meeting of the subscribers to the Glasgow Maternity Hospital, we have not, on this, the last occasion, been disappointed. According to the *Evening Citizen* of the 30th ult., "The medical report stated that during the year the number of women confined in the hospital was 223, and the number attended at their own houses 916. The children *burned alive* in the hospital numbered 223, and at their own homes 916!" In the face of such wholesale cremation the callousness of the chairman in moving the adoption of the report, and referring to its satisfactory state, is a matter for Christian commiseration, and it is creditable to the humanity of, at least, one director, viz., Mr. Donald Munro, that "he did not agree with the motion just made. . . . and that all matters had been in a very satisfactory condition!" Touching Mr. Munro, we have received a copy of a printed correspondence between the directors of this Institution and himself. The charges preferred by this gentleman ought to be manfully met in the interests of the Institution. Such cavalierly treatment as is meted to him rather deepens the impression that there may be something in them after all. Of the need of reform from the evidence before us, there can hardly be two opinions.

FEVER ACCOMMODATION IN EDINBURGH.—A meeting of the Public Health Committee of the Edinburgh Town Council was held on the 1st inst., in reference to negotiations which have been pending for some time with the managers of the infirmary regarding cases of fever and other infectious diseases. There was laid before the meeting a report by the medical officer, Dr. Littlejohn, showing that during the past month there had been 426 cases of infectious diseases reported by medical practitioners. Of these 365 were scarlatina, 36 typhoid fever, 11 diphtheria, 10 measles, 3 erysipelas, and 1 typhus fever. Of the cases of scarlet fever 128 were reported from the New Town district, 200 from the Old Town, and 37 from the southern suburbs. During the same period there had been about 90 deaths from scarlatina registered, and an average of 12 cases per day of scarlatina reported. The Committee resolved to meet again on an early date.

REGISTRAR-GENERAL'S RETURNS.—According to the weekly return of births, deaths, and marriages, the death-rate in the eight principal towns of Scotland for the week ending with Saturday the 27th November, 1880, was 24·7 per 1,000 of estimated population. This rate is 6·7 above that for the corresponding week of last year, and 3·8 above that for the previous week of the present year. The lowest mortality was recorded in Perth, viz., 17·5 per 1,000; and the highest in Paisley, viz., 38·2 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·5 per 1,000, being 0·8 greater than that for the last week. Deaths from scarlatina are still frequent in Edinburgh and Leith. Acute diseases of the chest caused 166 deaths, being an increase of 29 on the number for last week. Deaths from these causes appear to have been frequent in Glasgow and Greenock.

Literature.

ON ATROPHY OF THE STOMACH. (*a*)

THAT most faithful and enduring of servants whom we treat so unmercifully, but on whom, as in the days of Æsop, we all depend, has not received from medical inquirers that exact study which has been bestowed upon the lungs, the heart, and some other organs. This arises from a certain obscurity in investigating its actions and maladies; and too often do we find physicians, who ought to know better, grouping together, under the comprehensive term of "Dyspepsia," affections essentially differing in their nature and treatment. The great nervous influences both cerebro-spinal and sympathetic, which act upon the stomach; its abundant and varying vascular supply; and its constant activity of function, all point out that organ as one peculiarly liable to temporary or permanent pathological changes reacting on the whole economy. We have perused Dr. Fenwick's work with pleasure and profit; and shall now proceed to indicate briefly its leading features.

The earlier chapters are devoted to the considerationof a form of atrophy of the stomach attended by disintegration and destruction of the gastric follicles. This is measured in pathological examinations by scraping off the interior gastric coat (after hardening the stomach in alcohol and obtaining sections), and treating 120 grains of it with an ounce and a half of water. If one ounce of this fluid be strained, and acidulated with fifteen minims of hydrochloric acid, a standard artificial gastric juice is formed, the power of action of which measures the normality of the gastric secreting apparatus. The test is applied by soaking in this standard juice (temp. 98 deg.), little cubes of hard boiled white of egg; it being found that the normal fluid after a certain period reduces the weight of the albumen to the extent of four grains, the loss getting gradually less according to the amount of gastric atrophy. Dr. Fenwick's remarks upon the connection of this atrophy with pernicious anæmia are very interesting. Every practical physician has been puzzled and often baffled by this dread disease, so like common anæmia in its inception, but frequently so impregnable to treatment. We have seen the languor and incapability of exertion, the sense of emptiness of blood in the heart, the difficulty of extracting a drop of blood by the needle for microscopic examination, and the absence of excess of white blood-globules. In a series of interesting cases Dr. Fenwick establishes a marked connection between pernicious anæmia and gastric atrophy, but fairly observes that this only accounts for some of the cases, and that in others it may be due to intestinal atrophy. Of this latter form he gives a very interesting case of combined anæmia and atrophy of the whole intestinal canal, described by Dr. James Abercrombie, in which that canal was throughout not thicker than gold-beater's leaf. That distinguished observer says:—"I do not attempt to explain this case," but read along with Dr. Fenwick's cases and quantitative tests, it becomes plain enough.

Our author does not fail to note the good effect frequently produced by arsenic, which he says "should be given when iron fails, especially if there be the least reason to suspect that the anæmia may have resulted from malaria."—p. 86. We can fully endorse this remark from our observation of anæmia as a sequela of the fever of the Roman Campagna, where it is nearly always relieved by arsenic.

The second part of the work is devoted to Nervous Affections of the Stomach, &c., embracing "anorexia nervosa," "hyperæsthesia of the stomach," and "neuralgia" of that organ. Chap. VI. describes the differential diagnosis between these affections, and diseases, such as ulcer of the stomach, cancer, and other complications with which they may be confounded. Chapters VII. and VIII. treat of eczema of the stomach, and will be read with pleasure by every practitioner, as will be also the remarks upon nervous and malarial vomiting. We cannot fall in with the author's views on the connection between cancer and gastric atrophy; it is but fair to add, however, that they are put forward in the spirit of tentative inquiry, and are not devoid of interest.

The work contains a large number of carefully recorded cases, and is illustrated by neat pathologico-histological

(*a*) "On Atrophy of the Stomach, and on the Nervous Affections of the Digestive Organs." By Samuel Fenwick, M.D., F.R.C.P. 8vo. Pp. 187. London: J. and A. Churchill.

woodcuts. It is the production of an educated physician and an accomplished clinical observer; and, above all, it adds to our means of meeting the daily necessities of practice. We rise from its perusal with the feeling that we have added to our stock of practical knowledge; and we commend it to our readers as a valuable contribution to a very obscure department of medical research. Q.

PRACTICAL LITHOTOMY AND LITHOTRITY. (a)

When seventeen years ago the author of "Practical Lithotomy and Lithotrity" issued the first edition of his work, he had already acquired a wide experience in the subject upon which he undertook to write. It will not now be questioned that in the period which has since elapsed, Sir Henry Thompson has arrived at the very first position in his special branch of surgery. No living lithotomist in English-speaking countries has had the same opportunities for observation; and that he has not lost these opportunities is shown by the excellent monographs on this and kindred subjects that he has published. The third edition of this book has advanced much beyond the size and excellence of its predecessor, and will be found to be not only very full in details, but to give these in most pleasant language.

The history of the operation of lithotomy forms one or two of the most interesting chapters in the book, and gives a summary of all that is worth knowing regarding it. Engravings of the various knives, gorgets, and other instruments devised by different operators, illustrate this part, and are very suggestive. With regard to some of the causes which produce death after lithotomy, the author regards it as quite erroneous to suppose that infiltration of urine is the most common, and as the source of serious error in practice. He observes:—

"The doctrine based on this belief is as follows: If the internal incision passes beyond the limit of the prostate in any direction so as to open up the cellular interspaces behind the deep fascia, urine is almost certain to find its way into them, and if it does so, fatal inflammation will result. In order, therefore, to avoid this danger, the internal incisions must be extremely limited."

Now "these interspaces only exist when made by the anatomist for the necessary purpose of demonstrating the planes of cellular tissue which unite adjacent organs and facilitate freedom of movement between them." Sir Henry Thompson believes, from careful pathological study, that the true cause of the majority of deaths is to be found in limiting the deep part of the wound, and so in many cases necessitating the bruising and laceration of the tissues there in the forcible extraction of the stone. This leads to sloughing of the connective tissue, and it is then that the urine makes its way along the planes of that structure and produces fatal symptoms, and he concludes that "in many hands the forceps, and not the knife, is the most deadly instrument employed in lithotomy."

One other cause of death is peritonitis produced by perforation of the bladder. The author has seen two cases of this caused by pushing the point of a staff through the upper fundus of a contracted and attenuated bladder; and he believes that in those instances of rapidly fatal peritonitis which sometimes occur, a small rupture might be found if searched for among the rugæ of this viscus caused by the tip of the staff during the operation.

The portion of the book devoted to lithotrity will be found specially interesting. The operation is one which the author has done much to improve, both in regard to the method and the instruments employed. The directions here given as to the steps of the procedure should be read by every surgeon who is about to undertake so serious an operation. The accidents which attend upon it will be diminished in proportion as the rules laid down here are observed.

Several pages are devoted to a consideration of "lithotrity at a single sitting." For the introduction of this method, Dr. Bigelow, Harvard, U.S., deserves all credit, and Sir H. Thompson acknowledges this. The tendency of late years had been in that direction, for, although ether was not generally used at "sittings," it was observed by those who employed it that the anæsthetic enabled the surgeon to prolong the operation considerably. That it is possible to remove a large calculus by one crushing operation is no longer within the region of doubt, for it has been done over and over again in all quarters with much success. Thompson reports 35 cases in patients ranging from 78 down to 16 years from whom he has removed calculi at one sitting. With his manipulative dexterity the time has been very short—from four to twenty-five minutes; but Bigelow has reported cases in which the time occupied was between one or two hours, or more, the patients recovering without any bad symptom. Of course, when a new treatment is submitted for approval it must always be put to the test of criticism. Thompson objects to the size of Bigelow's evacuating catheters as unnecessary, and uses a No. 13 or 14 instead of No. 18 used by the latter. We entirely concur in this view. The first-named sizes are quite sufficient to give passage to average fragments; while the introduction of an instrument approaching a gun-barrel in calibre into the urethra must do unnecessary, if even temporary, damage to the walls of that canal. On the other hand, we prefer Bigelow's evacuating syringe to Thompson's. The fitting of a rigid delivery-tube into the catheter already passed into the bladder is liable to do the greatest possible mischief. In the hands of an expert operator there may not be much risk in using such an instrument, but in most cases it is obvious that much injury might be done to the bladder when it holds one end of a catheter, while at the other there is fixed a weighty apparatus filled with water. No matter how skilfully held, a sudden struggle of the patient might cause irremediable laceration. The danger is obviated by Bigelow's plan of having a piece of flexible tubing between the evacuating catheter and the syringe. There is nothing lost by the increased length of the canal through which the fluid has to pass, and there is certainly more safety. It is true that Thompson says such a tubing *may* be introduced, but we believe there ought to be no option in the matter, and that the possibility of using the rigid tube only ought never to be suggested.

The complications which arise in cases of stone and render the treatment difficult are very fully discussed, and the book ends with a summary of 500 cases operated upon by the author. This is certainly an enviable experience. It is well that it has not been lost to the profession, but that in these pages Sir H. Thompson has given us the benefit of his industry, and of the conclusions which a sound judgment has enabled him to arrive at.

(a) "Practical Lithotomy and Lithotrity." By Sir Henry Thompson, F.R.C.S. Third Edition, pp. 304. London: J. and A. Churchill, New Burlington Street. 1880.

ST. THOMAS'S HOSPITAL REPORTS. (a)

The "St. Thomas's Reports" for 1880, like most publications of the kind, is largely made up of tables and statistics, which, though highly useful, have the effect of rendering the work difficult to digest and dry to read. The volume, however, contains some interesting articles and much valuable information.

The first chapter is a statistical report of 394 cases of rheumatic fever treated by Dr. Thomas Peacock. These include 146 cases published in the "Transactions of the Clinical Society," for 1868. Thirty-two per cent. of his cases had "some form of decided recent cardiac disease." The mortality was but one per cent. We may remark there is no mention of the treatment adopted by the author, and, in our opinion, this lessens much the value of this article.

Mr. Nettleship contributes an interesting chapter on Diphtheritic Ophthalmia. He does not think that the distinction between diphtheritic and membranous ophthalmia drawn by Von Gräfe should be maintained, on the ground that both forms often occur under the same circumstances, were associated with the same states of health, and lead to the same results, and that transition forms were frequent. This article, as well as that succeeding, by the same author on Congenital Day Blindness, with Colour Blindness, are well worthy of perusal. Mr. Nettleship is inclined to look upon this latter affection as hereditary, and we are very much inclined to agree with him. The peculiar symptom to which he draws attention, namely, "the improvement of vision in dull light," he believes to be "caused by the defect being greatest in the centre of the visual field, and thus forming a large and ill-defined central scotoma." The cases given are interesting.

(a) "St. Thomas's Hospital Reports." New Series. Edited by Dr. Robert Cory and Mr. Francis Mason. London: Churchill. Pp. 490.

The Annotations on Anæsthetics contain nothing original, and could only be of service to those who have had no experience in their use.

The next paper is entitled "Jottings from the Surgical Out-Patients' Room," and well deserves a glance.

Mr. West's paper "On the Surgical Cases in which Lister's Plan of Treating Wounds is Preferable to any other Method of Dressing," shows pretty clearly that he believes with most other hospital surgeons that it is the best method of treating all wounds without exception.

Dr. William Stone's two chapters on "Hysteria and Hystero-Epilepsy" next engaged our attention. We found them, though rather discursive, yet, in our opinion, worthy of being waded through, as they contain many interesting points.

Mr. William Orr publishes a "Case of Aneurism of the Aorta, Treated by Galvano Puncture." "A Ströhrer's battery of forty cells was used as the source of electricity. To the negative electrode two needles were attached by separate wires provided with clamps allowing of the ready connection and disconnection of the needles. The needles were such as used in hare-lip operations. They were thickly sheathed to within three-quarters of an inch to their points with sealing-wax, carefully polished. One was thrust near the axillary border of the tumour, and the other through the sternal side two and a-half inches distant, on the same level. The circuit was completed by bringing it into contact with the skin over the tumour a moistened sponge connected by wire with the positive electrode." The operation was performed on the 3rd of January, and the patient died on the 22nd of February.

Mr. John Simon publishes a clinical lecture, delivered at the Hospital in 1852, on "Operations for Retention of Urine dependent on Stricture of the Urethra." The lecture, which is interesting in a historical point of view, advocates the opening of the urethra in front of the prostate. This paper deserves a perusal.

The next paper is one entitled "The Initial Eruptions of Small-pox," and contains notes of twelve cases. The eruptions noticed are either erythematous or hæmorrhagic.

That in plastic operations, granulating flaps are of immense service, is shown in the present report by a successful case of "Extrophy of the Bladder," in which they were used. A case terminating fatally in thirty-five hours from a dose of six grains of santonin, is sufficiently interesting to arrest the attention of the reader. The author of this paper throws out a suggestion that yellow santonin—crystals which have been exposed to the light—is less active than white santonin.

The object of Dr. Harley's communication on "Fool's Parsley (Æthusa Cynapium)," is to show that the plant which has long been looked upon as poisonous is really harmless. This fact, we believe, is pretty well established. The notes on the examination of bodies of fifty children born dead, or shortly dying, has a medico-legal interest.

Dr. Wagstaffe has a paper on lengthening of the limb, as a result of knee-joint disease, which, however, contains nothing new.

The rest of the work is made up of some valuable tables and statistics. The report is clearly printed, and its arrangements reflect credit on the editors.

FRENCH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

Preparations are already in progress in the town of Algiers for the meeting of the French Association for the Advancement of Science, to be held April 14th, 1881.

The municipal and general councils have voted considerable sums for the expenses of the Congress. The local committe, presided over by M. Pomel, Senator, Director of the Superior School of Sciences, has already begun to prepare the programme, and to arrange the numerous excursions which it is intended shall be made. The president of the meeting will be M. Chaveau, correspondent of the Institute, Director of the Veterinary School of Lyons, Professor of the Medical Faculty.

All inquiries concerning the Congress of Algiers should be addressed to the Secrétariat de la Association Française 76 Rue de Reunes, Paris.

THE ECOLE DE MEDICINE OF PARIS.

The works undertaken for the enlargement of this establishment are being actively carried on. The mass of masonry is already entirely finished. A very fair idea may now be formed of the appearance of the new façade from the Boulevard Saint German. The general aspect is severe. Large windows will distribute light and air to the library, the lecture rooms, the administrative offices, and the apartments which this portion of the edifice will contain. There will be no external decorations; the façade will be rough cast, and a simple caduceus surrounded by some ornaments will surmount the outer doorway. This doorway appears at present somewhat narrow; and it would, in fact, prove so were not the principal entrance to be as at the present day that of the Place de l'Ecole de Médicine. In order to facilitate, in case of fire, free access to all parts of the new building, all the beams are of iron as is also the roofing, part of which is already in position.

The building operations are being actively carried on at l'Hôpital des Cliniques. It is more than probable that during the ensuing winter the doors and windows will be finished. Special precautions have been taken during the course of the works to avoid humidity. For example, during heavy rain the cut stones have been covered with twists of straw. It will not take long, therefore, to render these buildings healthy; and it is hoped that patients may be admitted towards the end of next summer, and that students may then resume their studies.

Correspondence.

ON THE PREVENTION OF LACERATION OF THE FEMALE PERINÆUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Under this heading Dr. Duke, in your last issue, contributes some information, and gives his method of preventing this distressing complication, and asks the opinion of older and wiser heads on the subject. But as I cannot lay claim to either one or the other, I hope he will pardon me if I state my mode of procedure in such cases, and he will see thereby that his method is not original, which indeed he does not claim. Had we to observe the hard and fast lines laid down in some text books on midwifery, we would often be in a sorry plight at the bedside, especially in difficult cases. To suppose a case; if the head is well down in the hollow of the sacrum, os freely dilating or dilated, and if the perinæum is rigid or partially so, I sweep my fingers, at first two, then three, and ultimately the four fingers of my right hand round the floor of the vagina corresponding to the perinæum. At the same time I use steady pressure backwards during each pain. When muscular contractility is overcome, and the perinæum sufficiently relaxed, I place my left hand over the fundus of the uterus, and press with each pain, having an eye to the arc to be described by the child, while with the right I compress the parietal bones one over the other, and push the occipital under the posterior edge of both, thus forming a cone much easier of egress. At the same time I direct the woman to pull her knees well up and bend forward. This has a twofold effect. The thighs by supporting the uterus strengthen the pains, while the bending forward prolongs the arc into a semi-circle, and transfers the pressure from the perinæum to the hollow of

the sacrum, which in this case would be the middle of the semi-circle. With this method for the last two years, in about 400 or 450 cases of labour, I have not had a mishap of the nature we are seeking to prevent.

I rarely use the forceps, about one in 70 or 80, and I seldom stay in the patient's house more than fifty minutes from the beginning to the end. I give ergot in about one case in 60. I take away the after-birth five minutes after delivery, using the precaution of keeping my left hand on the fundus of the uterus until it feels like a ball. I have not had one case of flooding, although I had all sorts of presentations. In conclusion, I would ask Dr. Duke to contribute to the *Medical Press* a few cases of labour with heart disease as a complication. I am sure from his experience your readers would be thankful for any suggestions on this difficult complication, as also your humble servant,

MICHAEL FRANCIS KELLY.

Felling-on-Tyne, November 29th, 1880.

THE APPRENTICE FARMING SYSTEM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As a public and private teacher of many years standing, I can fully endorse every word of your two admirable articles upon the "Credit Fee System," and the "Apprentice Farming System;" and of both these baleful methods I will give striking examples. There is, however, one evil connected with the latter plan which has escaped your attention, and which I shall now briefly indicate. Commencing with one or two pupils, the 'farmer' gradually widens his scope, paying with a portion of the premiums of each succeeding batch of pupils, the diploma, hospital, and school fees of the previous one. This widening process continues, like a pyramid standing on its apex, until at last he has (say) fifteen contract pupils (for they are not apprentices), to complete whose infinitesimal deposit payments a sum of about £2,000 would be required. If he were immortal a fresh and larger contingent of verdant greens would square the matter, but he is not, and dies in the midst of the process. The pupils cannot proceed without the cash; and where is it? The premiums are gone in grand display, by which the 'farmer' entirely eclipsed his humbler compeers, who manage, however, to pay their way. What is to be done? It is high time for the colleges to adopt your practical suggestions, and render impossible two systems, neither of which are a credit to the Dublin

SCHOOL OF MEDICINE.

[We can fully corroborate the statement of our correspondent, and could give names and dates for cases in which neither the student got the certificates, nor the teacher his fees, the money paid to the apprentice farmer having been found wanting at his death. It is reasonable to suppose that the unhappy students in these cases abandoned the profession, finding the money which had been paid for their education to be irrecoverable, and being too much disgusted with the system to pay a second set of fees for the same certificates. Another corollary of the Dublin credit fee system is worth notice. We have the strongest reason to believe that in certain hospitals it is, or has been, the rule to hand a tip of one or two sovereigns to any tout—whether student or teacher—who will bring up a fresh pupil to be entered in the hospital books, this transaction being kept strictly private. This means that in these hospitals the teachers accept one or two guineas less per pupil than the nominal amount of the fees; but that the student involuntarily pays a bribe to the obliging friend who advises him to select that particular hospital, and that in return for that "tip" the friend betrays the student into the meshes of the outspread net laid for him. Surely a system of "tick" which admits of such turpitude as this needs no other condemnation.—ED. M. P. & C.]

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,
President of the Pharmaceutical Society of Ireland, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,
Lecturer on Materia Medica and Therapeutics at the London Hospital.

(*Continued from page* 436).

SINCE we had arranged our purgative waters into what may be called a kind of classification, based upon their chemical composition, we have received two others, which, although now given, do not appear in their proper place, we insert them because they have been introduced with some success into this country, and are yet comparatively new to the profession. One is Matteni's Royal Hungarian Bitter Water, a strong purgative, owing its activity to both sulphate of magnesium and sulphate of sodium; and the other, Aesculap Bitter Water, also from Hungary, a mixed purgative with well-marked antacid reactions.

Aesculap Bitter Water of Hungary.

Sulphate of magnesium	175·03
Sulphate of sodium	134·07
Ammonia (free)	0·03
Sulphate of potassium	0·35
Sulphate of calcium	18·56
Chloride of sodium	30·13
Bi-carbonate of sodium	14·03
Carbonate of calcium	0·19
Carbonate of magnesium	1·20
Carbonate of iron	0·35
Alumina	0·56
Nitrates (minute trace)	
Silica	0·16
Total	374·66

The Aesculap bitter water is a good strong aperient water of the mixed class (soda and magnesium salts). On boiling it exhibits an alkaline reaction, with phenol-phthalein, which is permanent. It will be found a valuable addition to our list of purgative waters, as it is pure. However, we think that it would be judicious to remove the amusing error which has crept into the advertisement, and which is evidently taken from the original label. It is stated that it contains salicylic acid. We need hardly remark that it does not contain a trace of salicylic acid, and that what is intended is salicic acid, an ingredient found in all mineral waters.

The skeleton analyses given in each ½ pint or 10 ounces:—

Solids.	Purgatives.	Antacids.	Salines.
23½ grs.	19½ grs.	1½ grs.	2 grs.

The Aesculap spring possesses the decided advantage,

that it is not so unpleasant to take as many of the other bitter waters, and is free from organic impurity.

Mattoni's Royal Hungarian Water.

Sulphate of magnesium	1228·03
Sulphate of sodium	1016·52
Sulphate of potassium	19·30
Sulphate of calcium	103·06
Chloride of sodium	201·81
Acid carbonate of sodium	129·32
Carbonate of iron	0·63
Silica	0·32
Nitrates and nitrites (N_2O_5) ...	3·30
Free ammonia	0·80
Albuminoid ammonia	0·12
Total	2703·21

This water has been recommended both in its own country, and in this particularly, by the *Lancet*, *Medical Times and Gazette*. We cannot endorse all that has been said in its favour for the following reasons. It is a very strong purgative water of the mixed class, but it presents undoubted evidence of containing surface drainage, or something equivalent in the form of decomposing organic matter. The presence of *small* quantities of nitrates we would not object to, but the fact of notable quantity of albuminoid ammonia and nitrites also being present, all point to one conclusion. Nitrites could hardly be present if decomposing action were not in process at the time being.

In two out of three bottles which were examined were found both *nitrates* and *nitrites*. A third bottle contained nothing but the first-named radical.

The skeleton analysis gives to each 10 ounces fluid—

Total Solids.	Purgatives.	Salines.	Antacids.
169 grs.	140 grs.	76 grs.	8 grs.

Medical News.

University of Cambridge.—At a congregation holden Dec. 2nd, the degree of M.D. was conferred on the following candidates :—

Mortimer Balding. | Ewing Mould Glynn Whittle.
Henry Howard Murphy. | Edward Paget Thurstan.

University of London.—The following are Lists of the Candidates who have passed the recent Examination :—

M.D. Examination.

Buchanan, Arthur, Guy's Hosp. | Mackern, G., Guy's Hospital.
Cattle, C. H., Leeds, & Univ. Coll. | Phillips, S. P., Univ. Coll. and Middlesex Hospital.
Chapman, P. M., Univ. Coll. | Sainsbury, H., Univ. College.
Colquhon, D., Charing Cross Hosp. | Silcock, A. Q., Univ. Coll.
Dunbar, J. J. M., St. Geo. Hosp. | White, W. Hale, Guy's Hospital.
Ferrier, J. C., Guy's Hospital. | Wiglesworth, J., Liverpool Royal Infim. & St. Thomas's Hosp.
Gristock, W., Univ. Col. and Westminster Hospital. | Wilkinson, A. T., Owens College.
Henderson, G. C., * Univ. Coll. | Willcocks, F., King's College.
Jones, A. H., Guy's Hospital.
Lubbock, M., Guy's Hospital.

Second M.B. Examination for Honours—

MEDICINE—First Class.

Newsholme, A., * St. Thos. Hosp. | Meek, J. W., Guy's Hospital.
Money, Angel, ‖ University College. | Pollard, Bilton, University Coll.
Saunders, A. R., Univ. College. | Paddle, J. I., University College.
Barnes, G. F., St. Barthol. Hosp. | Suckling, C. W., Q'n's Coll. Birm.
Sellers, W., Univ. Edin. & Lond Hospital.

Second Class.

Brooke, H. A. G., Owens Coll. & Guy's Hospital. | Wainewright, R. S., Guy's Hosp.
Harvey, A., Queen's Coll. Birm. | Baddeley, C. E., King's College.
Shaw, J., St. Thomas's Hospital. | Dalton, Norman, King's College.
Penny, E., Guy's Hospital.

Third Class.

Day, D. D., St. Barthol. Hosp. | Notley, J. A., Univ. Edin.
Sayer, M. F., University College.

OBSTETRIC MEDICINE—First Class.

Barnes, G. F. * St. Barthol. Hosp. | Saunders, A. R., University Coll.
Paddle, J. I., ‖ University College. | Newsholme, A., St. Thos. Hosp.
Banks, W., University College.

Second Class.

Pollard, Bilton, University College. | Rich, A. C., St. Thomas's Hospital.
Sayer, M. F., University College. | Permewan, A. E., University Coll.
Sellers, Wm., London Hospital

Third Class.

Dalton, Norman, King's College. | Meek, J. W., Guy's Hospital.
Harvey, A., Queen's Coll. Birm. | Day, D. D., St. Barthol. Hospital.

FORENSIC MEDICINE—First Class.

Meek, J. W., * Guy's Hospital. | Rich, A. C., St. Thomas's Hosp.
† Paddle, J. I., ‖ University Coll. | Money, Angel, Univ. Hospital.
¶ Banks, W., University College. | Berry, F. Haycraft, Guy's Hosp.
¶ Shaw, J., St. Thomas's Hospital.

Second Class.

Newsholme, A., St. Thos. Hosp. | Wainewright, R. S., Guy's Hosp.
Penny, Edward, Guy's Hospital. | Saunders, A. Rich, University Col.
Pollard, Bilton, University College.

Third Class.

Faulkner, J. Thomas, Owens Coll. |

B. S. Examination—

First Division.

Claremont, C. C., University Coll. | Pollard, Bilton, University Coll.
Gill, R., St. Bartholomew's Hosp. | Sheppard, C. E., St. Thos. Hosp.
Neale, W. H., University College. | Smith, R. P., St. Thomas's Hosp.

Second Division.

Day, D. D., St. Barthol. Hospital. | Money, Angel, University College.

M. S. Examination—

Symonds, Charters J., Guy's Hosp. |

* Scholarship and Gold Medal.
‖ Gold Medal.
† Obtained the number of marks qualifying for the University Scholarship.
¶ Obtained the number of Marks qualifying for a Gold Medal.

A Vote of Thanks.—Gratitude is not everyday poured into the ears of medical men by vestries and boards of Guardians. As an exception to the rule, it gives us much pleasure to record that, at the last meeting of the Vestry of the Parish of St. Marylebone, it was resolved : "That the thanks of this vestry be given to Dr. McGrigor Croft, of Mandarin Villa, Abbey Road, St. John's Wood, Guardian and Vestryman, for having upon an emergency, arising from the serious illness of Dr. Whitmore, undertaken to discharge the duties of Medical Officer of Health for the parish of St. Marylebone, and to advise with the inspectors as to their carrying out their duties in the suppression of nuisances, which assistance was continued for many months, until the decease of Dr. Whitmore and the appointment of his successor.

"The vestry is desirous of acknowledging the advantage which was afforded to them by Dr. Croft, in placing his sanitary experience at the service of the vestry, whereby they were secured the best advice, in cases of epidemics occurring during the time they were unable to refer to their medical officer of health."

Discharging a Lunatic from a Fever Hospital.—An inquiry is being prosecuted in Leicestershire as to the discharge, under unusual circumstances, of a lunatic while suffering from fever from the Leicester Fever Hospital. The attention of one of the relieving officers was called to the case of a woman named Betsy Hazeldine, who had, without notice, been conveyed from the Fever Hospital to her brother's house in Syston Street, and who, it was believed, was not only suffering from fever, but was insane as well. Dr. Denton was called in, and found the woman in a terrible condition, being in a high state of fever and dangerously insane. He was also of opinion that her removal from the hospital had made her much worse, and that her life was in danger. The woman's brother being in very poor circumstances there was no bed upon which the unfortunate sufferer could be placed, and she was found stretched upon chairs, to which she was tied. There were no blankets in the house, and those in which she was moved from the hospital were left to cover her. Dr. Denton gave a certificate that the woman was insane, and she was removed to the lunatic asylum, where she was found covered with sores and in a very filthy condition. The Board of Guardians have demanded an explanation of this extraordinary affair from the Sanitary Committee of the Town Council, who have ordered an investigation into the circumstances.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

DR. B. KRAUS, of Vienna, the able Editor of the *Allgemeine Wiener Medizinische Zeitung*, asks us to mention that the journal with which he has been identified since its commencement reaches this month "the twenty-fifth jubilee of its existence." Upon this auspicious event he sends his "cordial remembrances to the readers of the *Medical Press*, which journal he highly esteems."

DR. BAYES.—Communications to hand; will be considered, and, if possible, inserted in our next.

DR. LAIRD will find a complete list of the prizes awarded at the International Food Exhibition in the *Analyst* for November.

DR. CULLIMORE'S paper shall appear in an early number.

DR. J. W. LANE is thanked.

THE CERTAINTY OF SCIENCE.—A doctor being out for a day's shooting, took an errand boy to carry the game-bag. Entering a field of turnips the dog pointed, and the boy, overjoyed at the prospect of his master's success, exclaimed, "Lor, master, there's a covey; if you get near 'em won't you physic 'em?" "Physic them, you young rascal, what do you mean?" "Why, kill 'em, to be sure," replied the lad.—*Boston Transcript.*

EASY TEST FOR ARSENIC.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Our attention has been called to the paragraph in the *Medical Press* of the 1st inst., headed "Easy Test for Arsenic in Fabrics," and we ask your leave to state that, in our experience, the test proposed by Dr. Henry Barnes is practically unreliable and useless. It will detect arsenic if emerald green is used, but there are several arsenical colours free from copper, and if it alone were tried numbers of highly arsenical papers would pass as harmless. We enclose some slips, all arsenical—one containing not less than 120 grains per square yard, or *a pound* of arsenic in the paper for a moderate-sized bed-room—yet neither showing the reaction expected when treated by the method described. We take great pains to exclude all arsenical colours from our works, and we have more than once been temporarily prejudiced by false reports based upon carelessly performed or inefficient tests; but the annoyance we have suffered under such circumstances is of small importance compared to the evils which might follow the employment of a process so likely to prove abortive, and we would earnestly urge all your readers who have not at their disposal the necessary appliances and reagents for the detection of arsenic under all conditions to refer such examinations to an analytical expert.

We are, Sir, yours faithfully,

WM. WOOLLAMS & Co.
Dec. 3, 1880. Paperstainers.

DR. G. B. METCALFE.—The University of Jena was one of the doubtful universities referred to. The writer of the article is abroad at present, so that your queries cannot be answered so fully as they would otherwise have been a week or two ago.

DR. J. J. RIDGE.—We were, unfortunately, too crowded with matter this week to insert Dr. Richardson's communication. We shall probably refer to the subject in our next.

LONDON SMOKE AND FOG.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—My pamphlet referred to in your issue of this week was written on the spur of the moment when the public discussion commenced. It does not, therefore, contain all I should wish to say.

The new edition of my book on "Ventilation and the Utilisation of Waste Heat" is but half printed, and I refrain from pushing it forward so that I may be able to deal with new propositions brought forward, and with any criticism which my short pamphlet may occasion. As regards "the Country Parson's Grate," I should like to know where a grate can be seen in use in London constructed on the principles recommended by "Another Country Parson," who was the real Simon Pure, and by Mr. Mechi. We know that a rose under any other name may smell as sweet. We may also know that you may call anything you like by the name of rose; and you may call anything you like by the name of "Parson's Grate," unless you have some one to come forward and resolutely dispute the identity.

I do not suggest the admission of a regulated supply of air through a perforated brick bottom as a solution of the smoke question. This would be simply preposterous. What I do suggest, and shall endeavour to enforce, is, that the use of grates constructed after Dr. Arnott's principle, but with the objections to his grates avoided, affords the most economical, the readiest, and the most unobjectionable means of dealing with London smoke, so far as the use of bituminous fuel is concerned.

I might say much on the grand subject of smoke and fog, but will not ask you to allow me any larger amount of space.

Yours faithfully,

Ravenstower, Ravenscourt Park, FREDK. EDWARDS.
Dec. 2, 1880.

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 7½ p.m., Council Meeting.—8, Dr. C. Turner, "On a Case of Intussusception."—Mr. Waren Tay, "On a Case of Colotomy performed six years ago for supposed Annular Stricture."—Mr. Gilbert: "Notes on Cases in General Practice."

ROYAL MICROSCOPICAL SOCIETY.—This evening, at 8, Dr. Hudson: "Floscularia trifolium" (new specimen).—Mr. C. Stewart: "Some Structural features of Echinometridæ"—Notes on Movements of Diatoms, the Construction of Object-glasses, Swinging Substages, &c.

SOCIETY FOR THE ENCOURAGEMENT OF ARTS, MANUFACTURES, AND COMMERCE.—This evening, at 8, Dr. A. Carpenter, "On London Fogs."

CLINICAL SOCIETY OF LONDON.—Friday, Dec. 10, at 8½ p.m., Mr. Tyson (Folkestone), "On a Case of Pneumonia, with Remarks on the Physical Signs of the Disease."—Dr. Habershon, "On a Case of Aphasia, with Hemiplegia on the Left Side: Tumour on Right Side of Brain at third Frontal Convolution."—Mr. Norton, "On an Operation for the Radical Cure of Web-fingers."—Mr. Davies-Colley, "On a Case of Villous Growth of the Bladder successfully removed by Perineal Section."—Mr. Croft will show a Case of Cured Hydronephrosis.—Mr. Tyson will show a Case of Cross-legged Progression.

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—Dec. 15, at 8½ p.m., Mr. Edmund Owen, "On Maxillary Abscess and Necrosis in Childhood."

VACANCIES.

Addenbrooke's Hospital, Cambridge.—House Surgeon. Salary, £65, with board. Applications, under cover, to the Secretary by Dec. 15.

Dorset County Hospital.—House Surgeon. Salary, £80, with board. Applications to the Chairman before Jan. 12.

Earlswood Asylum for Idiots.—Assistant Medical Officer. Salary, £150, with board. Applications to the Secretary, 38 King William Street, London, E.C., by Dec. 10.

Innishoffin and Shark Island.—Medical and Sanitary Officer. Salary, £90. Election, Dec. 8.

Leicester Infirmary and Fever House.—House Surgeon. Salary commencing at £120, with board. Applications to the Secretary before Dec 13.

Mitchelstown Union, Galbally Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, Dec. 15.

Mountmellick Union, Coolrain Dispensary.—Medical Officer. Salary, £90, with fees, and £15 as Sanitary Officer. Election, Dec. 13.

Nottingham Dispensary.—Resident and Assistant Resident Surgeons. Salary, £200 and £150 respectively. Applications to the Secretary before Dec. 18.

Radcliffe Infirmary, Oxford.—Junior Resident Medical Officer. Salary, £60, with board, &c. Applications to the Secretary before Dec. 18.

APPOINTMENTS.

CCOKE, Mr. E., House Physician to the Royal Infirmary, Glasgow.

CROSSLEY, C., L.R.C.P.Ed., L.R.C.S.Ed., Surgeon to the Leicester Provident Dispensary.

DONALD, Mr. J., House Physician to the Royal Infirmary, Glasgow.

FLINN, D. E., L.K.Q.C.P.I., L.R.C.S.I., L.M., re-appointed Medical Officer of Health to the Brownhills Urban Sanitary Authority.

GUEST, Mr. A. H., House Physician to the Royal Infirmary, Glasgow.

HORMAZDJI, R. N., M.R.C.S.E., L.R.C.P.Ed., Resident Surgeon to the Cheltenham General Hospital Branch Dispensary.

HUNTER, Mr. C. B., House Physician to the Royal Infirmary, Glasgow.

JOHNSTON, Mr. J., House Surgeon to the Royal Infirmary, Glasgow.

JONES, E. S., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Abererch District of the Pwllheli Union.

MCKAY, H., M.B., C.M., House Physician to the Royal Infirmary, Glasgow.

MCLENNAN, Q., M.B., C.M., House Surgeon to the Royal Infirmary, Glasgow.

MATTHEWS, V., M.R.C.S.E., Sambrooke Medical Registrar to King's College Hospital.

MUIR, J. F., M.B., C.M., House Surgeon to the Royal Infirmary, Glasgow.

PALMER, G. de M., M.B., M.R.C.S.E., Medical Officer for the Halford District of the Shipston-on-Stour Union.

SHETTLE, H. W., M.R.C.S.E., L.R.C.P.Ed., House Surgeon to the Royal South Hants Infirmary, Southampton.

SPOLTON, G., L.R.C.S.I., Medical Officer for the Newtowngore Dispensary District of the Bawnboy Union.

WAGSTAFF, E. H., M.R.C.S.E., House Surgeon to the Hull General Infirmary.

WATSON, Mr. J. M., House Surgeon to the Royal Infirmary, Glasgow.

YOUNG, W., M.B., C.M., House Surgeon to the Royal Infirmary, Glasgow.

Births.

FLOOD.—Nov. 25, at Headford, co. Galway, the wife of John Coady Flood, M.D., M.Ch., of a son.

SMITH.—Dec. 1, at Christ's Hospital, London, the wife of Dr. Alder Smith, of a son.

Marriages.

MOXON—TUCKWELL.—Dec. 1, at Exeter, Dr. William Moxon, of Matlock, to Julia, youngest daughter of Henry Tuckwell, Esq., Exeter.

Deaths.

CEELY.—Nov. 28, at Aylesbury, Robert Ceely, F.R.C.S.E., aged 83.

FAUSSETT.—Nov. 30, at his residence, Clontarf, co. Dublin, William Faussett, M.D., aged 70.

GRANT.—Nov. 24, at Cleator Moor, Cumberland Garden, Milne Grant, M.R.C.S.E., L.R.C.P.Ed., aged 33.

JONES.—Nov. 29, after a long illness, at his residence, Leamington, R. Jones, F.R.C.S., in his 81st year.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 15, 1880.

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ABSTRACT OF

Harveian Lectures

ON

THE PROGNOSIS AND TREATMENT OF CHRONIC DISEASES OF THE CHEST IN RELATION TO MODERN PATHOLOGY.

DELIVERED DECEMBER, 1880,

By JAMES E. POLLOCK, M.D., F.R.C.P. Lond.,

Senior Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

II.

The course, termination, and treatment of lung disease, together with the prognosis to be delivered, must all be directly dependent on the nature of the irritation to which the organ is subjected, whether that is, it is a local or general disease; and the termination to be anticipated is affected by the products of the morbid action going on. When this results in the production of a fibrous tissue, of low vascularity, a favourable view may be taken of the case, but, clinically regarded, the course pursued by the malady cannot be considered as affected by this special development of the disease.

The doctrine of the inflammatory origin of phthisis is to be credited with drawing attention to the products found with it; at one time the constitution, *per se*, of the patient was believed to be the source of tubercle, the presence of which was deemed sure proof of immediate danger, and to which the dulness on percussion of the chest was wholly attributed. Stokes first pointed out the probability that this might be due to inflammation, and thereby brought himself singularly near to the modern supporters of an inflammatory origin of all the block distinguished in affected lungs. In a very great measure histological studies have aided in the better comprehension of the local conditions of phthisical patients, but although it is well to pay full heed to whatever the microscope has to reveal, there ought always to be prominently in the mind the influences of constitution, heredity, and general predispositions in those affected, or likely to be affected, with pulmonary diseases. In a healthy individual pneumonia by no means necessarily ends in phthisis, and when it does, there is a grave suspicion of hereditary predisposition to be entertained. Studies in the direction of *diathesis* have of themselves done little to advance our knowledge of treatment; but this, as at present conducted, is, nevertheless, eminently scientific, being, as it is, directed towards arresting the emaciation to which the patient succumbs, whether by oils or other remedies. The attempt made to this end is the best indication of the sound theories on which practitioners of the day base their attempts to combat consumption.

One of the most striking and instructive points in connection with the study of chest diseases is to be found in the fact that all the prominent symptoms of lung irritation of a severe kind, *e.g.*, hectic, pain, &c., can be imitated under simple mechanical stimuli. As an example may be quoted the case of Miss C., æt. 18, constitutionally healthy, who, inadvertently swallowing the vertebra of a rabbit, it became firmly impacted in the right bronchus. Attempts to remove the obstruction were made in vain, and continuing to create a constant irritation, it so affected the patient that, in a few weeks she wasted away very considerably. There were chills, night sweats, and occasional hæmoptysis, with inert symptoms of phthisis, except secondary lung complications. After eighteen months the patient, during a violent fit of coughing, rejected a perfect rabbit's vertebra, and thenceforward the source of irritation being removed, she rapidly progressed to complete recovery of health. In a second case, a lady swallowed a piece of mutton-bone which similarly set up a train of symptoms exactly simulating the appearance of phthisis, elevated temperature, wasting of body, pain, &c. This patient likewise expelled the bone while coughing violently, and

at once the symptoms were relieved, and she grew much better; but though now almost well, there still remains a patch of dulness on one side of the chest. These examples conclusively show that causes of local irritation may be productive of a condition closely resembling phthisis, and yet be amenable to curative treatment. We may, with some show of reason, conclude that phthisis itself also will be found to yield before the resources of the future; even now we have many clinical experiences in proof of the fact that clearance of tubercle from a lung infected with it will be followed by restoration of weight to a wasted body, and the return of a comparatively healthy condition. Frequently in hospitals patients are to be found in whom the progress of lung disease has been arrested at an early stage, and who are troubled with only a morning accumulation of mucus. Under some circumstances, too, cure is effected even in persons who are suspected of hereditary taint, the improvement in them being entirely that of the local condition.

The apex of the lung, especially the left, is most often invaded by inflammatory products, and will be the earliest to undergo a process of improvement by the softening and absorption of the deposit; rheumatic persons particularly are thus influenced. In a later stage contraction occurs, and a fibrous change in the structure of the lung, a condition in which the patient may be assured of having passed the worst. With this we may contrast a case of rapid phthisis in which consolidation rapidly extends to the base of the affected lung, and even to that of the opposite side. There is then no limit to the abnormal chest sounds, all the lung being influenced for bad. In such cases there is no definite dulness or well-defined cavities, the speed with which the process of destruction extends allows no time for their formation; whenever there can be distinguished a moist crepitus and pleural sounds the prognosis is a grave one. Hæmoptysis may probably, in such patients, be profuse, recovery of the vessels strangulated as the disease hastens on being impossible; while septic poisoning is an almost certain attendant, as will be evidenced by the high fever and extensive waste. As an example may be cited the case of a lady, æt. 18, formerly healthy, who, while travelling in Wales, was seized with hæmoptysis, and at once returned to town for advice. Her temperature varied from 103° to 105°, and she died in the third week from the first attack. In this case there was no tuberculous history, but the lung changes were too rapid to permit even partial recovery from the lesions produced as it progressed, and hence the quick and fatal termination.

In chronic diffused tuberculous disease or prolonged phthisis, markedly high fever, and, generally speaking, urgent symptoms, are absent; the chest has not the phthisical conformation, but slight dulness will exist on one side, with median crepitus, distinguishable on inspiration only. There is an absence, too, of tubular or blowing voice sounds, the non-existence of cavities being thus indicated. Profuse hæmoptyses also are not met with in such cases, the affection being a surface one, and failing to affect the lung with deep seated indurations. Patients answering to this description almost invariably do well under hospital treatment, and the symptoms they suffer under, of which, moreover, dyspnœa is the chief, serve to illustrate the relation between the signs and the progress of lung diseases.

From the alterations in the position of associated organs, fibrous changes in the substance of the lung are the most important that arise for consideration. In relation with it dilated bronchi are of common occurrence, and from the influence exerted by the contracting masses on the blood-vessels, as well as by the abnormal conditions of the air-tubes, the pulmonary and the systemic circulation are alike seriously interfered with. Bands of fibrous tissue produced in the lung are important factors in determining the untoward result, the consequence of their existence and the strangulating effect they give rise to, being that the lung ceases to be any longer a breathing organ. It may become emphysematous in those parts where such a change is possible, but no tubercle is of necessity to be discovered in it, although the patient may undergo excessive wasting, and a fatal termination certainly succeeds when the illness reaches a given stage of progress. Fibroid phthisis, however, is not to be regarded as the primary cause of illness in these cases, but rather are they to be described as cases in which fibroid degeneration supervenes on a chronic disease of long standing.

Hæmoptysis is, as a rule, a symptom of congestion, and should afford an easy guide to treatment. It may, however, be consequent on the rupture of a small blood-vessel, a fact to be prominently kept in view. The old school of tuberculists, omitting to recognise the inflammatory origin of the conditions they termed tuberculous, could not satisfactorily explain the occurrence of the sometimes severe hæmorrhages that take place, but in the light shed on it through the explanation afforded by the view of the congestive changes that take place in the engorged lung, we have no difficulty in arriving at a full comprehension of the *modus operandi*. In a measure, hæmoptysial attacks are beneficial, inasmuch as after their occurrence temperature is reduced, consolidation occurs, and active symptoms abate in those chronic cases where acute exacerbations of hæmorrhage are experienced. The whole teaching of this fact is towards enforcing the truth that local congestion directly influences the course of pulmonary complaints, and especially ought they to have a bearing on the treatment resorted to for their amendment.

Dr. Reginald Thompson, by a series of elaborate investigations, has demonstrated the hitherto unobserved fact that under certain conditions the lung becomes the seat of little encapsuled nodulations of extravasated blood, which, occurring in the alveoli, and by contraction becoming detached from the alveolar wall, give rise to hæmorrhage; and the little cavity remaining is filled with a glairy, tenacious fluid. These clots are chiefly found in the peripheral portions of the lung. The secondary changes are not dependent on putrescent material, nor do they give rise to tubercle, or produce septic symptoms, unless they become mixed with material from a tuberculous source. The fact therefore remains that hæmoptysis alone may superinduce the formation of cavities in the lungs, but there is no evidence to show that tubercle is produced unless preceded by a morbid process capable of directly exciting it, and an appropriate soil.

Prognosis, when considerable hæmoptysis has taken place, is a matter of difficulty. The first hæmorrhage is very rarely fatal, but when a large amount of blood is lost other fits of hæmorrhage will be of very probable occurrence. The most chronic cases of phthisis, however, are often accompanied by moderate bleeding at intervals. A schoolmistress, now 43 years old, who has been under observation fifteen years, afflicted with lung disease attended by a distressing cough, is visited by frequent hæmorrhagic attacks, each of which affords relief from the cough.

As an illustration of the secondary consequences to be looked for may be instanced the oft-noted fact that patients with dulness of one lung will at some time experience pain in the other side, accompanied by temperature of 104° to 105° and other symptoms indicative of a spread of the disease. The cause cannot with reason be ascribed to sudden cold, as is often done, but must be set down as *infection*, *extension* from one point to another being of the rarest occurrence. The infective element is conveyed along the vessels, the period of softening of the already formed deposit being that most favourable to the complication, which is only to be regarded as a grave indication of coming danger to the patient.

Those cases of which chronic cavities are a feature afford examples of prolonged disease, where the parts surrounding the seats of lesion are areas of healthy circulation. The cavities, however, may become enlarged, either by extension or by the fusion of adjacent excavations. In all cases they are considerable secreting surfaces, subject to catarrh, and the secretions from them may even be purulent, when there are signs of abscess or empyema. Pneumothorax may complicate the disease, but the variations from a course of normal health are always less in chronic diseases of the lung than in acute. In both fever and wasting are the symptoms most important in regard to prognosis; a sudden rise of temperature indicates imminent hæmoptysis, or congestion, or abscess; an extreme fall of temperature is a sure proof of collapse. Absence of high temperature is incompatible with the phthisical condition, but it is greater in acute than in chronic cases, being lowest in those attended with fibrous degeneration.

Improvement in the weight of the patient must not always be accepted as proof of lung changes favourable to recovery; nor is hæmoptysis an invariable guide to the progress of the disease—facts which the physician should keep well before him.

Age exercises marked influence on the progress of pulmonary disease. In young people of strumous diathesis we may expect urgent symptoms and rapid histories. Fewer cases occur in middle life, and after forty-five chronicity and slowly-advancing disease, with low fever and less marked signs, are the distinguishing features. Sir Robert Christison estimated that 22 per cent. of deaths occurred between forty-five and fifty, and,

generally speaking, the older the patient at the period when the complaint exhibits itself, the more certainly will it develop slowly.

Heredity is highly interesting in connection with chest diseases. Two-thirds of the cases of phthisis are distinctly hereditary, the transmissibility of the taint being traceable at times for several generations back. It is sufficiently proved that physical peculiarities are capable of perpetuation with intervening generations, in which the power of reproduction, so far as they are concerned, has not been exercised, the phenomena of atavism all tending to illustrate it. The same will be true of phthisical traits; the individual of one generation may be unaffected, and still be potent to transmit the germ which in him could find no conditions favourable for its development. We may on these grounds assume that, within defined limits, consanguinity is no actual bar to the union of persons of phthisical descent.

The signs of improvement in the condition of a patient may be stated as absence of increase in temperature and its gradual decline; regaining of bodily weight. The prominent indications to be dreaded are loss of flesh, excess of temperature, diarrhœa when frequent, and persistent sickness. Minute symptoms may be useful guides in helping to the estimation of a given case, but too much insistence cannot be laid on the importance of excessive care in every inquiry; and especially should this be shown with respect to cases in a final stage, which can never be hopefully undertaken. Prophecies as to the time a case will run are always inadvisable, except only when impending death imposes the duty of warning on the attendant. Encouragement as far as truth permits is always allowable.

THE CAUSES OF FOGS IN LONDON AND OTHER LARGE TOWNS, WITH SUGGESTIONS FOR THEIR ABATEMENT. (a)

By ALFRED CARPENTER, M.D.

THERE are fogs and fogs. I am not about to ask you to consider all kinds of those creations. There is the fog which pervades men's brains, and takes from them the power of judging rightly, and separating truth from error. I do not propose to ask you to inquire into the causes of the regular Scotch mist, which wets you through and through almost before you realise the fact that it is a fog, neither do I propose to touch upon the causes of these fogs which rise from the bosom of the great deep, and are occasionally carried by the wind into all parts of our land. These are not the fogs I ask you to consider. They are white fogs, seldom, if ever, producing a real darkness, except during the dark hours themselves; they do not shut out all evidence of the ruler of the day while he is above the horizon, as if he was not. Neither is it with those mists which rise from the bosom of Father Thames, or of any other stream running, either above or under ground. These fogs will present themselves whenever there is a particular kind of change in the meteorological condition of the atmosphere, and when heat, moisture, and pressure are rapidly altered in the necessary direction. These fogs are all beyond the power of man, to either increase or decrease, to control or prevent. They are natural events, which will happen in spite of man or of his works, and nothing that he can do will materially alter their incidence. At times they exist everywhere in the lowlands of the British Islands; they must be endured, but their evil effects may be, in a great measure, warded off by simple means based upon common sense. But there are other fogs which are not primeval, which do not exist everywhere, and which are produced by the acts of man himself, and are caused by wasteful works which need not continue in operation. They are specially peculiar to great aggregations of people, and their densest points are always to the leeward of the masses which have produced them. Their worst effects date from the introduction of coal, which gave power into the hand of men to defy distance, and to bring millions, or a moiety of the million, into the close intercourse of a great city; but they are not to be found in all great cities, for aggregations of peoples, such as at St. Petersburgh and Moscow, who do not burn coal in the wasteful way that we do, are not visited with them; neither are they found in the great cities of the East, which, from the natural warmth of their surroundings, do not want fires in a general way. I am not about to assert that the fogs I speak of are entirely caused at all times by fuel smoke. I am not about to assert that coal smoke is alone responsible for all the evils which belong to these fogs, but it is the principal factor which make London and its suburbs intolerable as places of residence for certain constitutions; that it does materially add to the mortality of the metropolis, and that at times it is the able cause of conditions which prevent th proper enjoyment of that life which kind Providence intended for us. It is a main factor in the production of a high rate of mortality, arising from the absence of ozone, or of ozonised oxygen, or depreciation of oxygen capable of immediately acting upon changing organic matter. It also causes many of our public buildings to show signs of premature decay, and day by day, is producing a destruction of property which, if it could be stopped, and its value accurately estimated, would probably be sufficient to repay ten times the cost of the works which are required to prevent this unnecessary and ruinous loss. It will be asked, how am I able to prove the truth of my proposition? That is the business now before us. I think it has been fully proved of late years by the numerous fogs which have occurred in the midst of summer, shutting out the light of day and producing an Egyptian darkness, at times when ordinary fogs have not existed. On several visitations of these fogs I collected particles of black matter, which, on a microscopical glass side moistened with glycerine, these showed the same appearances in the field of the microscope as that exhibited by a similar slide, designedly exposed to the smoke of a common chimney, viz., particles of unconsumed carbon and some oily matter, which was of a very tarry nature. There was also the other accompaniments of smoke in the air, viz., an acid gas, which acted upon moistened litmus paper, and which, by the irritating effect which it had upon the bronchial mucous membrane, was something more than carbonic acid. Other tests showed that this was sulphurous acid, which existed so abundantly as to counteract the naturally soothing effect of the carbonic acid, which was also largely in excess.

I must, however, give further proofs that smoke is the cause of the darkness which these fogs produce. Fogs of all kinds are limited in the extent to which they reach upwards. Natural fogs do not reach an altitude sufficient to shut out daylight, for as soon as their ordinary depth reaches a certain extent the fog lifts and floats away, or the meteorological changes are sent as lead to its dispersion. So also with smoke fogs; they do not reach any altitude, and very often scarcely rise above the chimneys which pour them out, yet they often produce complete darkness. This is never seen in day-time, as the result of a wet fog, when there cannot be a suspicion of fuel-smoke. Has a darkness ever been produced at mid-day on the Scotch moors or among the Irish bogs? Has it ever been seen on the great ocean between this and the Western Continent? Fogs there are intense and deep; shutting out sight as far as distance is concerned, it may be even limiting vision to a few feet; but there is always a whiteness about it, quite different from the fog of a great town. A pocket lens will easily show that this whiteness is due to minute particles of water, capable themselves of transmitting light, but which transmission, whilst decomposing an individual ray, yet re-combines the elements into white light again, and when the particles are filtered out by means of pure cotton wool, are shown to be composed of water. Not so a large part of the particles which are found in the fogs of great towns; they consist, in great measure, of organic matter, capable of absorbing light, not transmitting it, and when filtered out by air by means of cotton-wool are black-looking matter, with oily particles of some hydro-carbon oil of a tarry existence, which seem to envelope the atom of water which is with it. Sometimes the oily matter is in excess; sometimes it is the solid carbon which is the more abundant. By long continued exposure of plates of moistened glass, some crystals of sulphate of ammonia may be obtained, and also occasionally other kinds of *débris*, but on the whole the sooty particles are largely in excess of everything else.

It is thought by some that smoke is only a minor agent—that there are other and irremovable causes; that smoke from coal is secondary only, and its removal would be useless. It is thought by others that we have only to put the Smoke Act in force, and stop the discharge of the clouds of smoke from factory chimneys, to remedy the evil. Others think that the main cause is in the marshes, which, as far as the valley of the Thames is concerned, occur between its rise and its fall into the sea; they think that land drainage would remedy the

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evil. Others refer them to the clay soil which constitutes the London basin. The irremovable causes do not account for the darkness and noisomeness, which, if such were primary parts of fogs, would be found most on the Scotch moors and the high seas but which are in reality never found there. No one ever coughs up a quantity of matter very much like a decomposed leech when out on the moors, or among the bogs of Ireland, unless he has just come out of a coal pit; but no one can be long in a real London or a Manchester fog without expectorating very frequently a nasty bit of filth, which shows its nature upon its very surface. We should have these conditions most frequently in places most likely to give rise to them if water was the main cause, but fogs produced in such situations are always white fogs, and cannot be mistaken for a town-made fog. They may occur in London as well as elsewhere. They do rise in London, no doubt, as they do in all clay deltas. If the conditions are present which cause the descent of coal-smoke they add very much to the dangers and difficulties of the occasion; but white fogs begin on the ground and grow upwards, whilst the black or yellow fogs come down. White fogs are bearable if alone; they are not dangerous to life except in a very minor degree, which may show itself in the Welsh valleys, on the Yorkshire moors, or the lowlands by the sea.

I have a suggestion to make as to cause. I have not been able to prove the truth of the suggestion, for it requires electrical apparatus which I do not possess, but it appears to me capable of explaining the development of smoke fogs. Diffused electrical charges concentrated over a small area must be taking place in large cities from chemical acts, from the various manufacturing agents always at work; from magnetic developments consequent upon the close proximity of 3,000,000 of people, probably as many animals, and, in winter time, certainly as many fires. This electrical development may be suddenly manifested in one direction at one time, in another direction at another occasion. Is it not possible that it may produce those atmospheric calms which occasionally precede local thunderstorms over our great towns? Is it not possible that the 3,500,000 fires which are sometimes lighted in the metropolis area, and which cause a rush of hot air upwards, being positively electrified, may have a repulsive action upon the unconsumed carbon, in a negative state, and cause its rapid descent towards the earth, but to which it is not attracted? This might account for the reason why these fogs arise when the barometer is high, rather than when it is low. The surface of the earth is colder than the upper regions of the air, and that coldness is not dissipated because the rays of the morning sun are reflected from it by the surface of the cloud, or are absorbed by the particles of carbon. One would expect the exceedingly light organic particles to go up with the heated air; there appears to be a repulsion between the particles of carbonic acid and the soot particles, for the air which contains excess of soot does not always contain excess of carbonic acid. There does not appear to be more carbonic acid in that which floats away from a chimney top than that air which is collected at a corresponding resistance (forty feet) from the chimney, but which is comparatively free from smoke. It might be thought that the largest quantity of carbonic acid would be found close to the surface of the earth, from the greater specific gravity of its particles; but this is not so. There does not appear to be more carbonic acid close to the ground than when the air has been collected twenty feet from the surface. With soot the rule is contrary; the densest parts of stationary smoke fogs are nearest to the ground. This density shows itself in several ways. It obliterates light completely; but the most curious effect is the obliteration of sound, which prevents one from perceiving the approach of moving objects until they are close upon one, and moving vehicles suddenly appear like ghosts upon the scene. A noise upon the top of a building is heard much more distinctly than one near the ground.

It is reported that a so-called dry fog is sometimes observed in Belgium, where it is called bog or peat smoke, and is imputed to its right cause, viz., the combustion of peat-grounds. If we could eliminate the particles of solid matter from the atmosphere, London and other large towns would be no worse as regards fog than other places; and those districts which like Croydon (in reference to certain winds), are to the leeward of the great city, would not suffer in the way we do now from its perpetual burning. There are some points connected with the subject which have been raised by scientific men, into which I need not enter. I have committed myself to the theory that it is smoke, caused by the destructive distillation of coal and other fuel which causes the greater part of our evil; that it is not a "radiation fog," or a "Scotch mist," or simply a mist from the bosom of Father Thames or the Essex marshes, or the London clay.

There is an important point upon which men differ considerably, viz., Are fogs worse now than they used to be in former times? Several correspondents have assured me that they are no worse now than in the early part of the century; but need we argue this point. Given a clear sky, a high barometer, a falling thermometer, with but little wind, and there is not any day in the whole year on which a dim atmosphere will not be found at sundown somewhere in or around London. Can anyone assert that this has always been a feature of the metropolitan district. Dense fogs, no doubt, have at times always occurred, and are primeval; but there are no substantial facts to show that pea-soup fogs are so. They stick to the point of origin; they may invade other districts at a distance; but when London was only a tithe of its present magnitude, were scarcely perceptible ten miles away. I will, however, now leave the consideration of the cause, and try to suggest a remedy.

It is much easier to point to a nuisance than to get it removed; I always object to criticism, unless it shows a better way of doing things. I object to overthrow an institution, without being provided with something better to put into its place, even if that institution is a nuisance. The overthrow of the domain of fuel smoke might be purchased too dearly. There is something so endearing and so national about our domestic hearth, so captivating about the ability to poke a fire, that I should never expect to remove these comforts from our midst; neither is entire removal necessary. The ability to poke a fire is the one thing which preserves many a mind from downright insanity, and to take away the power, would consign many an unstable mind to a madhouse. The thing is not to be done, therefore, without due consideration. Thousands of fires, nay tens of thousands, would not produce a London fog, spread about, as they might be, over the 300 square miles which constitutes the metropolitan district. A few such fires would do harm, and if such fires, being a luxury, were made to assist in performing a duty towards those who could not afford the luxury, good might come out of evil; though I would not support the notion that it is right to do evil that good may come. The question is how are smoking chimneys to be got rid of? It is a process which the Society of Arts, with all its array of powerful names, will not be able to effect. An appeal must be made to the Legislature upon the point, and I suggest that the Society be foremost in making that appeal. Let us ask them to pass such laws as will help forward the object which we have in view, for public opinion, public spirit, and philanthropy will not alone be able to effect it.

I believe that a short Act would be sufficient. That if local authorities had the power to levy a tax upon every fire-place so constructed as not to consume its own smoke, the smoke nuisance would disappear in a very few years. They should have the power to use the proceeds of that tax in the purchase of the gas and water works of the district, and so enable local authorities to provide the capital necessary for the purchase of these works without having to add materially to the local rate.

My proposition will be met by innumerable objections; all great social changes are so met. It is only by answering those objections, or showing them to be unsound, that real progress will be made.

First, then, as to gas fires, which I suggest as alternatives for open fire-places. I am told that they are injurious to health, that they are comfortless, that they make the air of the room so dry, that they smell offensively, and that the heavy gases which are formed at the base of the fire-place will find their way into the room. These are fair arguments against bad workmanship, but are not sound as against gas fires. I have had a gas fire for some years in my consulting-rooms and library, and no one, at first sight, can know it from an ordinary coal fire. It never smells, and warms a large room thoroughly; there is no dust, and no work for the housemaid to do, and no destruction of books and papers from dirt. But I must not poke it, and I must not burn rubbish upon it. These are, next to its cost, its only disadvantages. A gas fire cannot dry the air of a room to a greater degree than any other fire. If a smell comes from it, the fault is in the work or the stove construction, and would happen at the same place with any other material. If I had gas in all my rooms, I could do with one servant less in my household. Chimney sweeps, which are now necessary adjuncts to every house, would find their occupation gone, and the mischief which soot and dust produces in every house would not arise. This would

effect an enormous saving in our domestic outlay, and our domestic works of art would last much longer than they do under our present *régime*. Common grates need not be removed, gas fires can be fitted to any ordinary grates, and the only expense need be the cost of laying on the gas. I shall be told that it will be quite impossible for the poor to do this. It is not a thing which the poor should be called upon to do. The tax upon open fire-places shall fall upon the landlord, and in the case of weekly tenements, the landlord should collect the charge for gas when he collects his rent. If the rent is not paid, he should have the remedy in his own hands, by at once cutting off the gas supply. I am so satisfied of the power of our stove manufacturers to meet this point, by constructing stoves which should give a maximum amount of heat with a minimum amount of gas consumed, that I should hail the change as one giving an immense boon to our labouring population, by providing them with warmth without waste, and taking from them that tremendous source of dirt which smoke produces among them, and which manifests itself upon the faces and the clothes of the children of our poor population.

Those who do not like a gas fire need not be obliged to have one; they may find a much cheaper substitute in the beautiful slow combustion stoves which are now very generally manufactured. I would especially refer to those of Mr. Doulton, at the Lambeth Potteries, and which are formed of fire-clay; I prefer these to those made of iron. The fire-clay radiates heat much better, without depriving the air of its health-giving qualities. No one can have compared the heat given out by a common fire-place, having a fire-brick back, with one with only an iron plate, without at once giving the palm to the fire-clay material. These stoves provide that nine-tenths of the heat produced by the fuel consumed shall be utilised in the apartment, and not sent up the chimney, as is now done from ordinary fires. These stoves are a great advance upon the ordinary iron stoves. The air is not altered in its character by coming into contact with hot metal. The stove is not a nuisance in its appearance, but may be made an imperishable work of art, which will bear ill-treatment, and only want washing when dirty, instead of paint or blacklead, which, when used, smells most abominable all over the house. I think it very important that the use of fire-clay should supersede that of iron. Coal, as now burnt, is burnt to waste; in all other fire-places, and in great numbers of ordinary stoves, the heat generated is dissipated in the air above our houses.

It will be urged that taxes of the kind proposed are all wrong—that it is going back to a tax which, once upon a time, produced rebellion in our land. Then the window tax is instanced as one which had to be given up. But the window tax was quite the antipodes to the smoke tax; one was the means whereby the light and air was shut out, the other is not for the purpose of raising a revenue, but to put down a nuisance, and to lead to the purification of the air. I propose a tax in preference to a penalty. Penalties require persons to enforce them. The infliction of a penalty is invidious, when it has to be enforced against our neighbours and our equals, and when it is possible that the magistrate himself may be an offender against the law.

The power to proceed against the manufacturing offender should be placed in the hands of a public prosecutor, and should not be left with the local authority who, as at Bow and Stratford, allow the law to be a dead letter, because if enforced, it would be upon the members of the local authority or their friends that it would be levied. Any law for the reduction of the smoke nuisance would only be partly effectual which did not touch most heavily the greatest offenders, viz., the railway and steam-boat companies.

I know that my proposals will raise up a host of antagonists, especially among those who believe that they are owners of a fuel which, if Parliament would not compel the people to use, would stop the nuisance. I think my proposal will promote their interest much more than any legislation in the direction they contemplate. A still more powerful opposition will arise from those who believe that they have vested rights in the perpetuation of the nuisance, not the least of which ought to come from the sweeps, an honest and industrious set of men, who would suffer most from the change; but the most powerful opposition would be from those who are profiting by the mischief, and making immense sums of money by the perpetuation of the nuisance.

I have put before you my own views under three heads. They are—1. The causes of the intensity of town fogs.

I refer these to fuel smoke, which I contend to be an unnecessary adjunct to fire. That the method now used for warming our houses and cooking our food is wasteful in the extreme, and five-sixths at least of the developed heat is lost, and much of the fuel passes away unconsumed.

2. The means which should be adopted to prevent these causes continuing in operation.

These means should be the production of gas at a cheap rate, se that it might be used for cooking, and in many cases for heating purposes also.

In reference to this point, I would observe that the use of gas for lighting purposes will pass away; it would be to the interest of the companies that heating power should be developed in the gas manufactures rather than lighting, and that it would be promoting the object we have in view if the sale of coal was prohibited in the metropolitan district, unless it had been previously deprived of its smoke producing quality. That a tax upon fire-places not so constructed as to consume their own smoke would effect this object, which might also be assisted by a heavier tax upon the untreated coal when sold for public consumption in the metropolis. That the proceeds of these taxes should be used by the local authority in extinguishing the present commercial companies who manufacture gas and distribute water. That the use of closed stoves should be encouraged as much as possible.

3. That the steps which should be taken to promote these objects would be best met by urging upon the Government the propriety of appointing a Royal Commission to inquire into the whole subject, and who should formulate the grounds upon which legislation should be established, and prepare the way for the introduction of a Bill into Parliament for the purpose.

RECREATIONS AND RESOURCES IN INDIA.

By F. R. HOGG, M.D.,
Surgeon-Major, Army Medical Department.

THE ordinary native has by no means an enviable career. Besides liability to cholera, malarial fevers, painful abdominal diseases and periodical famines, he may lose his land rendered barren by saline incrustations or noxious weeds: his cattle may be decimated by rinderpest, foot-and-mouth disease, quarter ill, pleuro-pneumonia, cystic disease, throat swellings; or the crops may be suddenly swept away by locusts, else destroyed by various blights. When unable to afford marriage portions, his poverty but not his will, has tacitly consented to female infanticide, and to class prejudice against vaccination his beloved sons are sacrificed when the goddess of variola is angry. In happier times his amusements include trap bat and ball, prisoners' base, hockey, touch, peg-top, blindman's buff, fox and geese, chess; gambling with dice, shells, seeds, eggs, cocoa nuts; card games, resembling whist and vingt-un; swinging, swimming, boating, angling, shooting, wrestling; the butting of rams; the fighting of quails, bulbuls, and mynars; theatricals; fireworks; singing songs and telling stories. Divers near Delhi earn a livelihood by jumping feet downwards from great heights into deep tanks, and marvellous are the tent pegging, sword and equestrian feats. Juggling in Upper India appears to be limited to the mango tree, the basket trick, fire eating, sword swallowing, stone breaking, unravelling of knots, the dancing cobra, else the melancholy antics of goats and bears. Amongst musical instruments may be mentioned the drum, the tom tom, also bag-pipes, guitars, Jew's harps, trumpets, banjoes, cymbals, horns, castanettes, and tambourines. According to Birdwood the harp is that of Assyria represented on Nineveh sculptures. The Hindoos claim the invention of the fiddle bow. The conch shell, oft beautifully mounted in silver and gold, is used as a war trumpet, and also in religious services to invoke the attention of the gods to the worshippers. The Santals play exquisitely on a bamboo flute. An open space is reserved in front of certain houses as a dancing green where young men and maidens resort after supper, in the lovely light of autumn. In Orissa the ball programme may be varied by the bear, the pigeon, the quail, the vulture, the graceful pig and tortoise dance; and the refreshments most

appreciated are intoxicating drinks extracted from mahwa flowers—yet an inebriated woman is seldom seen according to Hunter's invaluable volumes now consulted.

In many stations at suitable seasons, the European has either shooting, fishing, pig sticking, polo, riding, driving, cricket, rackets, lawn tennis, billiards, whist, theatricals, pleasant dances or sociable dinner parties by way of recreation. Often there are small libraries, fairly supplied with newspapers, periodicals, if not materials to aid literary research. A certain class of bookmaker seldom finds a fortune on the turf the scene of many fatal accidents when the ground is like iron and the steeple chase course a stiff one. Listless persons find a certain amount of excitement in haggling for bargains at weekly auctions.

If well, or still better, canal water be convenient very easy is it to tranform an ugly melancholy waste of sand into a charming garden, and very happy are the recollections of the crimson bugainvillea, the golden orange bignonia venusta, the scarlet poinsettias, the purple and white pelargonium like flowers of the kachnar trees of the Plains, and also of the mountain forests of pines, oaks, and cedars, and the ruddy rhododendra. The want of water, the sun's heat, the attraction of insects, the risks of fever, the moving about, the soil, the seeds, the plants, the manure, the stealing on of listless apathy—a hundred reasons explain why hot arid or steaming settlements are not ornamented with roses, geraniums, or verbenas, and unsightly walls covered with jasmine, honeysuckle, convolvulus, or the many glorious creepers of all colours. Temporarily restricted to quiet occupations an invalid can try drawing, painting, photography, wood carving, lathe turning, bird stuffing, and in the cool hours take exercise on a tricycle. The private soldier studies the language, perhaps gambles, else saves up money to buy a bazaar gun to go out shooting pea fowl, pig, hare, deer, anything for the pot on a cooperative system of ammunition supplied by comrades who feast on the spoil. Fortunately, snipe, duck, and birds of pestilential swamps are not considered worth the candle. Some men build kennels, deal in dogs, or train greyhounds to go for hares, foxes, and jackals. Cricketers get on capitally, unless reckless of solar exposure, or the jeopardy of drinking impure water when chilled. Polo players may exhaust themselves, else be careless about changing clothes, bathing, or beer drinking. Soldiers' balls and theatricals are complicated with thirst quenching difficulties, unless iced non-intoxicating beverages are partaken. The expenses of a cavalry circus are heavy, and the performances cannot be altered sufficiently to ensure any run in the one station. Soldiers who train for foot races frequently believe in a dietary of meat almost raw, in three light meals—half a bottle a day of port or bazaar sherry white wine, tea, eggs, oatmeal gruel, biscuits, toast: nothing greasy, and water only allowed for wetting lips or gargling throats. Excellent health maintained temporarily may be damaged by excesses afterwards, and uncooked meat might account for tapeworm. Training in the Hills may seriously endanger weakly chests, hearts, or other organs of men who have suffered with rheumatism at Dover, Zululand, or Gibraltar: with bronchitis at Malta, Hong Kong, or Bermuda; with dysentery at Allahabad, Secunderabad, Burmah, or Ceylon; with fever at Cyprus or the Mauritius.

As for ladies in India—apt to miss the children at school at home—miss the piano, the streets, the shops, the housekeeping; and perhaps inclined to heavy mid day meat and beer meals—to long sleeps at all hours in hot weather—at the same time restricting exercise to an evening drive, their health must deteriorate. Climate need not always blanch the cheek, spoil the figure, turn grey the hair, decay the teeth, roughen the voice, or ruin digestion, if energy can be aroused to walk, ride, dance, play badminton, and sensibly to battle with enervating influences. Should the Hills during trying months be out of the question, a camp life in the cold season in Upper India will brace many a fragile frame. The climate will not admit of ladies attempting to be useful in hospitals from May to October, and the enforced absence in these months may seriously interfere with zanana missions. At other seasons there are opportunities of visiting soldiers' families in married quarters where, as a rule, any judicious woman will only be too eagerly welcomed by her humbler sister, especially in times of trouble and tribulation in a strange land. Some plead diffidence, have not the gift of sympathy, know not what to say, perhaps are weak, sickly, or weighed down by family cares. The lady who can venture on the occupation just suggested, will surely, somehow reap her reward.

Clinical Records.

HOPITAL BEAUJON, PARIS.

Case of Acute Aniline Poisoning — Cure.

Under the care of DR. MILLARD.

Reported by M. MERKLEN.

THE toxic effect of aniline is better known by experiments on animals than by the effects of the poison observed in man. Those working in aniline factories may exhibit the phenomena of chronic poisoning, resulting from the absorption of the substance by the respiratory passages, either in the form of vapour or dust; acute poisoning is rare. In the following case 100 to 120 grammes of pure aniline were swallowed in a liquid state; this method of absorption, with the symptoms caused by the poison and its prompt cure, constitute the interest of the case.

P. Ratti, æt. 25, of Italian extraction, working in a chemical factory at Clichy, on July 11, swallowed at 8 a.m. from 100 to 120 grammes of a mixture of aniline and tolnidine; he mistook it for coffee. In spite of this he went to work as usual, without telling anyone, and it was not till a quarter to ten, that is, an hour and three quarters after the swallowing of the poison, that his fellow workmen saw that he was stupid and motionless: being interrogated, he told them the mistake he had made, and complained of a little headache. M. Gundelach, the chemist to the establishment, who has supplied most of these details, was immediately called, and administered ·05 centigramme of emetic; the effect of the medicine was assisted by introducing the finger into the pharynx, and administering large quantities of warm water. Under this treatment abundant vomiting was produced, composed of some food, water, and yellowish colouring matter, probably unabsorbed aniline. The patient was then put to bed. About twenty minutes afterwards serious nervous phenomena appeared. The patient lost consciousness, fell into a state of coma, and appeared in a condition of general resolution; the head fallen back, lips black, face purple. Then there was contraction of the facial muscles, *risus sardonicus*, and trismus, which only permitted the introduction into the mouth of a few drops of milk with great difficulty. At this time there was no convulsion, no contraction of the limbs; pulse very feeble; coldness. This was about half-past ten, two hours and a-half after the taking of the aniline. All means were used to introduce some alcohol; at length the patient swallowed a few drops, and immediately seemed to awake. This remission was taken advantage of to make him swallow a larger quantity of alcohol, and of tea with alcohol. To overcome the cold the patient was warmed with coverings and bottles of hot water, and the whole body rubbed with camphorated spirit. He regained consciousness, and vomiting returned. At half-past twelve, two enemata, with oil, were given without result. About two o'clock the patient again lost consciousness; the pulse became weak, cyanosis remained. though less marked than at first. About three o'clock appeared clonic convulsions of the limbs, complete loss of consciousness; the contraction of the face and the maxilla had disappeared.

At this time the patient was taken to the Hopital Beaujon, where he was received under the care of Dr. Millard. The interne, on arrival, found him in a state of profound coma; the pupils dilated, act little under the influence of light. Catheterism gave exit to about 200 grammes of dark brown coloured urine. Death was considered imminent. The coma lasted all night, interrupted frequently by convulsive attacks in the limbs. During all this time the face was purple.

Next morning, at the time of the visit, the patient was awake, and complained only of severe headache. The face, especially the lips, still slightly cyanosed. No other abnormal phenomenon. Sensibility normal everywhere, except in the velum palati and the pharynx, where tickling produces no reflex action. No paralysis. The patient has passed urine spontaneously; this was very dark in colour, albuminous, and gives a strong alkaline re-action, while that of the evening was acid, and not albuminous. No pain in the belly; no stool yet since the accident. A strong odour of aniline proceeds from the patient's bed, apparently coming from his clothing. Ordered milk; purgative enema; bath. The next day, and succeeding days, the headache disappeared. Urine still dark, but very slightly albuminous. The patient left hospital, after five or six days, with no symptom remaining but the anæsthesia of the soft palate.

The blood examined the day after the accident showed nothing abnormal in the shape of the red corpuscles. Number 4,200,000. Temperature on that day, 37·6 C. (99° F.) The urine was analysed by M. Gundelach; that of the evening only contained aniline unchanged; there was no trace of it in that of the morning, the alkalinity of which was due to carbonate of ammonia.

Remarks.—There are some peculiarities in this case. In the first place, in spite of the assertions of the patient, it can scarcely be allowed that he had swallowed more than 100 grammes of aniline; we know, indeed, that 15 or 20 drops are sufficient to cause in a rabbit toxic, often, fatal effects; it is probable that the patient immediately rejected some of the liquid swallowed owing to its slight causticity. The first effects of the poison were not shown till about two hours after its introduction, and these effects progressed to coma and convulsions, as in experiments on animals. The most recent of these experiments, made by Leloir, prove that aniline causes convulsions and asphyxia by acting primarily on the hæmoglobine of the blood, of which it diminishes the absorbent power. We can understand from this why the effects do not appear more rapidly.

As special troubles we recall the transitory albuminuria, well in accord with the hypothesis of an alteration of the blood, and the anæsthesia of the velum, which remained even when the patient left the hospital. The troubles of sensibility in aniline poisoning have been cited by several authors, recently by Grandhomme, who in patients poisoned by aniline vapour found absolute cutaneous anæsthesia. In our patient the anæsthesia was localised in the throat, but was persistent.

The treatment of this form of poisoning consists simply in the administration of stimulants with cutaneous revulsives. It is necessary to add evacuants in those special cases, where the poison has been introduced by the digestive passages.

Translations.

EXCERPTS FROM CONTINENTAL JOURNALS.

Translated by ARCHIBALD H. JACOB, M.D., F.R.C.S.I.

THE GERM ORIGIN OF EAR FURUNCLES.

At the last meeting of the Academy of Science, Paris, M. Marey read some notes by M. B. Löwenberg, entitled, "Inquiries as to the Presence of Micrococcus in the Diseased Ear; Considerations of the Action of Germs in Auricular Furuncles and in General Furunculosis; Therapeutical Applications."

The inciting causes, he said, of my researches was a recent discovery of M. Pasteur's, who has clearly demonstrated the presence of germs in furuncles. I myself have observed the same micro-organism in furuncles of the auditory canal. If the first furuncle of a series arise from the immigration of a germ coming either from the air or from water, in my opinion the distressing multiplication of these small abscesses, which are the cause of so much discomfort to many unfortunate persons, is due to what may be called auto-contagion. Once the furuncle opens, the pus spreads over the adjacent cutaneous surface, carrying with it special germs.

These germs may enter one or several pilosebaceous follicles, and thus provoke one or several new furuncles; from these again the pus escaping, and carrying with it new germs, may produce new furuncles, and so on.

My memorandum book contains many facts supporting this hypothesis. If it be admitted, we must necessarily admit that contagion is possible between individuals; and, for my part, I am of the opinion that furuncles are contagious.

In accordance with this conclusion, I employ the following treatment:—I cut open the furuncle, after refrigerant pulverisation, especially if it be situated in the auditory canal, and then apply local washings or lotions, with solutions of boric or of thymic acid; or I sprinkle with an impalpable powder of boric acid. In general furunculosis, I employ lotions, with solutions of boric acid, to prevent the formation of new boils. This result I obtained in the only case which, up to the present time, I have been able to treat in this manner. Many observations will, of course, be requisite before the value of my opinion and treatment can be fully proved.

In reference to the germs which I have found in other diseases of the ear, I particularly commend to your notice the fact that, in cases of otorrhœa, when the cleansing of the ear had been neglected, and especially when there was fœtidness, I always found an enormous amount of micrococcus. If we take into consideration that in the majority of cases the pus comes from the depths of the tympanum, and even from the mastoid apophysis, the importance of this observation is at once obvious.

In all cases in which there had been prolonged use of emollients, particularly of poultices, all the *débris*—epidermic or otherwise—extracted from the ear was surrounded by a concentric zone of micrococcus. This, perhaps, explains the too often disastrous effects on the ear of a prolonged application of poultices. We know that furuncles are often observed after a long course of external treatment.

THE PATHOLOGY OF HYDROPHOBIA.

At the last meeting of the Paris Academy of Medicine, a debate arose concerning a case of hydrophobia which was said to have been five years in incubation.

M. Bouley remarked that M. Colin had forgotten to mention the anatomical lesion described by MM. Gombault and Nocart in 1875, before the Anatomical Society, and stated by them to be essential to, and characteristic of, hydrophobia. In all post-mortem examinations of dogs which had died from hydrophobia, in the post-mortem examination of a goat, of a horse, and even of a man, victims of the same disease, these observers remarked the presence of an accumulation of white globules within the peri-vascular lymphatic sheath, on the floor of the fourth ventricle, and also of apoplectic centres made up of these globules. MM. Gombault and Nocart explain by means of this lesion of the nervous system the remarkable effects of faradisation in cases of rabies. M. Bouley adds that in certain cases of false rabies it was demonstrated that this lesion of the bulb did not exist. In one case, where symptoms exactly similar to those of rabies had been induced by the dog having swallowed a marble, the expulsion of the foreign body was followed by complete disappearance of all symptoms. In another case, where the symptoms of rabies had been caused by the presence of a bone which had stuck in the intestine; the dog died, and a post-mortem examination proved that there was no lesion of the bulb. The existence or non-existence of this anatomical lesion would therefore prove a means of distinguishing between true and false rabies. It is much to be regretted that this discovery was not utilised in the case of M. Colin's patient, as there are many diseases the symptoms of which might easily be mistaken for those of rabid hydrophobia. M. Bouley stated also that a veterinary surgeon of Lyons, has proved that the rabbit is extremely sensitive to inoculation of rabid virus, and that the symptoms of disease are generally apparent within a short time after inoculation. Several physicians, and among them M. Maurice Ragnaud, have used this fact as a means to determine

whether the symptoms observed by them in man were those of true or of false rabies. This method of diagnosis was not employed in the case of M. Colin's patient.

M. Bouley, for all these reasons, is of the opinion that the presence of rabid hydrophobia has not been clearly demonstrated in the case of M. Colin's patient. He considers that even if the doubt existed as to the nature of the disease to which the man succumbed, it might well be doubted whether a bite received five years before could be the determining cause of the disease. It might easily happen that a man, during this interval of five years, had contracted hydrophobia, if not from the bite of a dog, at least through being licked by one; for it is a fact which cannot be too often insisted upon, that rabies may be contracted through the licking of a mad dog, and it is now generally admitted that when first attacked by rabies dogs become more affectionate, more caressing, and therefore more than usually prone to lick those with whom they may come in contact.

M. Maurice Ragnaud remarked that the anatomic lesion discovered by MM. Gombault and Nocart would not, in cases of rabies, have the import assigned to it by M. Bouley, as this lesion of the bulb has been noticed in diseases other than rabies, particularly in the case of a young girl, where severe chorea caused death.

M. Bouillaud remarked that the only unusual circumstance in the case under observation was the long period of incubation. An interval of five years between the bite and the outbreak of the disease is certainly an extraordinary occurrence, but this he considered only rendered the case more worthy of notice, and of greater interest.

M. Léon Colin said that, concerning the anatomical lesion, spoken of by M. Bouley, he could only plead ignorance, but for this he consoles himself by concluding that, according to M. Maurice Ragnaud's remarks on the subject, this lesion has not the importance attributed to it by M. Bouley, as it has been remarked in other diseases than rabies. As to attaining a certain diagnosis of rabies by inoculating rabbits, it would have been difficultf or him to do so, for the simple reason that at the time this particular case was under observation this means of diagnosis was unknown.

M. Colin considers that he neglected no means of attaining certitude of diagnosis, or of fixing the precise date of the origin of the disease. However extraordinary this incubation of five years may appear, it is proved by the final evidence of the scrupulous inquiries made by M. Colin, it is proved by the certificates issued by the members of the administrative council, and by the doctors who attended and examined the patient, and lastly it is proved by the declaration made by the patient himself in lucid moments—that four years and a-half ago he had been bitten by a mad dog, and that the wound had been cauterised.

Department of Lunacy.

PATHOLOGICAL PSYCHOLOGY.

Dr. Bucke, the Medical Superintendent of the Asylum for the Insane at London, in the State of Ontario, pleads the claims of science in his annual report, which we have just received. He urges upon the governors the propriety of founding a pathological institute in connection with the large lunatic hospital over which he presides, and which contains 900 patients, and is now fully equipped with all appliances that can contribute to the material comfort of its inmates. In no department of science, he argues, does it lie so directly within the province of the Government, to advance knowledge as in that of pathological psychology; for in this branch of science, the Government holds within its own hands all the elements of successful investigation. What is required, is that at some one of the asylums for the insane belonging to the province, a suitable building should be erected, furnished with microscopes, photographic apparatus and chemical re-agents, and placed under the charge of a pathologist, who would be an officer of the institution, and who would be amply supplied by it with the material for a continuous course of original observation. Dr. Bucke asks that the asylum at London may be chosen for this purpose.

WET-PACKING IN ASYLUMS.

The Commissioners in Lunacy very properly regard wet-packing as a form of restraint, and insist on its registration as such in the medical journal of any asylum in which it is employed. The extent to which it is resorted is thus brought under their official cognisance, and a guarantee afforded to the public, that what has been proved to be a valuable remedial measure in certain cases of mental disease, will not degenerate into a punitive infliction, or into a cheap substitute for skilful supervision. They note that at the Northampton County Asylum, wet packing was used in the interval between their visits in the cases of two males and six females. The former were packed one, twice, for 2½ hours, the other, twice, once for 2½ hours, and again for 3 hours. The latter were packed on thirty-seven occasions, in all for periods varying from one to seven hours. They are informed, however, that in every case of packing of more than an hour's duration, the patient is released, and fresh sheets applied hourly, and that a nurse or attendant is invariably present while the packing continues.

THE MONTROSE ROYAL LUNATIC ASYLUM

The Reports of several of the lunatic asylums of Scotland are issued at a different period of the year from those of asylums in England, and that of the Royal Asylum at Montrose has just reached us. This asylum is presided over by Dr. James Howden, whose name is familiar, not only in his own department of practice, but to pathologists generally, and who is assisted by Dr. Dodds, the author of a singularly able and discriminating examination of the subject of cerebral localisation, which appeared in the *Journal of Anatomy and Physiology* two years ago. It augurs well for the future of the medico-psychological speciality of our profession, that in spite of the abuse which has been heaped on it of late, men of Dr. Dodd's scientific attainments (he is a D.Sc., of Edinburgh) are still willing to enter its service. On the 14th of May last, the close of the period with which this Report deals, the Montrose Asylum contained 469 patients, of whom 212 were men, and 257 women. The admissions during the previous year numbered 120, the recoveries 45, the deaths 37. The only unusual death during the year was the suicide, by hanging of a man, who though known to be suicidal on admission, two years before, had gradually gained the confidence of the attendants, and was latterly under less strict supervision than he should have been. While far from desiring to palliate carelessness or lack of due vigilance on the part of officers and attendants, Dr. Howden very justly remarks, that the number of suicides in his asylum has hitherto been exceptionally small, this being only the second in twenty-two years, the other having occurred nineteen years ago. Much important sanitary

work has been carried out at the Montrose Asylum of recent years.

THE INVERNESS DISTRICT ASYLUM.

In analysing the recoveries that took place amongst the patients in the Inverness District Asylum during last year, Dr. Aitken, the able and experienced medical superintendent of that institution, remarks that in 30 out of 55 cases the recovery might fairly be attributed to medical treatment, while in 25 cases, it ought to be ascribed to the influence of hygiene and moral discipline. The marked advantage, he adds, of early medical treatment, comes out strongly, when it is considered that the average duration of residence in the asylum of these patients who were medically treated was five months, two weeks, and two days, while that of those who were left to the operation of hygiene and moral influences was eleven months and one week. Dr. Aitken insists forcibly on the advantage to be derived from prompt treatment in cases of mental diseases, and is glad to recognise that his repeated representations on this subject are beginning to bear fruit, the lunatics of the Inverness district being now, as a rule, sent to the asylum earlier in the course of their attacks than was formerly the case. Where earlier treatment fails to secure complete recovery it often ensures restoration to a degree of mental health, which is not incompatible with usefulness and happiness, but which could not have been hoped for had treatment been postponed. Dr. Aitken's Report bears ample testimony to the zeal and benevolence with which he directs the important asylum entrusted to his care.

LUNACY AT THE INTERNATIONAL MEDICAL CONGRESS, 1881.

In the Section on Mental Diseases, Dr. Lockhart Robertson has been elected President; Dr. Crichton-Browne and Dr. Maudsley, Vice-Presidents; Dr. Gasquet and Dr. Savage, Secretaries.

The following is the proposed list of subjects for discussion, subject to revision before the 31st inst. :—

Anatomy—1. Modes of Preparation of Nervous Tissue. 2. Morbid Appearances due to Modes of Preparation, 3. Minute Structure of Special Parts of Brain.

Physiology—1. Relation of Cerebral Localisation to Mental Symptoms as Hallucinations. 2. Hypnotism.

Pathology—1. Of Idiocy, Morphological and Histological Changes, 2. Relations of Insanity to Gout, Renal Disease, Exophthalmic Goitre, and to Coarse Brain Disease.

Clinical—1. "Folie à double Forme." 2. Influence of Intercurrent Diseases on Insanity. 3. Insanity due to Toxic Agents.

Therapeutical—1. Use of Baths, of Narcotics, of Chloral Hydrate, of Opium, and of Alcohol. 2. New and Unusual Remedies.

Asylum Administration.—1. Cottage and Village Treatment. 2. New Legal Codes. Austrian, Italian, English Projects.

Civil Relations of the Insane.—1. Marriage, Wills. 2. Insanity and Aphasia.

Criminal Relations of the Insane—Special Asylums for Insane Criminals.

All communications regarding this Section VIII. should be addressed to the Hon, Secs. at Bethlem Hospital, London, S.E.

The vacancies in the honorary staff of the Chelsea Hospital for Women, created by the death of Dr. Lockhart Clarke and the retirement of Mr. Curling, have been filled by the election of Dr. Andrew Clark as Consulting Physician, and Mr. Jonathan Hutchinson as Consulting Surgeon.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, DECEMBER 10TH.

THE President, Dr. E. HEADLAM GREENHOW, F.R.S., in the chair.

Mr. W. J. TYSON, M.B. (Folkestone), on

A CASE OF PNEUMONIA WITH REMARKS ON THE PHYSICAL SIGNS OF THE DISEASE.

The following case of pneumonia illustrates the point in the physical signs of the disease, to which I wish to draw the attention of the Society, the point being the lateness of the appearance of dulness, bronchial breathing, and bronchophony in many cases of pneumonia :—A. B., æt. 63, on Sunday, April 4th, 1880, drove in an open cart the distance of forty miles, the day was cold, and he, himself was thinly clad. During the drive he felt a distinct fit of shivering. The next day he was obliged to leave off work at noon, and remained indoors the rest of the day. Tuesday and Wednesday he felt ill, and on Thursday morning he sent for me. He had now a temperature of 103 deg., his pulse was 108, and respiration 30. His chest was carefully examined, but no abnormal physical signs could be made out. He was expectorating a little tenacious mucus. He complained of pain in his chest, but in no definite spot. His urine contained albumen. On Friday and Saturday he was getting weaker; his temperature varied between 102 deg. and 103 deg. On Sunday there was slight dulness in the middle third of the right lung behind, also some bronchial breathing was heard. On Monday, the 12th—8 days after the chill—there was well-marked dulness, bronchial breathing, and bronchophony. On Tuesday the dulness had increased in extent, and moist crepitations were heard with inspiration and expiration. The chest was not again examined on account of the feebleness of the patient. He died on Thursday, 15th, eleven days from the commencement of his illness. The first time that lately developed signs were noticed by me was in the case of a woman æt. 25, who was admitted into Guy's Hospital under Dr. Pye Smith, on August 3rd, 1876. She was ill three days before coming in. On admission her temperature was 104 deg.; the only physical sign present was tubular breathing at both apices. On August 4th and 5th the temperature varied between 103 deg. and 105 deg. It was not until August 6th that dulness was noticed at right apex anteriorly and posteriorly, with bronchial breathing. No crepitation heard. She was too weak to speak. She died at 11 p.m. the next day. Post-mortem—The right apex was in a state of grey hepatization, the middle and the lower lobes of the same lung were unaffected. The left lung and other organs healthy. In this case the dulness did not appear until the sixth day, and she died on the seventh day. Since I have been in private practice other cases with lately discoverable signs have come under my care. The following paragraph occurs in "Ziemssen's Medicine :" "Usually up to the third day after the chill the percussion note over the affected part becomes dull; the respiration of a blowing character; bronchophony now makes its appearance." I have quoted the above paragraph as representing the generally acknowledged time as to the appearance of these physical signs of pneumonia. From my present experience of pneumonia, and seeing the disease as I do in its earliest stages, I believe that the physical signs, such as dulness on percussion, bronchial breathing, and bronchophony, occur later in the course of this disease than is usually supposed, or perhaps it would be more correct to say that there is a larger percentage of cases with the above lately discoverable physical signs than our reading and teaching have led us to think. What this percentage is I am not at all prepared to say. The author before quoted says further on in his essay that the characteristic physical signs of the disease may escape recognition from the inflammation having commenced in a central position in the lung. Probably this explanation may sufficiently account for, in many cases, the lateness of the detection of the aforementioned signs. Yet, allowing this to be the common cause it is just as important for the treatment of the case to diagnose a central pneumonia as it is one of peripheral origin, the former being as dangerous in its prognosis as the latter. If these signs which have been mentioned are not unfrequently

lately discovered—for all authors admit that occasionally these are either overlooked or lately found out, then it becomes necessary in many cases to diagnose pneumonia by symptoms instead of by signs. A well-known author says referring to pneumonia, that if the patient has had a chill, pain in the side, rusty sputa, and high temperature, there is scarcely any room for doubt, and even in central pneumonia these symptoms are generally present. In other cases in which the only symptoms present are high temperature and abnormally quick breathing, the relation of the pulse to the respiration appears to be the most diagnostic point in absence of any other affection of the heart and lung.

Dr. F. TAYLOR supported the author in the opinion he had expressed that a great number of such cases occurred in practice. Last year a patient was seen at Guy's Hospital with pneumonia, but in whom there were no physical signs of the disease to be found until she coughed up a quantity of rusty sputa in the presence of the physician examining her. On the fourth day after admission the signs became clearer, and thenceforward developed rapidly.

Dr. ANDREW CLARK considered the paper an important contribution to the literature of pneumonia, the varieties, peculiarities, and he would venture to say caprices, of which were too imperfectly recorded. Experienced clinicians, however, recognised the facts on which Mr. Tyson insisted, and three cases in illustration of their truth occurred to him. (1) A gentleman for nearly seven days showed no signs of the disease, save a slight increase of temperature, and breathing a little hurriedly. On the 7th day the symptoms became marked and urgent, and thenceforward to recovery, the history of the case was normal. (2) An old gentleman, æt. 80, one day caught a chill, and slight feverish attack, accompanied by general malaise succeeded, and for many days this, with somewhat hurried respiration and irregular temperature, constituted the signs of illness. On the 12th day, however, slight friction sounds below the angle of the right scapula were heard; then dulness and marked friction developed. The patient ran the ordinary course of pneumonia, and recovered. (3) This patient was, for six days, feverish only, but on the seventh or eighth day the usual signs of pneumonia appeared. Practitioners, therefore, do recognise that cases like this are met with, nor is it necessary that physical signs should exist to direct diagnosis of pneumonia aright. Chill, alteration of temperature, and disturbed breathing should suffice to guide the conclusion of the attendant.

Dr. HABERSHON concurred that general, rather than special, physical signs must guide diagnosis in certain cases of pneumonia. He believed with Dr. Clark that when the disease commenced near the root of the lung the symptoms were masked by the healthy intervening portion of the organ. When, however, the disease spreads to the surface all obscurity disappears.

Dr. CLARK explained that he wished to convey the impression that because in a large percentage of pneumonias no typical signs presented till near the end of the course run by the disease, therefore general indications must direct the physician's opinions.

Dr. DE HAVILAND HALL related cases in which absence of physical signs had for five days made him doubtful of their nature. He considered such cases of late appearance more severe than others, because the disease is more extensive, requiring to spread from within ere its presence is physically demonstrable.

Dr. BURNEY YEO suggested a constitutional origin for these cases.

Dr. GOODHART said he should regard these cases as instances of blood poisoning. He remembered making a post-mortem on an old man said to have had fever for some days, and only a slight amount of pneumonia existed. This patient had probably taken cold, and would doubtless have ranked as a case of late appearance of physical signs had he lived long enough. As it was, blood changes occurred by which he was poisoned in an early stage of the disease.

Mr. TYSON replied that cases such as he had described must be regarded as pneumonia because of the symptoms sooner or later appearing. In a case under his care a child, æt. 5, for six days was feverish simply, and then all the signs of pneumonia presented. His object in writing the paper read had been to call attention to the insufficient descriptions of the disease contained in standard works on medicine.

Dr. HABERSHON on

A CASE OF APHASIA WITH HEMIPLEGIA ON THE LEFT SIDE AND TUMOUR ON THE RIGHT SIDE OF THE BRAIN IN THE THIRD FRONTAL CONVOLUTION.

The patient was a man, æt. 52, who had had symptoms of langour for a year before admission. Seven weeks previously he had a sudden difficulty with his speech, he tried to say something and could not speak the right word. This got worse, until three weeks ago, when weakness of the left arm and legs were noticed. On admission there was partial left hemiplegia, the pupils slightly contracted, urine free from albumen, bowels confined. His wife stated that he had always been left-handed. He was treated with iodide of potassium and mercury, but in a few days he became unconscious, and though he rallied for a short time, and appeared to understand questions, he became restless, trying to get out of bed, then comatose, and died thirteen days after admission. At the post-mortem examination a gelatinous-looking lobulated tumour was found on the right side of the brain, occupying the region of the island of Reil, and involving much of the hinder part of the third frontal convolution. It measured an inch or more on the surface, and extended two inches into the brain substance so as to reach the lenticular bodies of the corpus striatum. The section had an orange tint, with numerous ecchymoses, and at the margin some yellowish gelatinous material. It was composed almost entirely of small round lymphatic corpuscles, but in some parts showed nothing but compound granulation corpuscles. There was broncho-pneumonia at both bases, and atheroma and calcareous change in the cardiac valves and aorta. The kidneys were rather granular. Dr. Habershon drew attention to the case as illustrating the view that the faculty of speech is associated in the brain with the muscular education of the most used arms, since the patient was *left*-handed, and suffered from aphasia, when a tumour developed in the *right* third frontal convolution. Some points in the history of his children seemed to indicate a syphilitic origin for his complaint, but the result showed that the tumour was a glioma.

Dr. F. TAYLOR reminded the Society of the case he had reported at its last meeting, that of a child in whom diphtheria followed scarlet fever, and who had right hemiplegia but spoke freely though Broca's convolution was injured. This child had from birth distortion of the right arm and was left-handed.

Dr. HUGHLINGS JACKSON had seen a number of cases of right hemiplegia, with aphasia, but in no instance where aphasia co-existed with left hemiplegia had he known a post-mortem examination made. In his experience, tumours of the brain rarely led to aphasia except of a temporary kind after convulsive seizures. The tumours are of slow growth. In his opinion the majority of the cases alleged to disprove Broca's theory are instances of tumour, and he recollected some years ago recording such a case in which he subsequently made the discovery that the patient had been left-handed. No post-mortem was made. More recently he had recorded the case of a man in whom left hemiplegia co-existed with aphasia, but this individual also was left-handed. In no case of the kind had a post-mortem been made. He noticed that Dr. Habershon's patient was said to understand the expressions used in speaking to him although unable himself to speak in return; he was not *wordless* but *speechless*. Both sides of the brain are instructed in words, and serve to reproduce them automatically, so that when one is affected the other retains the power of appreciating what is said, the left side alone being endowed with the faculty of imitating speech movements. Even aphasic patients often preserve the power of uttering some few words or phrases, *e.g.*, a man accustomed to signalman's duties on a railway, who had been suddenly paralysed while on duty, constantly repeated "come on," this probably being the last expression he had employed before his seizure. Again, patients have been known to say "good-bye" on parting from friends, though quite unable to repeat the words at other times, showing an appropriate fitting of speech to acts. The final conclusions forced by such considerations is that both sides of the brain are educated in the *use* of words, but only one side in the expression of them.

The PRESIDENT said he had a patient under treatment who made the constant answer when spoken to "God bless my soul," and another, a lady, who, though quite understanding

what is said to her, is unable to convey her own thoughts in words.

Dr. HABERSHON had no doubt that his patient understood what was said to him while he remained conscious, but was incapable of expressing his ideas in return.

Mr. DAVIES-COLLEY on

A CASE OF VILLOUS GROWTH OF THE MALE BLADDER SUCCESSFULLY REMOVED BY PERINEAL INCISION.

Henry W. æt. 32, a ship-wright, had suffered from hæmaturia for eight years. At first blood was passed only occasionally and in small quantities. Latterly the flow had increased, and he had been so weak that for sixteen months he had been unable to work. He was admitted into Guy's Hospital last March. His family history was good. He was strongly built and fairly nourished, but very anæmic. There was a continual desire to micturate, and a feeling as if something always remained behind in the bladder. Blood was passed sometimes at the beginning, sometimes at the end, of micturition. No stone could be detected, and all efforts to find villous masses in the urine failed. No tumour could be felt per rectum. On the 16th of April he was placed under ether. Mr. Davies-Colley then opened the bladder by the usual incision for lateral lithotomy. At first nothiug could be felt. Then a slight projection was made out on the left side of the fundus, and a cord-like process running from it. In a short time the free end of this process, with a soft pinkish tuft of villi attached to it, was seen at the deeper part of the wound. This was seized with the forceps, drawn out, and the pedicle cut with a pair of scissors close to the wall of the bladder. No other growth could be felt. There was but little hæmorrhage during the operation, and some which occurred in the evening was readily arrested by the injection of iced water into the bladder. He made a rapid recovery. In two weeks the urine ceased to flow from the perinæum, and soon afterwards the wound healed. When Mr. Davies-Colley last saw him, two months after the operation, there had been no return of the hæmorrhage; the irritability of the bladder had ceased, and he was in the enjoyment of perfect health. The tumour grew from the posterior wall of the bladder, at a point about three inches from its neck, and one inch to the left of the middle line. It consisted of a fibrous stalk one-sixth of an inch thick and two inches long, terminated by branching filaments from half-an-inch to three-quarters of an inch long. These filaments contained capillary loops invested by many layers of epithelium of a cylindrical type. Professor Humphry has recorded in the "Medico-Chirurgical Transactions" a case in which he successfully removed a fibrous polypoid growth from the male bladder. He mentions a similar success in Professor Billroth's practice. The chief difficulty in the male subject is to ascertain the presence of a tumour as the source of hæmorrhage. In Mr. Davies-Colley's patient the diagnosis depended solely upon the long-continuance of the bleeding and the absence of other causes. Perhaps the fact of blood passing sometimes at the beginning, at other times at the end, of micturition may assist in the detection of a growth. No doubt the villi were in this case sometimes washed into the prostatic part of the urethra, where they were squeezed, so as to give rise to a flow of blood before the urine; while at other times hæmorrhage into the bladder was set up by the pressure of its muscular walls upon that part of the growth which lay in its interior.

Mr. CLEMENT LUCAS said the case showed the unsatisfactory nature of the treatment of such cases up till recently. The removal of villous growths from the bladder is frequently an easy matter, the diagnosis being chiefly difficult. It could only be certain when a part of the growth was brought away. A patient of his had been troubled eight years with a vesical growth, but had been much relieved by astringent application.

Dr. HABERSHON explained that the patient, when under his care at Guy's, had been extremely prostrated, and it was clear the hæmorrhage was not from the kidneys but the bladder, and he was transferred to Mr. Colley's care in consequence. A patient he once had, an aged gentleman, who was troubled with a disease of uncertain nature, attended with hæmorrhage and pain, and which remained obscure until a fine specimen of villous growth, passed per urethram, decided it. Relief followed, and has continued. It is possible that ease is often afforded by sloughing of portions of these growths.

Dr. PATRICK STEWART described a case in which a villous growth of the bladder, giving rise to constant profuse bleeding, had escaped detection during life, in consequence of its situation behind the pubes.

Mr. TEEVAN said Mr. Colley's was the first and only successful case of the kind. Diagnosis of such tumours is difficult. He considered cutting into the bladder a legitimate operation for removal of these growths, and had successfully performed it four times. Suggested external urethrotomy and the median operation for lithotomy as favourable modes of procedure. He did not think such cases necessarily terminated fatally.

Mr. BARKER considered the success of the operation would depend on the nature of the growth, whether it was or was not pedunculated, and admitting of entire removal. "Villous growth" was a term too indefinitely employed indescribing these tumours.

Mr. COLLEY replied that the growths removed successfully by Humphry and Billroth were not villous at all. Humphry's was a polypoid growth from the mucous membrane. Diagnosis was generally possible with the catheter, but he found it more satisfactory to use the washing-bottle employed in litholapaxy, and so suck out the villous growth.

Special.

FRANCE.

[FROM OUR OWN CORRESPONDENT.]

FLYING AMBULANCES.—At the last meeting of the Academie de Médicine Dr. Nachtel (American) gave an *exposé* of the mechanism and advantages of the flying ambulances established for civil service in New York since 1869. He purposes to organise at Paris an analogous service, which would suppress, in case of accidents occurring in the public streets, the difficulties — sometimes insurmountable—and the delays that too often render useless the help brought to the victims. Civil ambulances are established in different quarters of New York, and in communication with a central telegraph office, which transmits the calls, come from no matter what point. It is well known that telegraph boxes are installed on the pathways, and at the direct disposition of the public. Each ambulance has two medical men ready to start at a moment's notice, and furnished with all the objects necessary for the dressing and transporting of the wounded. The average expense of each ambulance corps is two hundred and sixteen pounds sterling.

COUNTER-INDICATIONS FOR ANÆSTHETICS.— Dr. Duret, Prosector of the Faculty, and Laureat of the Institute, has chosen for his *thèse* "Cases in which Surgical Anæsthetics are Counter-indicated." This work, consisting of 270 pages, is divided into two parts: the first is devoted to the physiological effects of anæsthetics in general; and the second to the causes of death, and the counter-indications drawn from the constitutional state of the subject. Statistics attribute 300 deaths from chloroform since its discovery in 1847. Death from chloroform appears at all periods—at the commencement of the inhalation by reflex action; in the second period by shock, anæsthesia of the bulb; and when the narcotism is complete, by veritable intoxication. After chloroformisation death is due in the first hours to syncope, and later on to pulmonary or cerebral congestion. The counter-indications which depend on the individual are relative (1st) to age; chloroform might be given to children except those who are attacked with acute bronchitis of the congestive form, tubercular disease of the lungs, cardiac lesions, a tendency to eclampsia or epilepsy, or diseases of the throat; old age supports chloroform well in general. (2nd) The female sex is not a counter-indication, nor does it become so except after operations for which chloroform is employed. (3rd) Anæsthetics should not be given to nervous individuals who are subject to fits of weakness or fainting on the slightest emotion. (4th) Confirmed drunkards will not support chloroform. (5th) Anæsthetics are counter-indicated in epileptics, or those who are pre-disposed to cerebral congestions. (6th) Valvular lesions of the heart constitute a *risk* but not a counter-indication; fatty degeneration can be justified by the same words, but where cardiac cachexia, aneurism of the arch of the aorta, or of the large vessels of the neck, anæsthetics should not be given. (7th) Lesions of the respiratory apparatus increase, without doubt, the risks in favour of abstention, but neither bron-

chitis nor chronic catarrhs, nor emphysema, nor tuberculosis even, should deprive a patient of the benefit of chloroform. As to the value and effects of the different anæsthetics employed, M. Duret considers ether to occupy the first rank, although it is not without danger in children. Chloral produces but a semi-anæsthesia, and is generally insufficient. To have a powerful action it should be combined with other agents, and thus mixed it is employed in Germany under the name of "narcotic of Nussbaum," and in France it is used by M. Trélat, who combines it with subcutaneous injections of morphine. Bromide of ethyl, advocated by M. Terrillon is less heavy than chloroform, and almost as powerful; as light as ether and less exciting, It has but one inconvenience—excessive augmentation of the salivary secretion. Passing by bi-chloride of methylene, employed by English surgeons, and nitrate of amyl, given as an antidote of chloroform, M. Duret arrives at protoxide of azote, introduced into France by M. Préterre, and brought into surgical practice by M. Paul Bert. "The method of anæsthesia by protoxide of azote mixed with oxygen under pressure recommends itself to the attention of surgeons. It appears to be specially advantageous in tedious operations, on account of the facility of the elimination of the gas, of the absence of combination with the tissues, and of the rapid return to the normal state, and because the depression of the nervous system appears less than with chloroform"

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"SALUS POPULI SUPREMA LEX.

WEDNESDAY, DECEMBER 15, 1880.

THE VACANT OFFICE OF CROWN REPRESENTATIVE FOR IRELAND IN THE GENERAL MEDICAL COUNCIL.

WE understand that the Council of the Irish Medical Association has seized the opportunity afforded by the vacating of this office, to urge upon the Government the extreme importance of appointing thereto a man who is thoroughly *au courant* with medical and medico-educational affairs in Ireland, with proposed medical legislation, and especially with the needs and requirements of the rank and file of the profession practising throughout Ireland. The representation made by the Council of the Association took the form of the following memorial:—

TO THE RIGHT HON. THE EARL SPENCER, LORD PRESIDENT OF HER MAJESTY'S PRIVY COUNCIL.

The Memorial of the President and Council of the Irish Medical Association.

THAT your Lordship's memorialists are the executive body of the Irish Medical Association, which includes nearly one-half the members of the medical profession in actual practice in Ireland, and a large number of those who are engaged in medical teaching, and therefore closely interested in the existing and proposed method of medical licensing.

That the Irish Medical Association has already repeatedly declared by resolutions adopted in public meeting, that the constitution of the General Medical Council is unsatisfactory in that it is representative, almost exclusively, of the views of licensing bodies—whose interests are in some respects at variance with those of the public and the profession, and the Irish Medical Association have therefore asked that direct representatives of the medical profession should be added to the said Council.

Your memorialists submit that as long as the influence of licensing bodies continues to be so predominant in the General Medical Council, and until that body is legally reconstructed, it is of great importance that the interests of the public and of the medical profession at large be represented as fully as is possible by the members nominated by Her Majesty under the advice of the Privy Council.

That, with this object it is greatly to be desired, in the opinion of your lordship's memorialists, that the representatives of the Crown should be in all cases intimately acquainted with the existing methods of medical education and licensing throughout the kingdom, and with the legislative proposals for a reform of those methods, and fully conversant with the opinions and necessities of the working medical practitioner, while being also, as far as possible, independent of personal interest in regard to any system of medical teaching or licensing.

That your lordship's memorialists, therefore, having learned that the office of Crown Representative for Ireland in the General Medical Council is now vacant, and being seriously apprehensive that, in the contemplated re-arrangement of curricula and examinations by the General Medical Council, the opinions of the medical profession in Ireland, and the needs of the public may not receive due consideration, humbly pray that Her Majesty may be advised to appoint to the vacant office a representative who may fulfil the requirements indicated by your memorialists, and be competent to give active expression to the opinions and interests which, as Crown nominee, it is his function to represent.

(*Signed*),
JOHN H. CHAPMAN, President,
JOHN WILLIAM MOORE, M.D., Chairman of Council,
ROBERT BROWNE, M.D., Hon. Sec. to Council.

The activity of the Irish Medical Association in the matter is very commendable. The Council of that Association is the guardian of the interests of the Irish profession in general, and it has every right to ask on its behalf that the seat vacated by the late Dr. Hudson shall not be filled by any representative of bygone times and obsolete professional ideas. For twenty-two years the medical interests of Ireland over which the Crown may be expected to exercise vigilance, have been "lost to sight, to memory dear," because those interests were represented by gentlemen supreme in professional respectability and scientific rank, but imperfectly informed—as was natural—respecting the working of a system a quarter of a century in advance of their experiences. No previous appointment by the Crown has been made at so momentous a crisis as this. Whoever is now invested with

the voice of Her Majesty's Privy Council will, we assume, hold office for five years if he lives so long, and within that five years—as certainly as we now write—a revolution will be effected in medical teaching and licensing, and in many other matters of vital interest to the profession and the public, not only in Ireland, but throughout Great Britain. Let us hope that no other consideration than the public good will induce the Privy Council or its responsible leaders, Lord Spencer and Mr. Mundella, M.P., to advise Her Majesty to appoint anyone save upon the sole grounds that he fully understands the functions confided to him in all their bearings, and is fully competent by earnestness, energy, and capacity to fulfil those functions.

THE INDIAN MEDICAL WARRANT.

Promotion of surgeons to the rank of surgeon-major on completion of twelve years' service, as a principle; promotion in special cases irrespectively of length of service; promotion to the ranks of brigade surgeon, deputy surgeon-general, and surgeon-general to be "by selection for ability and merit;" compulsory retirement at fifty-five years of age for all medical officers under the rank of deputy surgeon-general, an exception being made in the case of those who entered the service prior to January 13th, 1860; such of these who have attained the age just specified without obtaining promotion "to remain in the service for three years more on their perfect competency and fitness being certified;" deputy surgeons-general and surgeons-general to retire at sixty-five years of age, pensions to families according to relative rank with military officers:—These are the chief provisions of the Royal Warrant dated the 16th day of November, 1880.

The points in this brief enumeration which most require notice are the following, namely:—1. That for the future the ordeal of examination as to fitness for promotion from the junior ranks to that of surgeon-major is no longer necessary. In the sister service such has been the case for some time past, and no doubt it is right that both should be upon a precisely similar footing. It is, however, matter of grave doubt whether that equality ought not to be that as heretofore, examination as in other branches of the public services should continue to be compulsory. 2. Promotion by selection "for ability and merit," perhaps right as an abstract principle, is, when actually brought into operation, a weapon of the most critical and dangerous kind; one that as a simple matter of fact has not by the happiness of results in countries and services in which it has heretofore been observed, commended itself for adoption in those in which it has not yet altogether superseded long and good, if not brilliant, work. "Ability" and "merit" are very relative terms; they admit of being discovered through the pink spectacles of friendship or *interest*, but not to be apparent through the medium of such as are *yellow* or *green*. In a word, the *principle* is altogether of doubtful application. 3. The relaxation made with regard to compulsory retirement at the age of fifty-five of medical officers who have been so unfortunate as not to have obtained promotion is most fair and liberal, the only pity is that a similar rule was not made in respect to the Army Medical Department. Altogether, the officers of the Indian service are to be congratulated upon the advantages granted them by the Warrant lately issued.

THE SURGICAL AID SOCIETY.

The Managing Committee of the Surgical Aid Society seem bent upon its destruction. If there ever was a case to which the woe denounced against those that call "evil good, and good evil," it is rightly applicable to those who conduct its affairs. Such treatment of the helpless and suffering as that involved in the system of relief adopted by the Surgical Aid Society, would not be tolerated in any ordinary walk of life; and disguised as it is under the sacred name of charity, it becomes outrageous and contrary to all propriety. Everyone, from the Queen to the policeman, is considered to be amenable to public opinion. The Surgical Aid Society alone must, we suppose, be held to be an exception. This may account for the extraordinary and unusual proceedings of certain members and friends of the Committee of Management of the Society at the annual meeting held at the Cannon Street Hotel on Friday week.

From time to time we have kept our readers acquainted with the steps taken by an independent body of subscribers who are endeavouring to bring about a reform in the mode of administering the funds of this charity. The statements issued were reasonable, and the arguments in favour of an alternative scheme were such as might have been supposed to commend themselves to business men, but all failed to bring conviction to those who seem to regard their subscriptions to the Surgical Aid in the light of valuable patronage, and who derive some sort of pleasure in aggravating human suffering, otherwise they would never dream of compelling poor applicants for relief to undergo the degrading work of begging for letters. We might ask, what in the name of all that is good can the really benevolent want for their money, save and except that human suffering shall be prevented; that the afflicted shall have as much good done as possible, at least waste of strength and health, and without being put to a harassing canvas which may ultimately fail, and thus increase their misery? The advocates of a sordid perversion of charity were certainly in a majority at the annual meeting of the Surgical Aid. The guinea stamp run riot, and an ex-sheriff so far forgot himself as to liken all who differed from his view of the question, to the father of all mischief, as the incarnation of wickedness, desiring with their new fangled ideas to put their hands in other people's pockets. It is, however, scarcely possible to believe that the general body of subscribers of the Surgical Aid will much longer submit to the dictation of a committee who, in adhering to a cruel system, compels a one-legged man to stump all over London, or a poor widow to neglect her home for days together to obtain a number of letters, representative of the value of an appliance so much needed for her crippled child. Under any circumstances it is questionable whether the pecuniary interests of any institution can be really served by such a mode of administering relief. For one whom it attracts it repels a dozen, and those are usually the more generous givers (as was pointed out by a speaker who deduced figures to prove

his case), and who love charity for its own sake, whilst those who are attracted are the selfish who contribute with a pompousness of self-importance. The Lord Mayor, who occupied the chair at the meeting above referred to, with a laudable desire to throw oil on the troubled waters, suggested a conference, and a calm discussion of the proposals made by the reforming body of subscribers. These are, by no means, of a revolutionary nature; all that is asked, is to assimilate the practice of the Surgical Aid to that of our hospitals, and, in particular, to that of the Hospital Sunday Fund, particularised in our columns of last week, and where if the Committee is satisfied as to the patient's need, relief at once follows on recommendation. Those, however, amongst the managing body of the Society who look upon a surgical appliance as a luxury and not as a necessity, will, we trust, not again attempt to revolt one of the cherished instincts of Englishmen—a love of fair play.

Notes on Current Topics.

The Shrievalty of Dublin.

His Excellency the Lord-Lieutenant has appointed Sir Geo. B. Owens, M.D., to be High Sheriff of the City of Dublin. We feel sure that this act will be hailed with satisfaction by every member of the medical profession in Ireland. Sir George, since he came to Dublin several years ago, succeeded to many honours bestowed by his fellow-citizens and the Crown, and no one more richly deserves them, as he has stood boldly forward to support the profession when any opportunity arose. As High Sheriff he will take his place as *ex officio* member of several boards, and the members of his own profession may have full confidence that their interests will always have his warm attention.

Post-mortem Poor-law Superannuation.

Some weeks ago we expressed our unmitigated disgust at the conduct of a clique of the guardians of the North Dublin Union who had refused to poor Dr. Faussett his full retiring pension, although he had served the Union for over forty years, and without reproach as to the discharge of his duties.

To the confusion of this clique, the large majority of the Guardians came to the rescue, rescinded the resolution which deprived him of his legitimate pension, and voted him its full amount. But, unhappily, when they did so, they were aware that, in all human probability, the old and faithful servant could never enjoy a shilling of their tardy bounty for—chagrined and fretted by the treatment which he met with—poor Dr. Faussett had been taken dangerously ill, and he has since satisfied the economic desires of the retrenchment clique by dying, and thus relieving the ratepayers of the fraction of a farthing in the pound per annum which his pension would have involved.

We cannot, however, allow this case, which is representative of what goes on in many Irish unions anent Poor-law medical superannuation, to pass from notice without exposing the real character of the persecution to which Dr. Faussett was subject, and the real reasons for refusing him his pension. That retrenchment had nothing to do with it we knew well, but we hesitated to say so because we knew that an *exposé* of the circumstances might militate against the doctor's chances of a favourable vote. The truth of the matter is, that when Dr. Faussett expressed his desire to resign his office as physician to the Clontarf Dispensary, certain parties who are interested in an adjoining dispensary district saw an opening for a politico-religious job, than which nothing is more tempting to a certain class of guardians. These gentlemen could not conceive that the sick-poor of their district could be satisfactorily doctored save by a medico of their own politics and religious views. Accordingly they quietly arranged it amongst themselves that, when Dr. Faussett resigned the medical officer of their own district should be transferred to his place, and a gentleman who might suit their own politico-religious views appointed to their own district thus vacated.

Unhappily, the best laid schemes do not always succeed. Dr. Faussett resigned, but as his successor the Clontarf Dispensary Committee appointed *not* the gentleman from the neighbouring district, but another practitioner altogether. It seems to have been assumed by the guardians and committeemen who had the transfer job in hand that their coach was upset by the influence of Dr. Faussett, and accordingly, these gentlemen assumed the mantle of retrenchment and the economical aspect, and (as they said) in the discharge of their duty to the ratepayers, cut down his pension by more than one-half to teach him better respect for the wishes of political wire-pullers. But when they saw that, on an appeal to the better class of guardians they were certain to be beaten and, furthermore, that it was pretty certain that Dr. Faussett would not live three days to enjoy their bounty, they made a show of virtuous magnanimity, and joined in the vote that he should be granted his full pension.

So much for the elaborate anxiety of these gentlemen to save a half-farthing in the pound to the ratepayers, and so much for the motives which animate some people in their dealings with their worn out and meritorious *employès*.

The Royal Warrant for Medical Officers of the Household Troops.

By the Royal Warrant, dated 18th of November, 1880, the position and pay of the medical officers of the Guards are materially improved. These officers "may be borne on the establishments" of regiments as regimental officers; ranks and relative ranks to be the same as for officers of the Army Medical Department below the rank of deputy surgeon-general, provided that a surgeon who may have completed fifteen years' service before promotion shall receive 17s. 6d. a day; allowances to be in accordance with their relative rank. First appointments to be "by the colonels of regiments" from successful candidates for the Army Medical Department, or from surgeons now serving. Seniority to be according to position in the list of the Brigades of cavalry and infantry respectively; promotion from the rank of surgeon to surgeon major, and from the latter grade to that of brigade surgeon to take place "without reference to length of service;" exchanges to be allowed with officers of

the Army Medical Department under certain conditions; the regulations of 27th November, 1879, with regard to voluntary and compulsory retirement, temporary half-pay and non-effective pay to be applied as in the Army Medical Department.

Here then, the principle is accepted that the medical officers are to be regimental. If this be found the one best suited to the requirements of regiments in London, where all classes of persons connected with the corps can readily obtain medical advice from men the most eminent in their profession in civil life, and also be attended, if they so desire, by their own family physicians or surgeons, how much more essential is it that officers, soldiers, and their respective families, of regiments occupying distant stations, as in the East or West Indies, should have their own regimental medical officers to advise them instead of a succession of men, strangers, and with only very temporary interest in them as at present.

School Entries in Dublin.

THE readers of the *Medical Press* may probably recall to memory that in each successive December for several years past we have called attention to the fact that the return of students in the Dublin schools was suppressed, although the analogous return for England and Scotland was made fully public at the earliest moment. It is necessary to explain the meaning of this statement. In Dublin the only official record of the number of students entered at each school is contained in the requisition for dissection subjects made to the inspector of anatomy. This officer is bound, under the Anatomy Act (2 and 3 Will. 4th, c. 75, Irish Med. Directory, p. 533), to arrange for the supply of subjects as needed, and it is therefore requisite for him to have an accurate statement of the number of anatomical students at each school in order that he may form an estimate of the wants of such school. The return of students is furnished to him by "the anatomical committee," a body formed for this purpose by one delegate from each medical school, and it is to be remembered that the number of dissecting students only is given. As, however, the Dublin student is obliged to pay for a course of dissections in each of his three years of study, the return gives a fairly accurate estimate of the number of students in each school, excluding "chronics," who have got through their three years of supposed study but not yet through their examination. It is said, however, that it is not an unprecedented event for a school to make a return of members largely in excess of the reality in order that, by the expenditure of a certain limited sum, an overflowing supply of subjects may be obtained, and the school may get credit for a very large class.

Whether accurate or not we have never been able to understand why, from a public point of view, the anatomical returns should be kept secret, though we could comprehend that it might suit particular schools that "the nakedness of their land" should not be known; therefore, some years ago, in the interests of the profession, we asked for a copy of the return sent to the inspector. We were informed that these figures were private, and on pressing our request, we were asked as a favour not to urge it further, and accordingly we let the matter drop. Two years afterwards these figures, which were denied to us, appeared in the columns of another journal, and we at once renewed our demand, which was met by the same plea of privacy; but the publication of the returns having again occurred this year, we feel it necessary to insist upon our rights as journalists. In making our applications we pointed out that under the 4th section of the Anatomy Act it was the duty of the inspector to make a quarterly return to the Chief Secretary "of every deceased person's body removed for an anatomical examination to every separate place within his district where anatomy is carried on," and we expressed our intention of laying a statement before the Chief Secretary, and requesting leave to inspect this statutory return in case our application for the information at first hand was again refused. In response we received the returns which we print below:—

Return of Anatomical Students for Session 1880-81.

Trinity College	...	...	192
College of Surgeons	...	...	183
Ledwich School	...	...	230
Carmichael College	...	...	149
Catholic University	...	...	94
			848

We think it but just to Dr. Brady, the courteous Inspector of Anatomy, to say that the objection to the publication of these returns came through him not from him, and that his unwillingness to comply with our request was from a desire to meet the views of a majority of the anatomical committee who did not like publicity.

The Army Medical Department.

Two letters on the state of this important branch of the public service appear in the *Army and Navy Gazette*. In these, some "grievances," by no means inconsiderable in their nature, are enumerated, one of which, without doubt, is the natural outcome of late *sweeping* changes among the senior officers of the department.

Briefly, the following represents the grievances referred to, namely, the prospects of surgeons-major of promotion to the rank of brigade-surgeon after 28 years' service or thereabouts, of advancement to the rank of deputy surgeon-general after a service of 35 years, that is, assuming them to have joined the department at 21 years of age, when they shall have attained the age of 56; in other words, a year after the period when under the present warrant they must retire, so that, to all intents and purposes, advancement beyond the rank of brigade-surgeon cannot be calculated upon, unless as happening by chance and exceptionally. It is stated that, contrary to the rule which holds good in all other branches of the army medical officers exchanging with each other, draw no pay until they have joined their respective stations; that those who have completed their assigned period in India are retained there on insufficient ground, although many of their brethren have been on home service for years, to say nothing of those who have recently entered the service. It is added, "another most unfair order has just been issued, viz., limiting sick leave from India to six months, while the rule allowing twelve months for all others holds good." With the moral of the story thus told, we heartily concur, and we commend it to the attention of the authorities. "Medical officers should be treated in every respect as other officers are, and till this is done, it is waste of

money to bring out new warrants only to break them next day." Exactly so.

Physical Signs in Pneumonia.

Curiously enough, while Dr. Pollock's lectures before the Harveian Society are in course of delivery, a discussion has arisen, at the Clinical Society of London, on the occurrence of physical signs in pneumonia. On Friday evening, Mr. Tyson read a paper on this subject before the latter Society, in which he pointed out the imperfect manner in which text-book authors are accustomed to write on the subject of pneumonia, dwelling particularly on the inaccuracies connected with descriptions of the signs met with in this disease. The physical chest symptoms are, in very many cases, undistinguishable until a late stage of the progress of the complaint, four to seven days frequently intervening between the first feverish attack and the development of dulness on percussion and crepitus. Dr. Pollock has, in his lectures, dwelt on this also, and has demonstrated the connection between it and the condition of the affected organ. The members of the Clinical Society present on Friday are to be congratulated on the presence among them of so experienced a clinician as Dr. Andrew Clark, who very clearly showed the probable course the disease pursued in these masked cases. The existence of a deep-seated lesion, which progressively spreads to the periphery of the lung, exactly explains the occurrence of the signs in the order they observe; and Dr. Habershon's agreement with the views expressed on the subject lends additional weight to their importance. Though it may be a fact, as Dr. Clark declared, that experienced practitioners do recognise the marked pneumonia described by Mr. Tyson, we venture to think that no inconsiderable number of medical men in general practice may very well profit by taking to heart the information to be gathered from our report of the Clinical Society's proceedings on Friday last, and of Dr. Pollock's Harveian Lectures on Consumption.

Asphyxia in Infants.

The method of exciting the lungs of newly-born children, usual in this and most other countries, that, namely, of spanking them with a wet towel, can hardly be considered as either elegant or humane; and we may consequently willingly welcome any sufficient improvement on an undesirable operation. Such a change is suggested in the *New York Medical Record*, by Dr. T. J. Hutton, who recommends gentle, or, if need be, vigorous blowing on the infant, or enough to establish free and full respiration. The words of Dr. Hutton are so actually descriptive that they may with advantage be reproduced. He says:—"This gentle blowing can be successfully directed to any part of the naked body, but most effectively to the abdomen, and, *mirabile dictu*, with a loud squall, the asphyxiated babe becomes a living soul."

Mine Ventilation.

The subject of mine ventilation, although of such vital importance to a very large proportion of the population of this country, is one on which an altogether inadequate amount of attention is given. It is assumed that the governmental regulations for inspection, &c., of coal mines is sufficient to ensure the observance of rules for the general safety of colliers, and the preservation of their health; and it is only when public attention is called to the subject by some such accident as that of Friday last that the topic is again brought forward. It is, however, true that the precautions taken, in coal mines particularly, are not of a kind to afford the men at work in them the greatest possible immunity from the injurious effects of the vitiated atmosphere in which their working life is passed. Health, strength, and life suffer from the unfavourable conditions they are submitted to, and the span of a collier's existence appreciably shortened because he is not cared for while at work in a way to secure for him the best available surroundings of his labour. The sudden outbreaks of inflammable gas, and the explosions they originate, will possibly always occur; but a wiser prevision might even obviate the frightful consequences of many of these. What is especially needed now, however, is a better arrangement for assisting the collier to maintain his life beneath ground more nearly in accordance with the conditions found on the surface.

Business at the Royal College of Surgeons of England.

An ordinary meeting of the Council of the Royal College of Surgeons of England was held on Thursday, when a proposal that Sir James Paget's motion concerning the Arts examination of the College be not confirmed was lost; and a committee was thereupon appointed to consider the steps to be taken in regard to the motion. On the recommendation of the Committee on Examinations in Anatomy and Physiology, the following Fellows were elected members of the Board of Examiners in Anatomy and Physiology:—For Anatomy: Messrs. A. E. Durham, Walter Rivington, John Langton, T. P. Pick, and Edward Bellamy. For Physiology: Messrs. W. Morrant Baker, B. T. Lowne, J. McCarthy, and F. Gerald Yeo. There were ten other candidates. Mr. Butlin and Mr. Frederick Treves were appointed Erasmus Wilson Professors for the ensuing year, the former to deliver two lectures on the structure and nature of certain tumours, and the latter one lecture on the pathology of scrofula. A letter from Dr. Haldane, a member of the General Medical Council, suggesting the institution of a compulsory preliminary scientific examination, was referred to the Committee on Preliminary Examinations. Mr. Holden's motion that the Annual Report of the President on the affairs of the College be discontinued was carried, with the following modification and addition:—"That an abstract of the proceedings of the Council and of any documents presented to the Council relating to matters not otherwise contained in the Calendar be prepared by the Secretary, and, subject to the approval of the President, be published annually in the Calendar of the College, and that the abstract be headed 'Secretary's Report.'"

Frequent complaints have been recently made to us respecting a young man, the son of an ex-civil official in Ireland, who is attempting to victimise a number of medical gentlemen in Dublin on a variety of excuses which have turned out devoid of all grounds. The warning may be useful.

Queen's College (Cork) Medical Society.

THE annual general meeting of this society, which was established last year for the practical study and discussion of subjects connected with medicine and surgery, was held on Friday, the 3rd inst., at the Queen's College, Cork, for the transaction of general business and the election of officers for the ensuing session. It was shown that the working of the society for the past year was attended with highly beneficial results to the members. From the treasurer's report the affairs of the society appeared to be in a flourishing condition, and accordingly it was decided to award prizes at the end of the year for the best papers read, and the most complete set of pathological specimens exhibited during the session. The following officers and members of Council were elected :—President, Professor Stephen O'Sullivan, M.D., F.R.C.S.I. ; Vice-President, C. Yelverton Pearson, M.D., M.Ch. ; Hon. Secretaries, G. A. Rountree, B.A., and Fredk. E. Adams ; Treasurer, Wm. E. Hadden ; Members of Council, T. J. Crowley, P. J. Gallwey, H. H. Charles, C. J. Holmes.

The Omagh District Asylum.

MR. GEORGE EDWARD CARRE, A.B., M.B., T.C.D., L.R.C.S.I., has been promoted to the charge of the Omagh District Asylum, vice Dr. West, deceased. Mr. Carre has been for six years resident medical superintendent of the asylum at Castlebar, and had long previous experience, having practised in the neighbourhood of Ramelton and Letterkenny, County Donegal. He was likewise a Surgeon-Major in the Donegal Artillery, Visiting Physician to the Letterkenny Asylum, and held the appointments of medical officer to the Letterkenny Fever Hospital, Dispensary and Constabulary.

All Saints' Convalescent Hospital.

THE *Rock* complains of our having under estimated the Church Union, and so it might appear if we may take a letter written by a member of the body to the press on the award of the Hospital Sunday Fund made to the All Saints' Convalescent Hospital, a week or two since. The chaplain undertakes to say that the conditions imposed upon the acceptance of £525 are of too hard a nature "to preclude the possibility of our availing ourselves of it." The hospital, he tells us, cannot afford to give to the Hospital Sunday Fund the 250 letters asked for in return. "The grant," he says, "would thereby be reduced to 250 guineas, or at the rate of 30s., which is paid by each patient not having a subscriber's 'letter,' to £150. 1. By such an act we should be contravening two of our rules, and be dealing unfairly towards our numerous subscribers. 2. The issue of 250 letters in such a wholesale way would involve a demand upon the accommodation of the hospital with which it would be unable to cope, even with its present dimensions. 3. The stipulation was not laid before us when making the application, or it certainly would not have been made. These are some of our reasons for thus acting."

There must be something more than meets the eye or is set forth in the chaplain's letter to account for this sudden change of mind. The hospital surely knew the rules of the Hospital Sunday Fund before it made application for a grant; we do not see why the hospital cannot afford to grant the same advantages to the Fund it does to the individual subscribers of one or two guineas. Possibly the hurriedly constituted committee brought together to receive the £525, and for the better management of the hospital has already found the Lady Superior and the chaplain or the Church Union a little to strong for it.

AT a meeting of the students of Queen's College, Cork, the following resolution was unanimously adopted :—"That we, the students of Queen's College, Cork, do hereby express our disapproval of the conduct of Dr. Charles in requesting medical students of Dublin University to withdraw from the dissecting room, which they had been invited to visit by the Cork medical students."

THE rates of mortality per 1,000 last week in the principal large towns of the United Kingdom, were :—Brighton 14, Wolverhampton 14, Bristol 17, Sheffield 18, Plymouth 18, Leeds 18, Birmingham 19, Bradford 20, Leicester 20, London 21, Glasgow 21, Portsmouth 21, Newcastle-upon-Tyne 21, Edinburgh 22, Manchester 22, Oldham 22, Salford 23, Liverpool 23, Nottingham 24, Norwich 24, Hull 25, Sunderland 25, Dublin 30.

IN the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 34, Bombay 29, Madras 32 ; Paris 25 ; Geneva 17 ; Brussels 22 ; Amsterdam 24, Rotterdam 22, The Hague 24 ; Copenhagen 25 ; Stockholm 29 ; Christiania 17 ; St. Petersburg 33 ; Berlin 25, Hamburg 23, Dresden 23, Breslau 32, Munich 25 ; Vienna 22, Buda-Pesth 27 ; Rome 33, Naples 21, Turin 18, Venice 21 ; Lisbon 30 ; New York 28, Brooklyn 23, Philadelphia 18, and Baltimore 18 per 1,000 of the population. Small-pox caused 23 deaths in Paris, 15 in Venice, and 25 in Rome.

THE death-rate last week from the seven principal zymotic diseases per 1,000 in the large towns ranged from 0·0 and 0·7 in Brighton and Wolverhampton, to 4·8 and 6·7 in Salford and Sunderland. Scarlet fever showed the largest proportional fatality in Sunderland, Leicester, Bradford, and Liverpool ; measles in Salford, and whooping-cough in Hull and Nottingham. The highest death-rates from fever (mainly enteric) occurred in Dublin, Leeds and Leicester. The deaths from diphtheria in the twenty towns included 10 in London, 3 in Birmingham, and 2 in Portsmouth. Small-pox caused 10 deaths in London, 2 in Dublin, but not one in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE LORD ADVOCATE ON VIVISECTION.—On the afternoon of Friday, the 10th inst., a deputation of about thirty ladies and gentlemen from various parts of Scotland, representing the Scottish Anti-vivisection Society, waited on the Lord Advocate in his chambers in Parliament Square, Edinburgh, to lay before his lordship a statement of their views

with reference to the present practice of vivisection, and to ask his support to a bill proposed to be introduced in the ensuing session of Parliament for the total suppression of the practice. Mr. J. H. Waterston read a memorial in the name of the deputation, and the Rev. Dr. Adamson supported the views of the memorialists. The Lord Advocate said he would take care that the matter was properly brought under the notice of the Home Secretary, who, under the existing Act was the licensing authority for physiological experiments. He did not know that Sir William Harcourt had any strong opinion on the subject, but he knew that he would have every desire to give weight to the feelings which were entertained by a very large class of the community regarding the necessity of imposing some restraint on the practice of experimenting on living animals. The Act passed a few years ago had certainly not a very long period of trial, and he would be inclined to think that perhaps it might be expedient to allow a longer period for its operation before either endeavouring to sweep it away, leaving everything to the conscience of the physiologists, or absolutely or entirely suppressing the experiments. He confessed, however, that the existing Act was not a satisfactory measure, as it obliged the Secretary of State to give a license to every man of reasonably scientific position who applied for it, with the *imprimatur* of one of the heads of the societies named in the Act. The obligation to use anæsthetics was, he hoped, an improvement so far, and he had not heard that the experimentalists had found any inconvenience from the operation of that rule. He must say, however, that the extent to which vivisection was practised in this country could not with any pretence of reason be regarded as a necessity. He did not himself think that if the purposes of science were sufficient reason for maintaining the practice that the saving of life or the mitigation of disease were the only scientific purposes of which the legislature ought to take notice. There might be other results depending on physiological research which might be quite as important as some of the less known and less valuable discoveries in medical science. The real question, he took it to be, was whether physiological discovery (whether directly or indirectly available for medical purposes, or whether available at all) was a condition of such importance as to justify the recognition by the State of what not only imposed suffering, but put a large power in the hands of men who might, perhaps, in their zeal for science, not have a due regard for the sufferings of dumb creatures. He would endeavour to confer with the Home Secretary on the subject, and see whether any improvement of the existing law could be devised which would be generally acceptable to the community.

Glasgow University Medico-Chirurgical Society.—On Friday, the 10th inst., an address was delivered to this Society, in the physiological class-room, by Professor MacKendrick. The subject was "Modern Views of Mesmerism and other Peculiar Nervous States." The class-room was completely filled, and the lecture, which was illustrated by experiments, was listened to with marked attention.

Death-Rate of Edinburgh.—For the week ending with Saturday, the 4th inst., the rate of mortality in Edinburgh was 21 per 1,000. The mortality from scarlatina continues to fall, the deaths being 12, as compared with 26, 21, and 18 of the preceding weeks.

Royal College of Surgeons of Edinburgh.—At a meeting of students attending this College, held on the 4th inst., Dr. Somerville presiding, a dramatic and musical association was organised. Office-bearers were elected, and a committee having been formed, a meeting was fixed for an early date to arrange future proceedings.

Fever Accommodation in Edinburgh.—On the 4th inst. a sub-committee of the Public Health Committee of the Edinburgh Town Council, consisting of Councillor Gowans (convener), Councillor Reid, Dr. Russell, and Dr. Littlejohn, medical officer of health, visited the old infirmary buildings with a view to ascertaining whether a portion of them might readily be adapted for the purposes of a fever hospital, and the treatment of other cases of infectious diseases. After minutely examining the premises, the sub-committee resolved to visit Glasgow the following day for the purpose of making themselves acquainted with the arrangements made in that city by the Town Council for the treatment of similar cases of disease. The epidemic of scarlatina was continuing to abate.

Entertainment at the Glasgow Royal Infirmary.—An entertainment of a highly interesting character was given in the lecture room of the Glasgow Royal Infirmary on the 3rd inst., by Mr. J. H. MacCall, of London. The entertainment consisted of a series of beautiful limelight views illustrative of animal sagacity, and of the well-known stories, "Buy your Own Cherries," and "How Jane Conquest Rung the Bell." About 250 convalescents were present from the different wards, and seemed thoroughly to enjoy, not only the excellent illustrations, but also the interesting descriptive matter by which the illustrations were accompanied. Dr. Thomas, Superintendent of the Infirmary, presided.

Death-rate of Glasgow.—The death-rate of Glasgow for the week ending with Saturday, the 4th inst., was 21 per 1,000 per annum, as against 25 in the preceding week, and 25, 26, and 24 in the corresponding weeks of 1879, 1878, and 1877 respectively.

Ayr Hospital.—The annual meeting of the subscribers to Ayr Hospital was held on the 6th inst., Provost Steele presiding. Dr. Dykes read the annual report, showing that although the general subscriptions had decreased by £47, the income had exceeded the expenditure by £68, and the debt had been reduced to £84. The institution of Hospital Sunday had been successful, £180 had been contributed as compared with £123 the previous year. The endowment fund amounted to £2,024, as compared with £1,812 the year previously. The response to a public appeal made in January for funds for the erection of a new hospital had been exceedingly gratifying, and about £6,000 had been subscribed. The new building was estimated to cost £8,000.

Water and Drainage in their Relation to Public Health.—On the 8th inst., Dr. Aubrey Husband, of Edinburgh, delivered in the Town Hall, Musselburgh, a lecture on "Water and Drainage in their Relation to Public Health." Dr. Husband gave an account of a village in Ceylon where the natives, after believing that numerous epidemics were caused by "local demons," were led to understand that the observance of the most common sanitary rules was sufficient to remove the dangers which had made the village miserable and perplexed. Starting on the basis of this story, the lecturer traced how the authorities of burghs could exorcise the demons of disease, and then went on to point out how many deaths were caused by what were called "filth diseases." The supply of water had also much to do with the health of a community. Millbank prison, built in 1816, was supplied with water from the Thames, and for many years typhoid fever and cholera were prevalent in the establishment. In 1854 a supply of water was obtained from an artesian well, and although cholera

was existing at the time in the jail, the outbreak ceased in six days, and has never since recurred. The burning question of the day in sanitary matters was the disposal of sewage, and it was becoming more and more pressing. In small circles the dry earth system would prove effective, but in large communities the water system, if properly carried out was the most satisfactory, as well as the most decent and convenient. Dr. Husband next referred to the utilisation of sewage for agricultural purposes, and the profit which might be made by its careful distribution ; and afterwards expressed his opinion on the best methods of water supply.

Literature.

1. "Lectures on Digestion." Ewald. Translated by Robert Saundby, M.D. Ed. London : Williams & Norgate. 1880.
2. "Diseases of Women." By J. J. Reynolds, M.R.C.S. London : J. & A. Churchill. 1880.
3. "Tuberculosis from a Sanitary and Pathological Point of View." By George Fleming, F.R.C.V.S. London : Baillière, Tindall, & Cox.
4. "Non-Emetic Use of Ipecacuanha." By Alfred Woodhull, M.D. Philadelphia and London : J. P. Lippincott & Co.
5. "Typhoid Fever." By W. Cayley, M.D. London : J. & A. Churchill.
6. "Ring-worm ; its Diagnosis and Treatment." By Alder Smith, F.R.C.S., M.D. London : H. K. Lewis.
7. "The Laws of Health" (London Science Class-books). By W. H. Corfield, M.A., M.D, Oxon. London : Longmans, Green, & Co.
8. "The Hygiene of Catarrh." By Th. F. Rumbold, M.D. St. Louis : Rumbold & Co.
9. "Anatomical Outlines." Part iii.-iv. By Arthur Hensman. With drawings by Arthur E. Fisher. London : Longmans, Green, & Co.

1. THE practitioner in search of practical remedies, will be somewhat disappointed with this book, though it will receive a favourable reception from the scientific physician. Dr. Ewald is so well known to readers of German literature that it is unnecessary to say that anything he writes is worthy of attention, and particularly on diseases of the digestive organs must we receive his opinions with all the weight due to an experienced clinical scientific observer. These lectures, twelve in number, present us with the latest state of our knowledge on the complicated processes relative to digestion. They are written in a clear, forcible, condensed style, admirably preserved by Dr. Saundby in his translation, so that to be appreciated they have to be read slowly, thoughtfully, and be inwardly digested. Dr. Ewald has introduced a practical method of washing out the stomach which has not received the attention it merits. At page 245 he says : "It is wonderful in our scribbling times how difficult it is for this simple practice to make its way." The mucous membrane may be torn by the stomach-pump, or by the sharp edged fenestræ of the œsophagus tube, but such an accident would be obviated by the method described by Ewald of emptying the stomach by an ordinary long piece of gas-tubing. One end of such a well oiled tube can be introduced without difficulty, especially if the pharynx has been previously anæsthetised by painting with ether, chloroform, or borax lotion. To the free end of the tube a funnel is attached, the stomach and tube filled, then, by lowering the funnel whilst compressing the tube just below it, a syphon action is established. The process is very simple and effectual.

2. The preface to this book contains its own condemnation. The author says : "These notes are chiefly compiled from the works of Drs. Barnes, Galabin, and Atthill. They contain all the important and common diseases peculiar to women, which are not to be found in other works. Cystomata or cystic tumours of the ovary, extra-uterine fœtation, &c., which are fully described in text-books of surgery and midwifery, I have omitted." This book has no *raison d'être*, and we have so many good text-books on the subject that a small compilation of this kind is quite unneeded.

3. This is a most important paper from a sanitary, practical, and scientific stand-point, and to the medical practitioner the question, What risk does mankind incur by using the flesh and milk of infected animals ? comes home with a grave responsibility ; we should have some definite opinions on this point. Infantile ailments, diarrhœa, meningitis, &c., carry off a large number of our young growing population, and we clasp our hands in helpless impatience unable to grapple with the causes which underlie this infant mortality. Our helplessness is, in a great measure, due partly to our want of knowledge, and our unwillingness to be instructed by members of an allied profession, and partly because we are unable, or do not attach sufficient importance to milk analysis, both human and bovine. Fleming tells us, page 38, that mankind incurs very grave risk from using the flesh and the milk of infected animals, and narrates a very instructive case as a proof of this : A surgeon in Providence, United States of America, had a cow affected with tuberculosis, the milk of which was consumed by his family, a large portion being allowed to one of his young children. The veterinary surgeon called in to attend the animal warned the owner of the danger of giving this cow's milk as food, but the warning was unheeded, the child which received the largest share died subsequently of tubercular meningitis. We can confidently recommend this pamphlet of Mr. Fleming to the serious attention of the profession, as it is the outcome of great experience and research.

4. In a leading article, see *Medical Press and Circular*, May 21, 1879, the following passage occurs : "We have long considered the many therapeutic virtues of ipecacuanha were less widely known than they ought to be." These words of ours found an echo across the Atlantic, and Lieutenant-Colonel Woodhull, M.D., San Francisco, California, has sent us this work to show that something had been done to illustrate the qualities of this drug, and to prove its great usefulness in diseases where previously it had not been at all prescribed. Dr. Woodhull's book is essentially practical, as he narrates a large number of cases in which he tested the efficacy of this drug. The outcome of his experience is, that ipecacuanha is a nervine stimulant or tonic, and not a depressant as usually taught. This view of the therapeutic action of ipecacuanha may interest some of our professors of materia medica, to whose notice we introduce the book.

(5.) Having read the numerous papers of Jenner, the classic work of the late Dr. Murchison, and the writings of Budd, on typhoid fever, we must confess that we turned to the pages of this book with a certain amount of curiosity to see what could be said in a pamphlet of 126 pages upon such an exhaustive and almost exhausted subject as that selected for the Croonian Lectures. Dr. Cayley sets us at rest as to expecting anything new in the first lecture, but the little book is an able review of the received opinions as to the nature and treatment of this fatal disease, from which 73,000 people have died during the past nine years in England. In the first lecture he discusses the famous *de novo* question, analysing the evidence *pro* and *con*. In the second he deals with the pathology ; and in the third with the treatment ; as regards the treatment he advocates the anti-pyretic plan, which was so ably expounded by Dr. Armitage in 1850, and which is also associated with the name of Dr. Currie. As regards medicine he recommends *quinine* in large doses, and he also speaks well of digitalis. The third lecture will be found most interesting to the practitioner, for the chief value of the book rests in the narration of Dr. Cayley's cases, so that we can recommend the little pamphlet to the busy practitioner who has to run and read.

(6.) This little book will be found extremely useful to medical officers who are attached to workhouses, industrial schools, where a number of boys and girls are received, as it is the outcome of the experience of the surgeon to Christ's Hospital, where a large number of children are annually admitted, and where ample opportunity must have been afforded for the study of this complaint. The different varieties of ringworm and their treatment are described, and some excellent rules laid down on ringworm in schools. Dr. Alder Smith recommends that the principal of every properly-managed school, on the first admission of a pupil, should insist that the certificate of health signed by the medical man should state, that he has made a thorough examination of the child's head and body, and that no trace of ringworm exists. The ordinary certificate, stating that the applicant is in good bodily health, and free from infectious or contagious disease, he does not consider sufficient, as it may have been granted without any special examination of the head, and without undressing the child (p. 73). Dr. Smith recommends frequent and thorough washing of the head with carbolic soap. We believe this to be a good remedy ; but we may mention one fact in reference to carbolic soap which may interest all who

are attached to schools. The habitual and daily use of this soap produces a scurfy and sometimes irritable condition of the body; at least we have found this effect, so that we believe it should not be daily used.

(7.) Publishers are vieing with one another in the production of elementary science class-books, and the public are receiving homœopathic doses in all branches of knowledge, so there can be little excuse at the present day for ignorance of the first principles of botany, geology, astronomy, physiology, &c. An elementary text-book on the laws of health, we are told in the author's preface, is included in this series "to supply a widely felt want," and though we very much question this, as we have rather a surfeit of this class of literature, yet we welcome anything from the pen of Dr. Corfield, and believe that this little book will serve a useful purpose in spreading amongst the young rising generation some of the great truths which sanitary science has revealed. It deals with the usual questions—personal hygiene, air, ventilation, water, foods, refuse, sewage, drainage, communicable diseases; and the information is conveyed in a simple and pleasant manner, so that we have no doubt this text-book will be one of the most popular of the series.

(8.) This is really a small treatise on the laws of health, but applied by a writer, who has a hobby to ride, on chronic catarrhal inflammation of the nose, throat, and ears. We have a good instance of this when the writer treats of the effects, mental and physical, of tobacco. He considers it to be a most powerful agent in the production of catarrh, and condemns the weed from which so many derive pleasure and inspiration. We can recommend the work to the Anti-Tobacco Society.

(9.) These outlines will prove useful to the student, and perhaps still more to the practitioner, but both must have considerable time at their disposal, and have some knowledge of drawing, to satisfactorily carry out the design of the author. The illustrations are well drawn, the letterpress clear and accurate, and the impressions, paper, &c., worthy of the firm by whom the work has been produced.

Correspondence.

INFINITESIMALISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your journal of Nov. 10th, is a leading article on Homœopaths, you state that the professional opposition to homœopathy is based on their belief in "infinitesimalism."

Those who have not studied the powers of infinitesimal agents to *cause* disease, may well deny the antecedent probability that infinitesimals should be potent to *cure* disease. But if we concede the wonderful power of scarlatina poison, or small-pox and other diseases of the zymotic class to *cause disease*, I do not see any difficulty in believing that the power of drug action may and should be equally great for cure. Is evil, then, more powerful than good? But I can understand a man who disbelieves in the divisibility of matter into such infinitesimal portions as are used by all real homœopaths. In a refusal to believe that *any medicine exists* in doses claiming to be millionths, billionths, and trillionths, where no known chemical tests can follow them, and where no mieroscopic lens can enable us to see them.

We homœopaths, then, say, true, neither your microscope nor your chemicals are perfect instruments, their imperfections do not allow them to discover such minute agents. We must then fall back on the "living cells" for the demonstration of these exceedingly infinitesimal bodies.

As a contribution of a scientific character from a perfectly unprejudiced witness, I enclose you an article cut from the *Chemist and Druggist* of November 15th, which must have been in print at the time your own criticism on infinitesimals was written, and I would ask you to publish it as an important contribution on the subject of the possibility of *infinitesimal division* and of the powerful action of infinitesimals on the life and death of animal tissues.

Yours truly,
WILLIAM BAYES, M.D.

21 Henrietta Street, Cavendish Square, W.,
December 4, 1880.

Prof. M. J. Rossbach has just published in the Austrian *Klinische Wochenschrift* a very remarkable refinement in scientific methods for detecting organic poisons. The intense effect of some of the poisonous alkaloids and glucosides on frogs, mice, and other warm-blooded animals has long been used even by chemists as a physiological test for the presence of minute traces of poison which it is extremely difficult, or even impossible, to detect by chemical means.

It has been used as a preliminary test when such complex and impure mixtures as the contents of a stomach have demanded examination. The poisons which can be detected in this way are strychnine, atropine and its analogous hyoscyamine and daturine, veratrine, antiarine, curarine, and muscarine, and digitoxine, the deadliest of the glucosides of the foxglove.

Strychnine, in doses of ·00005 grammes, produces tetanus and death in frogs and mice (Falck, jun.). In man and other mammals ·0001 gr. (Græfe) or ·0000005 gr. (Ruiter) of atropine will cause dilation of the pupil. A twenty thousandth of a gramme of veratrine produces prolongation of the muscular curves in frogs (Von Bezold). Digitoxin causes systolic stoppage of the heart in doses of ·0001 gramme (Schmiedeberg).

The same effect is produced by ·00005 gr. of adtiarin (Schmiedeberg), Five millionths of a gramme of curarin causes paralysis of the ends of the motor nerves in frogs (Preyer). Of muscarin a ten thousandth of a gramme causes diastolic stoppage of the heart.

Not only do these reactions indicate the presence of a poison, but they are sufficiently characteristic to distinguish them from one another. Inorganic poisons with such intense effect on the body are quite unknown.

At first sight it seems hardly possible that we should ever be able to detect smaller particles of such poisons. But Professor Rossbach has hit on an extremely simple and beautiful refinement of the process. Infusoria can be easily obtained by keeping an infusion of bread and meat for a few days in a warm place. Every microscopist is familiar with the process. A tiny drop of infusorial water may be placed on a slide without a cover, and brought under the object-glass. While watching it carefully the minutest possible drop of the suspected poison solution may be allowed to touch its edge, when most characteristic effects will appear. Infusoria are not only infinitely smaller, but are far more delicate, than the higher animals. The phenomena of poisoning of infusoria by large doses are lightning-quick destruction of their molecular tissues and solution to a formless detritus. Proportionately moderate and small doses produce violent swelling of the whole organism, intense dilatation and paralysis of the contractile sac, and, finally, total breaking up.

Professor Rossbach gives some examples of the extreme delicacy of this test. A solution of one part of strychnine in 15,000 produces intense enlargement and paralysis of the contractile sac and swelling of the body. If a drop of water containing infusoria and weighing ·001 gramme, be used as a test, the quantity of poison needed to produce these effects is ·00000006. A similar effect is caused by a solution of veratrin, 1 in 8,000, the weight of alkaloid which can be detected being ·00000022. Atropin influenced infusoria only when one part is present in a thousand of water, but even then a millionth of a gramme (or fifteen millionth of a grain) of the alkaloid can be detected. Acids and caustic alkalies act only in solutions of 1 in 400 or 600.

Finally, the author says if the stomach of a person poisoned by strychnine contains a litre of fluid and only ·05 gramme (three-quarters of a grain) of the alkaloid, a single drop of the fluid will contain forty times as much strychnine as is needed for this reaction.

[If we had said that small doses of very powerful alkaloids would not cause a frog to kick, or an infusorian to die, Dr. Bayes's retort would be very convincing. But we did not say anything of the sort. What we did say was, that it was difficult for any sane man to conceive that homœopaths really believe the teachings of Hannehmann, which they profess to practise. Those teachings are that violent diseases of human beings can be remedied by means of, not small, but infinitesimal doses of silex and other such impotent substances. A frog, or an amœba, is a very different entity from a man—·00005 of a gramme (= nearly eight-hundredths of a grain) is a very different dose from a trillioneth, and silex is a very

different therapeutic agent from curarin or veratrin. Therefore, to our mind, the experiments of Professor Rossbach do not even remotely support the practice of homœopathy. Still less can it be sustained by confounding a diseased germ or seed with a chemical agent which possesses not the attribute of life and growth latent in the germ. If Dr. Bayes could show us that an infinitesimal dose will grow, when ingested, into a large dose as an infinitely small germ may grow into inconceivable myriads of germs, we could be persuaded by his analogy, but not until then.—Ed. M. P. & C.]

Obituary.

WILLIAM LAUDER LINDSAY, M.D., F.R.S.E., F.L.S.

The medico-psychological specialty in Scotland has lost one of its brightest ornaments in Dr. William Lauder Lindsay, whose name has been associated with almost every important advance in the treatment of the insane, that has been achieved in that portion of the kingdom during the last quarter of a century. This gifted physician, so long the medical superintendent of Murray's Royal Asylum at Perth, died in Edinburgh, his native city on the 24th of November, and was interred in the family burying ground at the Dean Cemetery, in that unostentatious manner in which he had himself directed on the 27th of the same month. His career, which was that of a scientific scholar and practical philanthropist, will, we trust, be described with some fullness; but here we can only mention a few salient facts of a life which was rich, not in incident, but in thought and work, and which was, unhappily, cut short, while thought was still vigorous, and work unfinished.

Dr. Lindsay was educated at the High School of Edinburgh, in which Sir Walter Scott, and so many other famous Scotchmen, have received their preliminary mental training, and left it to join the Civil Service, adorned with three gold medals, and enjoying a reputation as one of its aptest and most industrious pupils. Tinctured even in his earliest years with a love of learning, he could not reconcile himself to the position of a clerk in a public office, but he did not, as many would have done under such circumstances, fret away his days in discontent. On the contrary, he performed his duties with alacrity and cheerfulness, and in his few leisure hours applied himself to preparation for higher and more congenial pursuits. Enabled, at length, to enter the University, he selected a medical curriculum as that most agreeable to his tastes, and pursued it with uninterrupted success and distinction, securing five medals in his classes, and winning, what was then, the highest honour open to an Edinburgh student, a gold medal for his thesis which, however, he declined to accept on the condition attached to it, viz., the forfeiture to the University of the valuable collection of specimens and preparations by which his essay was illustrated.

The first medical appointment held by Dr. Lauder Lindsay, was that of resident medical officer to the Cholera Hospital in Edinburgh, which was then visited by an outbreak of cholera. Here he was not content with close clinical observations, but instituted a series of experiments on the lower animals, and obtained important results, which were embodied in his papers on the "Histology of the Cholera Evacuations," which appeared in the *Edinburgh Medical Journal* for 1856, and in many subsequent contributions, all of permanent value, in advancing our knowledge of a terrible and obscure disorder. From cholera, Dr. Lauder Lindsay turned his attention to the still more occult phenomena of mental disease, becoming assistant medical officer at the Crichton Royal Institution at Dumfries, which was then under the superintendency of Dr. W. A. F. Browne, the leading Hospital for the Insane in Scotland, and indeed of European reputation. Here he developed his talent for administration, and obtained a field for the exercise of those moral qualities which endeared him to his friends and patients, who must always remember him as the gentle and sympathetic physician, and the upright and honourable man. Here, too, he embarked in new scientific researches concerning modifications in the blood of the insane, while at the same time he persevered with those botanical studies which were always peculiarly delightful to him, and which have conferred upon him a reputation distinct from, but not less honourable, than that which he has achieved in his own special department of medical practice. From Dumfries Dr. Lauder Lindsay went to Perth, where the remainder of his professional life was spent in zealously presiding over James Murray's Asylum there. This institution he reorganised, introducing into it a system of moral treatment of the insane which has never been surpassed for variety and comprehensiveness. But while governing his asylum in an admirable manner, and providing for its inmates at the cost of great personal trouble, ample and diversified occupation and amusement, he never forgot that he was a scientific physician, nor fell into the ignorant and indolent error of decrying medical treatment. From first to last he had a reasonable faith in the powers of drugs to modify the activities of the nervous system, and considered himself bound to become acquainted with every advance in pharmacology and therapeutics. Of strongly original views, and a sincere reformer, he was not a senseless innovator, nor a hunter after novelties, but held fast to that which was good, while he reached forward to that which was better. He had ever the courage of his convictions, and did not hesitate to express his opinions because they ran counter to those of a majority, or of persons in authority. As an instance of Dr. Lauder Lindsay's self-sacrificing devotion, it may be mentioned that when by the removal of the pauper lunatics to the district asylum, the resources of Murray's Institution were for a time reduced, he voluntarily, and in opposition to the wishes of the directors surrendered a portion of his official salary, determined that there should be no curtailment of the comforts of his patients. So attached did he become to his charge at Perth that several tempting offers of promotion were declined. Perhaps also a consciousness of failing health, for he had been an invalid for many years past, indisposed him to take up fresh and larger responsibilities. Had he been more robust and ambitious he would easily have secured the highest offices and emoluments that his department has to offer.

During the whole of his sojourn at Perth and even when he was prostrated by sickness, Dr. Lindsay's pen was busy. His reports were voluminous and suggestive, and his contributions to the medical journals numerous and valuable. He read papers to the Royal Society of Edinburgh, and published books on British Lichens and on the Superannuation of Asylum Medical Officers, and his labours were not left without recognition. Learned bodies on the Continent and in the Colonies conferred on him their honorary distinctions, and the Royal Society of Edinburgh twice awarded him its Neill medal. The most important work of his later years was the composition of his book on "Mind in the Lower Animals," which is a monument of patient research.

Dr. Lauder Lindsay has been a widower for seventeen years and has left one daughter. His brother, Dr. Murray Lindsay, is the well known and energetic superintendent of the Derby County Asylum.

DR. FAUSSETT.

We regret to announce the death the week before last, at his residence, Moyville, Clontarf, of Dr. William Faussett, aged 76 years. The subject of his superannuation was so recently before the Board of Guardians of the North Dublin Union, when his qualities as medical officer of Clontarf and Howth dispensary district were discussed, that it is unnecessary to pay more than a passing tribute here to the zeal with which he discharged his duties, and the solicitude which he always evinced towards the poor. Being an M. B. of Dublin University, and having become Fellow of the Royal College of Surgeons in 1845, he was entitled to rank high in his profession. He wrote an interesting treatise on the mineral springs of Lisdoonvarna, and he was also the author of a paper published in the *Medical Press*, entitled "Effects of Colchicum on Muscular Sprains." In the Dublin *Medical Journal* he published a carefully-written paper on his observations of epigastric pulsations. He paid special attention to infantile ailments, and some years ago published in the *Medical Press* a useful treatise on "The Feeding of Infants."

METROPOLITAN MEDICAL MIGRATIONS.

The flittings of certain Dublin notabilities will be read with interest by the Irish profession to whom their names

are familiar. The house in Merrion Square, West, formerly occupied by Dr. Croker, has been taken by Dr. Robert MacDonnell. The residence of Sir Dominic Corrigan, on the same side of the square, has been purchased by Dr. Lambert H. Ormsby, and is being put in repair for occupation. Dr. Nixon, of the Mater Misericordiæ Hospital, Physician to the Lord Lieutenant, has bought the house occupied by the late Dr. Hudson in Merrion Square, North, and moves thither from Upper Merrion Street, and Dr. Croly, Senior Surgeon to the City of Dublin Hospital has purchased the house on the same side of the square in which Mr. Cusack, the Nestor of Irish surgery, formerly lived, and will move into it as soon as it can be put in order. Mr. Doherty, the dental surgeon has also purchased a house in Merrion Square, North, and will shortly leave Westland Row. The houses occupied by the late Dr. O'Leary, M.P., and by Dr. Rainsford in the same square still remain unlet.

Medical News.

Royal College of Surgeons of England.—The following members having passed the Final Examination for the Fellowship on Nov. 25th, 26th, 27th, and 29th, have been admitted Fellows of the College :—

Black, James, M.B. Cantab, Aytoun Road, Stockwell.
Clippingdale, Samuel D., M.C. & M.D. Aberd., Kensington.
Dunn, Hugh P., Guildford Street, Russell Square, W.C.
Greenish, Robert W., L.R.C.P. Lond., New St., Dorset Sq., W.
Lammiman, Cleland, L.R.C.P. Lond., Tunbridge Wells.
Lloyd, George J., L.S.A., Coventry Road, Birmingham.
MacDonnell, Jas. O'Malley, M.D. Q.U.I., H.M. Indian Army.
Miller, Walter J., L.R.C.P.L., Wyndham Place, Bryanston Sq., W.
Newby, C. H., L.R.C.P. Lond., Adelaide Rd., Regent's Park, N.W.
Turner, Geo. R., L.R.C.P.L., Sussex Gardens, Hyde Park, W.
Weiss, Hubert Foveaux, L.R.C.P. Lond., Church Row, Fulham.
Whitehead, Hayward R., L.R.C.P.Ed., Cadogan Terrace, S.W.
Young, Alfred H., M.B. Ed., Sankey Street, Warrington.

University of London.—In addition to the List in our last, the following gentlemen passed the B.S. Examination for Honours :—

SURGERY—First Class.

{ Day. Donald Douglas (*Gold Medal*), St. Bartholomew's Hospital.
{ Money, Angel (*Gold Medal*), University College.

Second Class.

Sheppard, Charles Edward, St. Thomas's Hospital.
Pollard, Bilton, University College.

N.B.—The bracket indicates equality of merit.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

A TEMPERANCE ADVOCATE.—We are as yet unaware upon what data Dr. Anderson gave his reports to the authorities of the West Derby Union; the President of the Medical Temperance Association has addressed a letter to the President of the Local Government Board with reference thereto, and until we are in possession of the information, which will doubtless be elicited, must reserve our comments.

MR. W. H. H.—It looks like an attempted imposition. We will follow up the matter and let you know the result. The charity (!) will probably vanish when wanted.

MR. EDWARDS.—The typographical error in no way alters the sense of the paragraph; the word in MS. might have been taken for anything.

DR. GORDON'S valuable "Remarks on some Recent and Present Views regarding Fever" shall appear in an early number.

DR. L. S. R.—An arrangement was come to last week between the rival Medical Reform Bill promoters as to a joint action on the opening of Parliament. We are not at liberty to divulge details.

A SURGEON-GENERAL.—The best concentrated foods we know of for troops on the march are: Kopf's consolidated soups, meats, and vegetables. Medical reports from Afghanistan and South Africa speak highly of their sustaining and portable qualities, and of their facility of preparation.

BUILDING SOCIETIES AND PARKES' MUSEUM OF HYGIENE.—On Saturday last a course of lectures on "Dwelling Houses" to members of building societies was commenced at this Museum. Mr. Edward C. Robins, F.S.A., devoted the first lecture to "Situation and Construction," which was attended by between sixty and seventy delegates from building societies.

DR. DAVIES will please receive our best thanks.

MR. DOUGLAS HEMMING.—Your translations will be commenced, if possible, in the first number of the new volume.

HARVEIAN SOCIETY OF LONDON.—Thursday, Dec. 16, at 8.30 p.m., Harveian Lecture, by Dr. J. E. Pollock, "On the Prognosis and Treatment of Chronic Diseases of the Chest in relation to Modern Pathology."

VACANCIES.

County of Anglesey.—Public Analyst. Applicants (stating whether payment is preferred by salary or fees) must address the Clerk of the Peace at Holyhead before Jan. 1.
Dorset County Hospital.—House Surgeon. Salary, £80, with board. Applications to the Chairman before Jan. 12
Granard Union.—Medical Officer. Salary, £116. Election, Jan. 1.
Newark-on-Trent Hospital.—Resident Medical Officer. Salary, £100, with board. Applications to the Secretary before Dec. 21.
Nottingham Dispensary.—Resident and Assistant Resident Surgeons. Salary, £200 and £150 respectively. Applications to the Secretary before Dec. 18.
Radcliffe Infirmary, Oxford.—Junior Resident Medical Officer. Salary, £60, with board, &c. Applications to the Secretary before Dec. 18.
Tobercurry Union.—Medical Officer. Salary, £70. Election, Jan. 3.
University of Edinburgh.—Examiner in Pathology. Full particulars on application to the Secretary of the University Court.

APPOINTMENTS.

ANDERSON, J. W., M.B., C.M., Resident House Physician to the Royal Infirmary, Edinburgh.
BALFOUR, J. C., L.R.C.P.Ed., L.R.C.S.Ed., Resident House Physician to the Royal Infirmary, Edinburgh.
CAMPBELL, J. P., M.B., C.M., Resident House Surgeon to the Royal Infirmary, Edinburgh.
CANE, Dr., Medical Officer to the Owagh District Asylum.
HARDIE, R., M.B., C.M., Resident House Surgeon to the Royal Infirmary, Edinburgh.
HORNE, J. F., F.R.C.S.Ed., L.F.P.S.G., Honorary Surgeon to the Beckett Hospital and Dispensary, Barnsley.
JARDINE, A., M.B., C.M., Assistant Medical Officer to Longmore Hospital, Edinburgh.
JONES, Mr. A. E., a House Physician at the London Hospital.
KNOX, Dr., Medical Officer to the Maguiresbridge Workhouse.
LOGAN, J. R., M.B., C.M., Resident House Physician to the Royal Infirmary, Edinburgh.
LUNDIE, R. A., M.B., C.M., Resident House Physician to the Royal Infirmary, Edinburgh.
O'REILLY, J., M.B., C.M., Resident House Physician to the Royal Infirmary, Edinburgh.
PARKINSON, C. H. W., M.R.C.S., Medical Officer of Health for the Wimborne and Cranbourne Sanitary District, Dorsetshire.
PARRY, R., M.R.C.S.E., Assistant Medical Officer and Dispenser to the Central London Sick Asylum, Cleveland Street.
POTTS, L., M.R.C.S., Medical Officer for the Leatherhead and Fetcham District of the Epsom Union.
ROBIE, H. W., M.B., C.M., Resident House Surgeon to the Royal Infirmary, Edinburgh.
ROSS, Mr. T., Assistant to the extra Physicians at the Royal Hospital for Sick Children, Edinburgh.
ROSE, J. M., M.B., C.M., Resident House Surgeon to the Royal Infirmary, Edinburgh.
ROWLAND, J., M.D., M.R.C.S.E., Medical Officer of Health for the Lower District of the Tregaron Union.
SCOTCHBURN, A., M.R.C.S.E., Medical Officer of Health for Great Driffield Urban Sanitary District.
TURNER, E., M.B., C.M., Resident House Physician to the Royal Infirmary, Edinburgh.
WATERS, J. L., M.B., C.M., Resident House Surgeon to the Royal Infirmary, Edinburgh.

Births.

NORTON.—Dec. 5, at South Tottenham, Middlesex, the wife of Ritchie Norton, L.R.C.P. Lond., M.R.C.S., of a son.

Marriages.

BURNETT—DAY.—Dec. 8, at the Cathedral, Bombay, Surgeon-Major W. F. Burnett, A.M.D., of Tullow, co. Carlow, to Annie, daughter of the late Lieut.-Col. J. Curry Day.
KERR—FIELD.—Dec. 9, at St. John's Episcopal Church, Edinburgh, Surgeon-Major Kerr, M.D., to Katharine Burch, younger daughter of the Rev. Edward Burch Field, of Moreland, Kinross-shire.

Deaths.

DAVIES.—Dec. 11, at his residence, Hagley Road, Birmingham, J. Birt Davies, M.D., F.R.C.P., in his 80th year.
GENET.—Dec. 4, at Hollywood Road, Frederick James Genet, M.R.C.S. & L.S.A.L., in his 61st year.
ROE.—Nov. 1, at Government House, Cape Coast Castle, Charles Roe, L.R.C.S.I., aged 24.
TAYLOR.—Dec. 2, at Holland Road, Kensington, Henry Taylor, M.D., H.M.'s Indian Army (retired), aged 78.
WEEKES.—Dec. 3, at Carey Hall, Hurstpierpoint, Sussex, Geo. Weekes, F.R.C.S., Deputy-Lieutenant for the County, aged 63.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 22, 1880.

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ABSTRACT OF

Harveian Lectures

ON

THE PROGNOSIS AND TREATMENT OF CHRONIC DISEASES OF THE CHEST IN RELATION TO MODERN PATHOLOGY.

DELIVERED DECEMBER, 1880,

By JAMES E. POLLOCK, M.D., F.R.C.P. Lond.,

Senior Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

III.

The treatment of any given case of chest disease has been largely influenced by the progress of modern science, the advances made in pathology being especially instrumental in directing the physician's movements. Every consideration should be carefully held in view however, and treatment of symptoms is to be guarded against, except in those instances where, from their importance as indicating imminent death, they demand immediate attention to themselves. Temperature, as a symptom simply, calls for no particular treatment, but where, as is often the case, it is an indication of congestion, we must pay heed to the latter condition, remembering that local irritations are the common source of the symptoms exhibited. Cessation of such irritation may bring about a diminution of wasting and reduction of temperature, and the latter may frequently serve to guage the extent and importance of the local irritation. Wherever it is found possible to restore the healthy condition of part of an organ thus affected, we may hopefully anticipate complete recovery for our patient. The indications afforded by exalted temperatures are grave, pointing to destruction of the alveolar walls and surrounding tissues; but when a cavity has once been formed it not rarely happens that the fever is reduced, and weight is put on. Secondary complications are usually, too, attended by fever and waste; which likewise occur with a continued weakening discharge from a lung cavity. The peculiarities of the lung, it being a double organ, its spongy texture, the mechanical relations it holds to the chest walls and other organs, and the fact that rest is impossible to it by reason of the physiological necessity for its constant action, all tend to explain why local irritation should be productive of results so magnified and important. Hence, it is not surprising that the tendency of recent improvement in treatment, is to direct attention to the local conditions rather than wholly to the constitutional state, the view that tubercle is an inflammatory product being vastly in advance of that which regarded it as an unalterable attribute of the individual. And admitting only the possibility, according to modern methods, of checking the phthisical development of catarrh, it must be said that much benefit has followed the introduction of such a plan of treatment.

Much importance attaches to the progress of the local lesion; whether, that is, its limits of extension are circumscribed or not. In those cases where caseous degeneration is replaced by fibroid growths, the patient is relieved from the constant fever and wasting hitherto experienced; and, as has already been pointed out, a strict equivalence can always be detected between the general conditions and the place of the local injury at any given time. The real existence of this relation has been brought into prominent notice since the doctrine of inflammation has held sway in the consideration of lung lesions, but the existence of a definite *cachexia* is not thereby denied. The meaning of this term is more explicitly understood now however, and in connection with it there is recognised a lowly vitalised health state in which the body readily yields to whatever deteriorating influences re-act upon it and deprave it; in this state a mere local injury is competent to lay the seeds of an extensive and progressive complaint. Too much importance, therefore, cannot be attached to the inter-dependence between local diseases and general condition of the body.

Hæmoptysis, when of the passive kind, calls for no more active remedies than rest and the usual astringents. The more dangerous form of hæmorrhage is that active

bleeding which results from the rupture of a vessel; and in treating this the danger to life, whether great or remote, must guide the decision of the physician. Turpentine and perchloride of iron, as a spray, may be employed if time permits, and the patient be not collapsed. When, without having reached this stage, he is faint, pale, and almost pulseless, there are present conditions favourable to consolidation, and so to a process of healing. As hæmorrhage is no more than a symptom of congestion in the passive form of hæmoptysis, depletion is sound practice, either the cupping-glass, leeches, or dry-cupping being available, according to the case. It is noticeable that after depletion dulness on percussion, before marked, disappears. Gentle aperients and small doses of antimony may be given with success. Ice to the chest, too, may be of great assistance in relieving congestion and promoting the formation of clot in effused blood; but as it is rare that much blood is lost, or that danger to life is incurred in such cases, the early one of styptics in them is not to be defended. Congestion without hæmoptysis may occur, the base of the lung being the part most frequently so affected. The cause is possibly to be found in an invasion of the part from other sources, but to whatever due, the condition is difficult to tell from other forms of tuberculous disease, except that there is a higher degree of fever, much suffering, and evidence of dryness in the pleural surfaces. Hypodermic injections of morphia do good in these cases, but oil and iron should on no account be employed for them. Their prevention is to be achieved by arresting the formation of the products found in the lung cavities, and thus obviating the possibility of infection by transmission of septic material. Recently Drs. Douglas Powell and Williams have devoted considerable attention to the study of chronic cavities, of which two kinds may be distinguished. When at the apex they are well-defined, and being in communication with a bronchus, they are relieved of their secreted contents periodically. Such a condition of things may persist for many years, one busy medical practitioner in London having been so affected for as long as twenty-five years. The second group of cavities are such as are found at the base of the lung, in which situation they are never entirely emptied of their contents, these requiring to pass in an upward direction to escape. Consequently the septic material collected, is conveyed to other parts, and there sets up extreme irritation, *e.g.*, in larynx, intestine, and rest of lung. Tapping the chest wall, and free drainage are calculated to do much good in these cases, as has been satisfactorily proved in practice by Drs. Cayley, Smith, Douglas Powell, and C. B. Williams, the latter gentleman having adopted this procedure successfully on a patient whose case was further complicated by emphysema. This man lived nine months, and relief has been experienced in all cases so treated. Apex cavities do not call for operative interference, except when there is a certainty of wholly clearing them out, and setting up healthy action in them. Deep seated abscesses, however, ought to be tapped, if alone for removal of the distressing symptoms that accompany them; and if the cases in which it is resorted to are carefully selected the result will be a good one. Every sign of cavity, and of lung adhesion, however, should be present, and any possibility of doubt in the absolute distinctness of a single sign should contra-indicate operation. The acutely gangrenous lung should be left alone, the danger of piercing it with the trocar of the aspirator is too great.

Cicatrisation of cavities is to be anticipated only in such as communicate with a bronchitis; the healthy action will be aided by the presence of healthy tissue around, supported by a vigorous circulation, and the contraction of the air cells likewise assists the process. Invigorating exercise, reading aloud, arm movements, moderate athletics, cold sponging, singing, compressed air baths, all these are adjuvants to the recovery of such cases. A cold elevated situation in a bracing atmosphere is of service, but the acutely hæmoptysical patient must not be included in the list of those to be sent to such a region.

In empyema, good results have followed inhalation of oxygen, and of diluted chlorine, and sulphurous acid, antiseptic agents being of great value in its treatment; surgical treatment, however, is taught by the modern school as sound reason whenever suppuration and necrosis have made way. The multiplication of foci of infection by the circulation of septic material, is that which has to be combated, this treatment being that corresponding to the acceptance of the localisation of phthisis, and being directed to the earliest possible removal of the septic influences by which the progress of degeneration is controlled. Pure air and pure dressings, and medicated air, have all important curative properties; they are largely invoked to the assistance of the practical physician. There are, unfortunately, but few adequate arrangements for enabling patients to breathe medicated air with comfort, at present in existence. At the Brompton Hospital the difficulty is met by the construction of *chambers*, in which the patient remains for as long as desired, breathing all the time a medicated atmosphere. Dry air, frequent removal of sputa, and sponging, are the essentials to sick consumptives, for whom hospitals are excusable only on economic grounds. The temperature of the room ought never to exceed 60° F., and an open-windowed room in a country situation is the best possible for a phthisical patient.

Change of air is to be prescribed with reference to the features of each particular case. Patients in any stage of fever should, on no account, be sent abroad, for there is nothing in a foreign climate that will be effectual to stay the septic processes set up in such a patient; much harm may, on the other hand, ensue from his separation from the comforts and attentions of home. The motion of the journey, too, would be injurious in this condition, but once the morbid processes have been arrested, and nutrition has revived, then change to a suitable climate, will avail much. A suitable climate is no longer considered to be a warm relaxing one, but a cold, bracing air, especially near the sea, is regarded as the ideal atmosphere for the consumptive convalescent. Until convalescent no change of the kind ought to be tried, or can be of use; much harm has been done by sending away subjects unfit to leave home. Cases of chronic single cavity are the most susceptible to advantage from change of air; cases of diffused disease do well on sea voyages.

From the complicated nature of phthisis, from its multiform phenomena and myriad changes, chemical and histological, it is impossible that any single specific remedy shall ever be discovered by which it will always be controlled. The general tendency of this age is to discard the chimera of specifics, and to base our methods of treatment on the results of pathological and clinical research. Experiment first; theorise after, would be the admonition of a physician of the day in respect to the treatment of phthisis. This will be most advanced by persisting in attention to the local conditions, and in treatment of them principally. Hæmoptysis is to be met with the remedy most appropriate, according to the kind of the hæmorrhage; serous cavities are to be treated as surgeons would treat an abscess; and one important indication, rest, is to be obtained with precautions to ensure the needed cessation from movement. Strapping the lower ribs will greatly relieve pain in pneumothorax, and is highly serviceable in chronic, contracted fibroid degeneration, and is especially useful after tapping, for removal of fluid contents, has been resorted to.

Although rapid destructive phthisis is still uncontrollable, and pursues a fatal and hasty course in spite of the physician's skill, it is, nevertheless, possible to feel that modern science is able to direct methods of treatment, by which some forms of phthisis may be considerably relieved. Acute tuberculosis will never be curable, but chronic cases may be almost indefinitely prolonged as improvement in the treatment of them advances. By increased cleanliness, improved surroundings, the introduction of better remedial agents, such as oils, &c., and appreciation of the value of pure bracing air, a radical change for good has come over modern systems of treat-

ment as compared with the older ones. Much patient investigation is still demanded, however, ere we can hope to attain any great perfection in this direction, and by and bye it may be hoped, we shall attain more and more nearly to the possibilities of cure and relief. Mere geographical position and temperature will not be the factors, however, to be most considered in this relation, for no situations are free from phthisis save those at an altitude of 2,000 feet above the sea level, and possessing a dry genial climate. The Thames valley supplies a large proportion of phthisical patients, but the introduction of sanitary precautions and improvements have done a great deal to reduce the mortality from consumption in towns, as will be evident from inspection of the following table extracted from the reports presented to Government by the official inspectors, Mr. Simon and Dr. Buchanan.

Reduction of death-rate from phthisis :—

	Per cent.		Per cent.
Salisbury . .	49	Cheltenham . .	26
Ely . . .	47	Bristol . .	22
Rugby . . .	43	Dover . .	20
Banbury . .	41	Warwick . .	19
Worthing . .	36	Croydon . .	17
Leicester . .	32	Cardiff . .	17
Newport . .	32	Merthyr . .	11
Macclesfield . .	31		

This change is attributed to drainage and drying of the soil chiefly, but house drainage, and the abolition of cesspools, have largely helped to bring it about. In proof of the influence exerted by the drying of the soil in reducing phthisis, we have the fact that diseases are not thus affected by it.

In a spirit of suggestion rather than of dogmatism, these lectures had been delivered, said Dr. Pollock, and he urged that all teaching that is to stand the criticism of opposing schools must respond to the test applied to it by the pathologist and the clinician. At present the tendency is to neglect the constitutional in favour of the infective theory of phthisis, but further investigation is both possible and necessary to maintain the conclusions to which recent studies have directed the minds of living pathologists.

Original Communications.

DISEASES OF THE HEART IN CHILDREN.

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In children, owing to the thinness of the chest walls, the impulse of the heart is diffused over a larger space than in adults; not unfrequently a part of the right ventricle may be detected beating immediately under the left costal cartilages, close to the sternum. The apex may also be seen, as well as felt, in the normal position. When the intercostal spaces are depressed, and the ribs prominent at their attachment to the sternum, the partial outline of the heart becomes all the more distinct. The shape of the chest—whether natural, rickety, or pigeon-breasted—will influence the area of percussion dulness, and the extent of the cardiac movement perceptible beneath the thoracic parietes.

The size of the heart does not increase with absolute regularity in childhood; for Rilliet and Barthez have shown that, between the age of fifteen months and five years and a-half, its circumference remains nearly the same, increasing slowly afterwards until puberty.

FUNCTIONAL DISEASES OF THE HEART.

Palpitation.—We understand by palpitation a frequent and tumultuous action of the heart, not usually accompanied by organic disease, though it is sometimes present in valvular affections. On placing the hand over the cardiac region, a sudden and violent thumping movement is appreciable, and the heart's action can be seen beneath the chest wall. The sounds are exaggerated, and there is sometimes a soft bruit, which vanishes when the organ resumes its ordinary tranquillity. When the disorder is well pronounced, there is considerable constitutional excitement, quick pulse, headache, and a tendency to syncope. The attacks come on in the night, or on first waking in the morning. The female sex is more liable to it than the male. As growth proceeds, and the health remains delicate, continued palpitation of the heart may induce hypertrophy or dilatation.

The *causes* of this functional disorder are the nervous temperament, running after meals, violent exercise, mental emotion, anger, fear, &c. It is often witnessed among choreic children, and those reduced by chronic or lingering disease, loss of blood, dyspepsia, and pulmonary affections. In Graves' disease (exophthalmia), the anæmic condition is accompanied by palpitation of the heart and throbbing of the arteries.

The *diagnosis* mainly rests on the absence of the signs of organic disease, and the frequency of the pulse, followed by steadiness and regularity as the attack subsides.

The *treatment* consists in the removal of the cause, if this can be done, and improvement of the digestive and nervous systems. Where there is dyspepsia, an alkali with hydrocyanic acid will calm the excitement, and afterwards the ammonio-citrate of iron, with a drop or two of liquor strychniæ, according to age, may be given with advantage. The emplastrum belladonnæ may be applied over the cardiac region if there be pain there. When the symptoms persist, the main hope of relief depends on an improved state of the blood and attention to hygienic rules.

Syncope or fainting is occasionally observed in children of nervous constitution. A peculiar sensation is first experienced of dizziness and swimming before the eyes, and singing noises in the ears; then the face and lips become pale, the skin clammy, and the pulse at the wrist so weak that it is barely perceptible. The patient, if unsupported, falls to the ground, and the breathing is hardly distinguishable. This alarms friends and by-standers, for the pallor of the face is death-like, the muscles are relaxed, and the extremities are cold. By-and-by, if the recumbent posture is maintained, a few deep sighs are drawn, and, as respiration is established, the natural colour of the face returns. Mild cases do not last over a few seconds, and the pulse is only slow and weak; but severe cases continue for some minutes, and the patient no sooner shows signs of rallying, than in attempting to stand up, the syncope returns at once, the lids quiver, and drops of sweat stand upon the forehead.

The *causes* are loss of blood, or even the sight of it, in some nervous constitutions, profuse diarrhœa, extreme fatigue, severe pain, and affections of the heart. Sudden shock, or even excitement, are also capable of producing the symptoms.

Treatment.—The recumbent posture should be maintained, and a current of fresh air be admitted; ammonia to the nostrils, sprinkling cold water over the face, loosening all dress, and friction of the limbs. When the patient can swallow, a little brandy and water, or a draught containing ammonia, with spirit of chloroform, should be given. If the vapour of ammonia be applied to the nostrils, it should be done with care. If too strong, the vapour may cause bronchitis.

Neurosal Affections.—These consist of a neurosis of the cardiac ganglia, inducing functional disturbance in the heart's action. This neurosis is, I believe, a very common disorder among delicate children. When they cry on slight provocation, and are restless and excitable, a careful examination of the heart and circulation will often throw light upon an obscure set of symptoms. I have elsewhere fully entered into this subject. (*a*) The com-

(*a*) "Neurosal Affections of the Heart in Children."—*Practitioner*, Sept., 1878.

plaint is observed in weak and delicate children, and in those who suffer from chorea, or nervous states resembling it. Children who are born prematurely, and who are badly reared and neglected during the first year of life, are liable to it as they approach seven or eight years of age, particularly if the strain of school life is put upon them too early. General debility from any cause will favour an outbreak, and anæmia and loss of blood by disturbing the equanimity of the nervous system will cause perverted nerve action. It may follow whooping cough, chronic enlargement of the tonsils, or chronic pneumonia. The offspring of nervous or insane parents are also subject to it.

The *symptoms* are palpitation of the heart, followed by faintness and exhaustion. If the hand be placed over the cardiac region, a thumping, violent movement is communicated to it, accompanied by irregularity or intermission of the pulse. This symptom is always a sign of imperfect muscular action through the quality of the blood and the unstable condition of the nervous system. Sleep is unrefreshing, and restless or noisy; dreaming is common; and the urine often contains phosphates.

The *treatment* which I have almost invariably found successful consists in the employment of rest and tonics, good food, cod-liver oil, and warm clothing. Steel wine and arsenic (Form 93), quinine, the syrup of phosphate of iron, the ferrum dialysatum (dialysed iron), and Parrish's chemical food are valuable remedies in particular cases; but I place the greatest confidence in a combination of iron, digitalis, and strychnia. If there is excitement, and sleep cannot be obtained, iron may be combined with the bromide of potassium.

ORGANIC OR STRUCTURAL DISEASES OF THE HEART.

Diseases of the Pericardium.—Two varieties of pericarditis are commonly described—the acute and chronic. Inflammation of the pericardium consists, in the first instance, of distension of the capillaries, and, secondly, of effusion of serum or lymph exuding from them; and in some cases, as absorption of the fluid proceeds, it ends in the glueing of the two surfaces of the pericardium together. The character of the exudation is, in a great measure, dependent upon the constitutional condition of the patient.

The *general* symptoms of acute pericarditis are more or less pain in the præcordial region at the situation of the apex, or at the lower end of the sternum; it may strike through the thorax to the scapula, or extend down the left arm to the elbow and wrist. The pain, in most acute cases, is of a sharp, lancinating character, and is aggravated at each shallow inspiration or movement of the patient. He cannot turn on his side, or bear the slightest pressure over the thorax; even the weight of the bedclothes is oppressive. The pain in pericarditis, when accompanied by articular rheumatism, may be owing to an affection of the muscles; and in one case which came under my care, where the physical signs were not conclusive, the cervical muscles were considerably implicated, and the patient could not move his head from side to side in the slightest degree (*a*). Sometimes the pain is of a dull, aching, continuous character, or it is too slight to attract notice; in many instances it is absent altogether, and the physician might overlook pericardial mischief if the anxious and alarmed expression of the patient did not invite a close inspection of the thoracic contents. This anxiety of expression, moreover, is frequently noticeable before there are any reliable physical signs to indicate a lesion in the pericardium. Palpitation and irregular action of the heart are by no means infrequently added to the pain as the disease proceeds.

(*a*) "But pain is far from being a constant indication of pericarditis, and M. Bouillaud has found it so often absent that he attributes it, when present, to the co-existence of pleurisy; and Dr. Hope, although he does not agree with M. Bouillaud in this opinion, yet states, as the result of his extensive experience, that in the great majority of cases of pericarditis the pain was either wholly absent, or was of a mild and endurable kind."—Semple, on "Diseases of the Heart," 1876, p. 140.

Pleurisy is sometimes associated with pericarditis, and may even originate the latter affection by extension (*a*). Endocarditis is frequently present, the two diseases being in close relationship with one another, and arising from precisely the same causes.

Pericarditis sometimes commences with rigors, succeeded by fever, and a full, hard, and frequent pulse—in some cases it is small, unequal, or irregular. As effusion takes place, there are dyspnœa, hurried respiration, great restlessness, and insomnia. The commencement of the disorder may be marked by heat of skin; but this is soon bathed in perspiration, and the face becomes pinched and intensely anxious. In young children there may be convulsions, at an early period and as exhaustion proceeds, and the circulation is more embarrassed, there is delirium, and abrupt sleep disturbed by dreams. In severe cases, the child has the expression of alarm and dread, he cannot lie easy in any position, and is afraid of being examined or approached. When the disease is about to terminate fatally, clammy sweats break out, the face becomes livid, and the eyes are staring and glassy.

The characteristic auscultatory sign which renders the diagnosis unmistakeable is a to-and-fro sound (*bruit de frottement*). This is the earliest sign of pericarditis, which cannot be discovered unless the friction sound is produced. (The late Dr. Hyde Salter, and Dr. George Johnson, of King's College Hospital, insist that the friction sound is triple "rub-a-dub-dub." There is, first, the auricular contraction, then the contraction of the ventricle, and, lastly, the dilatation of the ventricle in diastole.) This sound depends on the position of the exudation; if it cover the auricle, there is decidedly auricular friction, such as Dr. Johnson has described; if the lymph cover the ventricle only, the sound is simply to-and-fro. This sound is caused by the rubbing together of the inflamed surfaces of the pericardium, and a very good imitation of it may be obtained by applying one end of a stethoscope against the ear and the other against the palm of the hand; the forefinger of one hand is then rubbed backwards and forwards across the hand so applied, when the peculiar friction sound will be transmitted through the stethoscope to the ear. The murmur caused by the attrition of the inflamed surface of the heart and pericardium closely resembles this. It varies necessarily in character and intensity, according to the consistence of the effused lymph. If moderately thick, it has a creaking character, like new leather (*bruit de cuir*), or a rasp-file like sound (*bruit de râpe*). When effusion takes place to such an extent that the two surfaces do not approximate, the murmur is generally, though not invariably, lost, and the heart's sounds are distant or muffled. When the friction murmur and the cardiac sounds both disappear, we may expect that the quantity of exudation is considerable. Important as this murmur is in a diagnostic point of view, we should err greatly if we supposed that its presence was necessary to the existence of pericarditis; for a large effusion may have taken place at a very early stage of the disease, and the sound will not be heard till the effusion has become partially absorbed. The absence of the murmur altogether is quite compatible with severe inflammation of the pericardium. An endocardial murmur is also frequently heard (proving the implication of the endocardium) in the space midway between the left nipple and the sternum, which soon extends over the whole præcordial region. The exocardial murmur is distinguished by the superficial character of the sound, and by its limitation to the cardiac region, as well as by its change of character, and its temporary disappearance when the effusion is great. If the effusion be purely liquid, it may be absorbed; but if it be more fibrinous and solid, the pericardium is thickened, and the opposed surfaces may

(*a*) "Dr. Sibson ascertained that, in 31 out of 63 cases, there was pain in the side; in 19 cases on the left side, to the right in 5, and in both sides in 6. In 15 out of the 31 cases, a pleuritic friction sound was heard in the side."—"On Pericarditis," Reynolds's System of Medicine, vol. iv., p. 232.

become adherent. When exudation has taken place, the physical signs of pericarditis are increased dulness over the præcordial region, according to the extent of the effusion, or rather the area of diminished resonance is not increased unless the effusion is considerable. The percussion dulness occurs chiefly at the base of the heart, where the pericardium is loose and most easily distensible. It may extend upwards to the second rib, and transversely from the right side of the sternum to the line of the left nipple. When the pericardial sac is distended to any extent, the cardiac apex is pushed upwards and outwards. In the case of a boy seven years of age, with endocarditis and pericardial effusion, the apex beat was in the fourth interspace, an inch and a-half external to the nipple line, and the endocardial murmur was very loud towards the left axillary region. In cases of this kind, the heart's sounds are often feeble, distant, and indistinct.

Pericarditis may terminate in complete restoration to health where the effusion is serous and watery; but if lymph or solid fibrinous matter is thrown out into the pericardial sac, it is likely to terminate in adhesion of the opposed surfaces, and lead to those general and physical signs recognised under the name of *chronic pericarditis*. It is often accompanied by endocarditis.

(To be continued.)

ON DISCREPANCIES FOLLOWING THE INTRODUCTION OF THE TUBERCULAR VIRUS INTO THE SYSTEM.

By D. H. CULLIMORE, M.K.Q.C.P., F.R.C.S.I.,
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It will, I may say with confidence, be generally admitted by all who have given attention to the subject, that tubercular matter, if introduced into the body of a living animal, will set up tuberculosis in it. This has been proved by all experimentors, from Villemin to Tappinger. There is also a consensus of opinion that while the virus may be effectually introduced into the system by inoculation, and through the medium of the stomach, it is the inspired air we must look upon as its most frequent carrier to the lungs and their appendices; and subsequently after the period of incubation has passed, and caseation becomes established, by a triple secondary infective process from these foci, to other parts of the organism.

These secondary infective processes have been well described by Professors Charcot and Lepine, and may be found in detail in my work, "Consumption as a Contagious Disease," where the subject of primary and secondary infection is entered into.

My present purpose, however, is not to discuss the well-established fact of the contagion of consumption, but rather to draw attention to minor experimental discrepancies, some of which have appeared in the journals during the last few weeks. These contradictions do not affect the main question of the inoculability of the virus, but they are sufficient to lessen the force of the dictum of Cohnheim that the tubercular virus, *and it alone*, will produce tuberculosis, and thus, in my opinion, if not reconciled or explained away, are sufficient to invalidate the specific corpuscular theory of this disease. The subject at its inception, and during its varying course, is beset with troubles. The first question to be answered is, are there any pathological or anatomical appearances pathognomonic of tuberculosis? Evidently not. And this is an initial difficulty, insurmountable until the discoverer of the specific corpuscle makes his appearance. It necessarily prevents absolute accuracy; yet for practical purposes we may be fairly content to rely upon the aggregation of anatomical appearances, and the combination of symptoms we are accustomed to associate with this affection.

Professor Cohnheim says it is not caseation alone, nor kernless accumulations (*Kernlose schollen*). Not nodules or giant cells which are characteristic of tuberculosis, but solely caseation, the result of specific causes, and the nodules which are derived from specific sources. Let us try as we will it won't help us; there are no anatomical definitions to be found for tubercle and tuberculosis; it must yield to the etiological. It is true, no doubt, that many eminent pathologists, as Buhl, Lebert, and Virchow, believe each in his own infallible morphological criterion, and at the same time disbelieve in that of each other.

Cohnheim again says that tuberculosis can only be produced by tubercular matter, and that every symptom tuberculosis has, is manifested by the animals experimented upon, and none other. But we must remember that, according to this observer, in opposition to the views of Tappinger, all scrofulous deposits caseating pneumonia, orchitis, and fungoid articulations, contain the virus, and that nothing succeeds better than the matter taken fresh from a scrofulous caseating gland. He excludes all deposits induced by mechanical or chemical irritants, hard ulcers, slaty indurations, fibrous nodules, and proceeds to say, "If we inoculate a rabbit with any of these products it will not become tubercular, a result which never fails if the inoculation be performed with the virus, which is, according to him, contained in scrofulous glands, the result of specific causes. But this can only be discovered by their power of reproducing the disease. For example, if a rabbit be inoculated with the matter from a scrofulous gland, and it fails to infect, then the diseased gland is not the result of specific causes, or, as it appears to me, the specific matter may, and no doubt often does, become latent, harmless, and perhaps as cure goes on, *nil*. Thus there are either two forms of scrofula, one which contains the virus, and one which does not; or what is more likely, the opposing results are due to conditions intrinsic to the gland matter, as freshness, &c. The mode of introduction into the system, and the animals experimented on, will also account for many apparently irreconcilable discrepancies.

Moreover as the virulence of tuberculosis is measured by the rapidity of the secondary infection, and as cure, when it occurs, is brought about by retarding, rendering latent, and destroying this infective power, it may not be illogical to contend that the virus may often in like manner become so feeble as to be powerless to spread the disease from one individual to another.

And if so much be admitted as regards true tubercular matter, *à fortiori*, it must be admitted in the case of scrofula, which, even if identical with tuberculosis, must necessarily be one of its less active and more regressive conditions. This leads to the experiments of Tappinger, the results of which, as I said before, are at variance with those obtained by Cohnheim.

His experiments, published in Virchow's Archiv., led him to conclude that scrofula is not identical with tuberculosis. The material for the experiments (*Lancet*, Nov. 27th, 1880) was pus from a scrofulous boy, five years old, with suppurating glands. Half-a-gramme of pus was inhaled by two dogs for a quarter of an hour during ten days. Two other dogs were treated in a similar manner with tubercular sputa. These two, and one of the dogs treated with gland pus were killed and examined twenty-three days later. The organs of the latter were normal, though he had cough and loss of weight, while in the two dogs treated with tubercular sputa, tubercular nodules were found in the lungs and spleen. Two other dogs were made to inhale the gland pus for twenty-nine days, and when killed were free from tubercular disease.

One of the conclusions drawn is (*a*) "That the inhalation of scrofulous caseous pus from a gland produces no infection." (*b*) "A fact which indicates an essential difference between scrofula and tuberculosis." This conclusion, in my opinion, is open to doubt, and cannot certainly be considered final. And for this reason: First, scrofula in a child of five years is likely to be hereditary, when the tubercular taint would probably be latent or entirely absent. In support of its latency is the fact that one animal commenced to waste and had a cough. Second, dogs, from

their active out-door life, are not prone to the disease, and will not easily become infected even by the inhalation of small quantities of tubercular matter. Thirdly, the experiments to be conclusive should be repeated by inhalation on some rodent, and by inoculation on dogs.

The varying views of Cohnheim and Tappinger, do not, however, militate against the specific nature of the virus of consumption. The former simply extends it beyond the latter.

The results obtained by Max Schottellius are of a vastly different character. He made inhalations not only with the sputa of consumptive individuals, but with that of persons suffering from simple bronchitis, also with pulverised cheese, brain, and cinnabar. The result was he found miliary tubercles in the lungs in all cases, and in an equal degree both for the bronchitic and tubercular sputa; cheese produced a smaller quantity; brain, less; and cinnabar, but a few whitish tubercles with pigmented centres. These results are difficult to reconcile with those of Tappinger and Cohnheim. But the fact that the experiments of Tappinger were made on dogs—animals not prone to the disease—while those of the former were made on rodents—animals which from their crowded and underground life are specially liable to it—must not be forgotten. It explains a good deal; for those rodents were probably already tubercular in a latent form, and the disease was easily called into activity by the stimulus afforded by the inhalation of non-specific products.

It may be taken as an axiom that tubercle has a remarkable tendency to combine with inflammatory products, and in this way only is the active production of tubercle from non-specific, and non-mechanical causes explicable. For it is preposterous at first sight that a disease like consumption should owe its origin solely and directly to such a source. Tubercles there may have been, but not the tubercles or nodules of consumption.

Similarly subversive of the specific contagious view are the experiments of Drs. H. C. Wood and H. F. Formad, in America. Those experiments were made with a view of determining whether diphtheria is communicable to the lower animals. They found that it is not; but they also found in six rabbits inoculated with the diphtheritic virus in which death occurred in fourteen days from the date of operation, that tuberculosis had been set up. They, moreover, induced tuberculosis with mechanical and other irritants. That the fatal result in those cases was not due to tuberculosis, its rapidity clearly shows, while this very rapidity is strong proof that a septic diphtheritic and not a tubercularly-specific poison was its cause. Here, again, it is noteworthy that the animals experimented upon were rabbits, which in all probability, for reasons before given, were already tubercular. Thus from the tendency tuberculosis, even in a latent form, has to combine with inflammatory products, and even mechanical irritants, it is possible to understand the varying results obtained by different observers. These results, as I have endeavoured to show, vary often according to the mode of introduction, but still more frequently according to the nature of the animal experimented upon. But granted the experiments I have just referred to are free from all sources of error, even errors of detail, still there remains a heavy balance both of facts and theory in favour of the specific contagious view, which further researches will, I have no doubt, further extend and confirm. Look, for the sake of example, at the difference in susceptibility shown by the active dog, which spends the greater part of his time in the open air, and that of the guinea-pig or other rodent—the denizen of dark holes and the inhaler of foul air. Mechanical irritants and non-specific inflammatory products are sufficient to call into activity the latent pre-existent disease of the latter, while it requires the freshest and most virulent virus to set it up in the former. The dog is the analogue of the sturdy agriculturalist or squire, while the rabbit or guinea-pig may be compared to the dwellers in our dirty lanes and city slums, to the toilers in our close workshops, and to our soldiers in the crowded barrack room (the condition of the latter has been greatly improved). The moral is that the threatened consumptive, the scrofulous, and the weak-chested should speed to the fields or to the sea-side village, for it is there that the generation, propagation, and development of tubercular virus, both in the body and out of it, will meet its wariest foe. The good influence of sunlight is also important.

Clinical Records.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

Case of Pneumothorax—Autopsy.

Under the care of Dr. PEACOCK.

JAMES T., æt, 32, cellarman and waiter, was admitted into the City of London Chest Hospital on August 3rd, 1880. His family history was good, showing no organic disease among his relations, his father and mother being alive and well, each at the age of 60. His own history was that he had had colds every winter, and syphilis three years back, otherwise he had enjoyed good health till seven weeks ago, when his present illness commenced. The first symptom he noticed was constant perspirations, and at the same time he found he was losing flesh. His cough had continued since the winter, and on one occasion (exact date not known), after lifting a heavy weight, he had an attack of hæmoptysis lasting one minute, during which he brought up about two ounces of blood. He had expectorated no blood since, but on one or two occasions epistaxis had occurred.

On admission, the patient, a small dark man, appeared anæmic and sallow. The tongue was clean, the bowels regular, but complaint was made of bad appetite, and occasional vomiting after food. His breath was short on any exertion. He had a slight cough, expectorating a small amount of sputa, which was at times—in the morning—purulent. The pulse was small, feeble, beating 123 in the minute. The heart was palpitating. The temperature 101·4. The patient stated that he slept well, and was not troubled now with night sweats. The urine was high-coloured; specific gravity, 1015, alkaline, and contained phosphates.

Dr. Peacock examined the patient soon after admission, with the following result:—At the right apex deficiency of percussion, and increase of cough resonance. These signs more marked at the left apex, and accompanied by coarse crepitation. The patient was pallid, and had a decidedly phthisical aspect.

On the following day, however, crepitation was also heard over the lower half of the left lung, resembling pleural creaking in front, but looser and moved by cough behind, where also the breathing was harsh and the vocal resonance increased.

On the 10th the patient was ordered Pilula Atropiæ, gr. 1-75 every night, the night sweats having returned.

The following notes will best indicate the course which the case took:—

Aug. 11th.—Patient feels better. Cough less, sputa scanty. Sweats less. Râles over whole of left lung.

18th—Better. No sickness. Cough less. Ordered—
Quiniæ Sulph., gr. j.;
Acid. Sulph. dil., ℥v.;
Inf. Quassiæ, ℥j. t.d.s.

21st.—Better. Left apex, resonance high pitched, breathing hollow—perhaps cavernous. Severe crepitation. Pectoriloquy. Rest of left lung small crepitation, and occasional creaking. Heart sounds weak, and only heard close to left border of sternum. Appetite fair. Some vomiting.

26th.—Pil. Atropiæ increased to gr. 1·50.

31st.—About 11·30, during a rather violent fit of coughing, a sudden sharp pain was felt about the left apex and shooting down the left side. It "took his breath away." The pain grew less, but the cough continued. No dyspnœa. Very profuse cold sweats. Pulse 150, small, thready. On physical examination, resonance in front and lateral regions, except at apex, lowered in pitch; breathing almost inaudible; vocal vibrations and vocal resonance extremely feeble, imperceptible at base; heart displaced to the right; sounds heard loudest to the right of the sternum, and impulse

felt there. Thoracentesis performed by Mr. King, the senior clinical assistant, in the anterior axillary line of the left side, between the sixth and seventh ribs. The aspirator bottle, of capacity two pints, exhausted and filled from the chest seven times (*a*). The heart appeared to be moved, the impulse being imperceptible to the right of the sternum, but the heart sounds loudest there. No respiratory murmur audible over the left side.

Sept. 1st.—Patient had no sleep last night. Cough less troublesome. Sputa muco-purulent, abundant. Pulse 120, fuller, but still small and thready; breathing short. Heart's impulse felt to the right of the sternum. No pulsation to the left. Heart sounds loudest to the right. Respiratory murmur absent over the left except at the apex, where it is feeble. Over the right breathing is harsh, and bronchial behind. Thoracentesis repeated. When the needle entered the pleura, air was forced out with considerable noise. The two-pint bottle was exhausted and filled four times, when the patient complained of pain, and aspiration was discontinued.—Ordered—

Chloral Hydrate, gr. xx.;
Ammon. Bromid, gr. x.;
Tr. Aurantii, āā ℥ss.;
Aq. ad., ℥j.;
Hora somni sum, s.o.s.

2nd.—Good night. Breathing not so short. Heart's impulse not felt, but heard loudest to the right of sternum. Thoracentesis repeated in the evening, the respirations being 72 per minute. Aspirating bottle filled eight times. After taking chloral, patient restless; tried to get out of bed; wandering.

3rd.—Restless night. Respirations 36. Some pain in the left side. Thoracentesis repeated; eight quarts drawn off. The right lung came back one inch, and the heart was heard to left of sternum. Gave hypodermic injection of morphia, gr. 1-6th.

4th.—Excellent night. Breathing not so short. Less pain.

6th.—Ordered—

Ammon. Carb., gr. v.;
Inf. Senega, ℥j. t. d. s.

8th.—Less dyspnœa and cough. Heart's apex to left of sternum. Throat very sore, difficulty in swallowing. Ordered—

Glycerini Acidi Tannici, ℥j.;
Liq. Morph. Hydrochlor., ℥x.;
Aq. ad., ℥j.—Ft. gargarisma.

11th.—Good night. No hypodermic injection for three days. Throat still very sore. Appetite poor. Still some pain on the left side.

13th.—Left back tympanitic to the twelfth rib, with amphoric echo and bell sounds.

15th.—Less dyspnœa. Pain in side continues.

18th.—No dyspnœa. Rather more cough. Not much sputa. Pulse 120, irregular.

22nd.—Feels better. Throat very sore. Patient derives only temporary benefit from Glycerini Acidi Tannici c Morph. Cough worse when lying on right side, and then pain on that side; no pain otherwise. Physical signs the same; no succussion.

28th.—No sign of fluid in the pleura.

29th.—Ordered—

Tr. Ferri Perchlor., ℥iss.;
In aq. t. d. s.

Oct. 6th.—Patient examined with laryngoscope. Epiglottis very inflamed and half ulcerated; spots of ulceration round the vocal cords, and the parts covered by a quantity of pus. Ordered—Vap. acidi carbolici, o. n. inhal.

16th.—Physical signs the same. Throat a little better.

28th.—Pain on left side and in abdomen.

30th.—No succussion of left side. No crepitation at right base.

Nov. 13th.—More dyspnœa. Cough troublesome.

24th.—Ordered—

Spir. Ammon., Ar.;
Spir. Ætheris, āā, ℥ss.;
Tr. Camph. co., ℥xv.;
Aq. Camp. ℥j. t. d. s.

The patient died on the evening of the 24th.

A post-mortem examination was made twenty-two hours after death by Dr. West, assistant-physician.—The body was emaciated. Rigor mortis well marked. Left side of chest bulging. Intercostal spaces expanded. On opening the abdomen the liver was displayed, the longitudinal fissure being two inches to the right of the middle line; left lobe nearly two-thirds on the right of the middle line, and its upper border completely exposed, and nearly an inch below the level of the ribs. Above the left lobe was seen the convex surface of the diaphragm, which, in the most convex part, was nearly two inches below the level of the ribs. The heart was felt through the diaphragm on the right side of the sternum. The right half of the sternum was carefully removed, and the left of the pleura was seen to project in a convex curve about three inches to the right of the sternum. The heart appeared pushed over bodily, and twisted on its long axis. The apex lay on the level of the xiphoid cartilage, about half-an-inch to the right of the sternum. What is the posterior surface of the heart in the normal position was now nearly antero-posterior, and slightly more of the apex of the left ventricle was visible than in the normal position. The right auricle was completely posterior, and not visible from the front, the right ventricle lying along its whole length, in close apposition with the ribs. The right lung was much compressed; the pleural cavity obliterated by loose adhesions. On opening the left pleura about fifteen ounces of a lightish green, serous, and smelling pus was found. The pleura was everywhere covered with a creamy layer of pus, converted into a pyogenic membrane. The lung lay like a pancake flattened against the spine, alongside the pericardium from before backwards. On section it looked very much like a section of pancreas, both in colour and consistency, and weighed 1 lb. 1½ oz., the yellowish colour being due to caseous change. Right lung: some old cavities at the apex, and scattered throughout the rest of the upper lobe some pigmental nodules and some patches of cheesy change; weight 2 lb. 9 oz. Heart, kidneys, and spleen all small. The right kidney had on the surface three or four small yellow nodules.

Remarks.—The interesting points about this case are the great relief afforded by paracentesis, and the very small amount of liquid effusion, notwithstanding the large amount of air in the pleural cavity.

(*a*) The air drawn off by the aspirator was not exactly measured, but judged of by the number of times the bottle had to be exhausted.

Translations.

EXCERPTS FROM CONTINENTAL JOURNALS.

Translated by ARCHIBALD H. JACOB, M.D., F.R.C.S.I.

TREATMENT OF WHOOPING-COUGH.

At the Academy of Medicine, Paris, a report was read by M. Roger on the treatment of whooping-cough by visits to gas works. M. Roger is the one surviving member of a committee of which MM. Blache and Delpech were also members, and thus pays an old debt which he has, so to speak, inherited.

The report consisted of two notes by Drs. Baldou and Becquet, a letter from M. Dulmont, and two memoranda based on observations made at the gas works of Saint-Maudé and Des Dernes, by M. Commenge and M. Bertholle.

Before analysing these notices, M. Roger gives some details as to the arrangement of the refining-room, and the products which the patients there breathe. The refining-room is very large, is built with deep bays, and has doors open to the four winds of heaven. That of Saint-Maudé contains 24 vats, each holding five cubic metres of purifying matter (chalk and sulphate of iron lightened by saw-dust), through which the gas passes. As the workmen are always either filling or emptying some of these vats, the patients, whether standing near or playing about among the vats, inhale the vapour rising from them, and are thus plunged in an atmosphere in which sulphydrate of ammonia, phenic acid, and tarry products predominate.

What have been the therapeutical results of this treatment? M. Commenge treated 280 children in this manner, but the effects could be studied only in 167 cases, as 111 were not again brought by their parents after the first two or three visits. In 20 cases the treatment failed completely; in 48 there was considerable amelioration, and in 101 cures M. Bertholle cites:—Of 341 cases, of these 122 are set down

as improved, and 219 as cured, no cases of failure or of death being given.

If these figures could be accepted without strict examination, they would clearly prove that the inhalation of the volatile substances present during the refining of gas is the best remedy for whooping-cough, for if M. Commenge and M. Bertholle have observed, out of 510 cases, that there was improvement in 490, failure in only 20, and not a single death, it must be admitted that the result was most satisfactory. If, however, we examine these statistics closely, we will find their value considerably lessened; thus, M. Bertholle has not given the exact account of the failures. To obtain a true idea of the value of these statistics, we should take into consideration that a large number of patients have been struck out because they did not reappear at the gas works after one or two visits. As the reason of their absence has not been given, may we not presume that half of them at least did not return for the simple reason that the whooping-cough was not better, and perhaps even because it was worse. The unknown number of failures prevents us, therefore, from forming a true idea of the proportion these bear to the cures, and the preceding statistics are thus certainly vitiated.

Also, as those patients supposed to have been cured at the gas works were not afterwards visited at their homes, we may well ask how far these cures were complete.

Further, it is evident that those patients treated at gas works are only those suffering from light attacks, as severe or complicated cases are not brought, and those which become worse after a few visits are not brought any more. The gas works, too, being situated in out-of-the-way places, very young children in whom the attacks are febrile cannot well be brought there; they cannot be exposed during the winter months, when pyrexia is more than usually dangerous, to the risk of taking fresh cold, which might determine broncho-pulmonary complications, so often fatal in their results.

The justice of these remarks is proved by the fact that not a single death is recorded in the statistics of MM. Commenge and Bertholle. Out of 1,181 cases, not a single death! Such results are too favourable to be easily credited.

According to these gentlemen the duration of whooping-cough is considerably shortened by this gaseous treatment, as, from ten to twelve visits, that is, a period of two weeks, suffice for cure.

To point out exactly the influence of this remedy on whooping-cough, two fixed and certain dates are absolutely necessary, that of its first appearance, and what is always difficult to establish, that of its disappearance. These dates are wanting in most of the fore-mentioned cases; another is also wanting, a most important date, that of the day on which the gaseous treatment began.

After analysing these memoranda, M. Roger read some notes of less importance relating to the same subject, which had also been laid before the Academy. These, on the whole, were unfavourable to the gaseous treatment.

From comparison of these reports M. Roger concludes that gaseous inhalation acts, and that to a limited extent, on one element only of the disease, catarrh, also that there is contra-indication in febrile whooping-cough, and that they would be rather injurious than otherwise in those complicated cases in which there is broncho-pulmonary inflammation. This treatment also is not suited to all seasons of the year. It may not be inconvenient in the summer, but may become absolutely dangerous in winter through the intercurrence of pulmonary phlegmasia, more dangerous than the original disease.

Comparing the advantages and disadvantages, M. Roger considers that the gaseous treatment is far from having any therapeutical virtue, superior to the effects of the classic remedies adopted by most practitioners (belladonna, vomitives, anti-spasmodics). Like them it modifies the disease to a certain extent; for instance, it modifies in quantity and quality the bronchial secretions; it may, at a given date, allay some of the symptoms, so variable and so numerous, of this long-peroid pyrexia, but like the other remedies it has neither a specific nor an abortive action. Although the therapeutical value of emanations from gas-refining apparatus is limited, the thanks of the Academy are no less due to the authors of the different reports, and particularly to MM. Commenge and Bertholle for their careful observations made at the gas works and elsewhere.

Special.

FRANCE.

[FROM OUR OWN CORRESPONDENT.]

DRAINAGE TUBE IN OVARIOTOMY.—At the Academie de Mèdicine M. Labbé advocated the employment of a drainage tube in ovariotomy. Being struck with the accidents of infection which succeeded too frequently ovariotomy, on account of a sero-sanguinolent *épauchement*, he determined to practise the drainage in the following cases:—1st. When there exists ascites, showing a tendency to increase; 2nd. When it has been found necessary to break up adherences capable of producing an oozing. In these cases, the operation terminated, M. Labbé places a large tube in the wound, and fixes it by a transverse pin. During the three or four days which follow, evacuations of a sero-sanguinolent liquid are observed, the quantity lessening daily. M. Labbé has obtained excellent results from this procedure, and attributes the innocuity of the drainage tube to the influence of the Lister dressing.

AT the Theatre Folies, Bergère, are exhibited two phenomena, who exhibit in their persons the two extremes of the human height. The one is a giant measuring 7 feet 6 inches, the other a dwarf that her companion would easily hide in his pocket, for she only measures 18 inches. The giant is a young man who figured at the passage of the Danube in 1877 amongst the Cossacks of the Russian Guard, and gained the Cross of St. George's. He went through the whole Turkish campaign without a scratch, and, strange to say, it was during this time that he became such an extraordinary height. He reminds one of the giant of Mery—

"Who caught the birds in their flight."

The dwarf is a pure wonder. She is the seventh and last child of Belgian parents, whose fortune she has made. She weighs four pounds; her head is a little larger than a French billiard ball; her hand might be compared to the claw of a chicken. She sits at ease on the thumb of the giant; her shoes are as large as an ordinary thimble, and, as Queen Mab, mice would surely suffice to draw her. She is three and a-half years old, and possesses all the vivacity of children of this age. Her limbs are well proportioned, and she manifests all the tastes of a human being. To see the one near the other—these two beings, so disproportionate—one would have believed that some witch had detached them with a tap of her wand from some illustration of "Gulliver's Travels."

TREATMENT OF EPITHELIOMA OF THE TONGUE.—At the Societé de Chirurgie a discussion arose between M. Verneuil, Anger, and others, relative to the diagnosis and treatment of epithelioma of the tongue. M. Anger believed that the administration of mercurial preparations and iodide of potassium aggravated the disease, and he could not agree with M. Verneuil that the diagnosis was easy. There were cases which could not be fully diagnosed without placing some of the scrapings of the ulcer under the microscope in order to ascertain histologically whether it was cancerous or syphilitic. Locally, he tried a great number of remedies, and that which appeared to succeed the best was a solution of salicylic acid (one in fifteen) employed in interstitial injections. It arrests the progress of the disease and diminishes the pain, without, however, effecting a radical cure. M. Deleus thought the only means to secure a real success was the knife. Of six cases that he operated on one was not followed by a relapse, it was the one that was operated on the earliest. M. Despres could neither agree with M. Verneuil as to the facility of diagnosing epithelioma of the tongue. He believed that there were cases of supposed cancer cured that were in reality the effect of psoriasis. A good means to fix the diagnosis consists in having recourse to cauterisations with the nitrate of silver from time to time. If an amelioration were perceived the idea of cancer should not be entertained. All ulceration improved by cauterisation was neither an epithelioma nor a cancroid. As to the employment of iodide of potassium or of mercury, he agreed with M. Anger, it was bad treatment. M. Verneuil persisted in believing that the diagnosis of the disease was easy. Syphilitic ulcerations might alone be confounded with it. He thought M.

Despres committed an error when he said that psoriasis was operated on for cancer. Epithelioma of the tongue was as amenable to an operation as that of the lips when it was done early. As to local treatment he found the application of powdered chlorate of potass gives the best results.

EXTIRPATION OF THE KIDNEY.—At the Academie de Medicine M. Le Fort exposed the results of an operation (extirpation of the kidney) which as yet has been little practised in France. A man entered his service with a perinephritic abscess, the result of a wound self-inflicted. Puncture gave exit to a large quantity of pus. Shortly afterwards a fistula having resulted, the urine commenced to mingle itself with the drainage, while that eliminated by the natural way decreased in quantity. A month afterwards the patient went to the convalescent hospital, the fistula having closed, but returned soon after with the fistula re-opened and in worse condition than ever. Seeing the situation of his patient aggravating from day to day M. Le Fort decided to have recourse to the only means left open to him, and accordingly with the consent of the patient proceeded to the extirpation of the kidney. A vertical incision was made from the lowest floating rib to the crest of the ileum. Through this wound the operator tried to pass his hand to reach the kidney, but the false rib had to be cut across before that could be effected. The isolation of the kidney was extremely difficult. A small incision was made in the lower part of the capsule through which the finger was inserted, and the whole capsule laid open. The kidney was then decorticated and the vessels of the hilus firmly ligatured. The operation lasted an hour, and was well borne by the patient, but vomiting took place the same day, and he succumbed two days afterwards. The autopsy showed a large abscess situated between the kidney and the liver, and the ureter was discovered to be severed by the primitive wound.

PRECOCIOUS MENSTRUATION.—A Spanish doctor reports an extraordinary case of precocious menstruation. An infant of seven months was perceived by its parents to lose blood by the vagina, the blood flowed for three days and then stopped; that day month it returned and lasted the same number of days, and thus every month up to the age of eighteen months the child was regular. At that time the sanguine flux was replaced by an abundant leucorrhœa which continued up to January of the present year, the child being now three and a-half years old. Since January the blood has re-appeared and continues to return every month. The quantity of blood lost each time was about an ounce and a-half. This child is so well developed that at the age of three years she appears like a little woman. The mammary glands are voluminous like little oranges, flexible and turgescent, like a young girl of sixteen, with an areola very large and a prominent nipple. The external genital organs are well developed, mons veneris covered with hair. The intelligence of the child is not, however, as precocious as its physical development. Its impressions and affections are quite puerile.

Transactions of Societies.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, DECEMBER 6TH.

Mr. ALFRED J. WOODHOUSE, President, in the chair.

RENT INSUSCEPTIBILITY TO THE INFLUENCE OF NITROUS OXIDE GAS.

Mr. GEORGE LYDDON (Reading) read a communication on "the behaviour of patients during the administration of nitrous oxide gas." Of the half-dozen cases related the following are the most remarkable:—A clergyman, apparently healthy, though he said that he suffered severely from dyspepsia, took the gas. He exhibited no signs of nervousness whatever, inhaling it freely and well. But after taking a considerable quantity he declared that it was having no effect upon him, and as this was evidently the case, the attempt was abandoned and the teeth extracted without the aid of any anæsthétic. Mr. Lyddon estimated that the patient had inhaled about twenty gallons of gas, but it had no more effect upon him than if it had been common air. The apparatus appeared to be in perfect order, it acted quite satisfactorily with the next patient operated on, and Mr. Lyddon could not in any way explain the failure. The same thing happened on another occasion, the patient being a lady. In this case also anæsthesia could not be induced with nitrous oxide, so chloroform was substituted with complete success.

An animated discussion followed, in which Dr. Walker, Mr. Coleman, Mr. Hunt (Yeovil), and Mr. W. E. Harding (Shrewsbury) urged that the experience gained from the very large number of cases in which the gas had been given pointed strongly to the probability that the failure arose from some defect in the apparatus, and they indicated several sources of fallacy. On the other hand, Mr. Stocken said he had met with one similar case which he could not explain, though he examined the apparatus carefully at the time, and tested the gas, but could find nothing wrong. Mr. Dinnant (Brighton) said he had met with one case of partial and one of complete failure with the gas. In the latter case the patient was a lady who came to him rather late in the day somewhat tired and excited. She took a considerable quantity of gas without the slightest effect. At his request she came again next morning, and then took it quietly and well.

TREATMENT OF THE SIX-YEAR OLD MOLARS.

The PRESIDENT afterwards opened a discussion on "the advisability of extracting or retaining the first permanent molars," by reading a short explanation of his own rules of practice. He considered that these teeth were not really as hard to save as some had asserted. The chief difficulty arose from the fact that frequently the child was not seen until the caries had reached the pulp cavity and the nerve was exposed. If the child was brought for periodical inspection and the caries was detected early, the teeth could, in the majority of cases, be saved. For the relief of overcrowding he should always prefer to remove a bicuspid, if possible, rather than a first molar, even if these teeth were too bad to be permanently stopped; it was of great importance to retain them until the second molars were erupted —*i.e.*, till the age of 13. If the front teeth were not crowded it was better to remove the six-years old molars rather earlier—at about 12 years of age—as then the second molars would advance and close up the vacant space. As a general rule, especially where crowding existed, he thought it best to extract the teeth on *both* sides, but to this there were some exceptions.

A discussion followed, in which Messrs. Thomas Rogers, Stocken, F. Canton, Hitchman, Ashley Gibbings, Dr. Walker, and others took part. The President then briefly replied, and the meeting terminated.

The Mineral Waters of Europe.

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,

President of the Pharmaceutical Society of Ireland, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(*Continued from page* 491).

Note on Aesculap Bitter Water of Hungary.

It has been usual in the analyses contained in these articles to calculate the ingredients to the imperial gallon of ten pounds, but the analysis of the Aesculap water is given per pound. It has been pointed out that it might mislead some of our readers as regards the position this

water should hold in connection with other waters of this same class, and we therefore have much pleasure in clearing up this confusion, and in saying that "Aesculap" is one of the strongest waters of its class we are acquainted with. We subjoin the analysis, calculated to grains per gallon:—

Sulphate of magnesium	1750·3
Sulphate of sodium	1340·7
Ammonia (free)	0·3
Sulphate of potassium	3·5
Sulphate of calcium	185·6
Chloride of sodium	301·3
Bi-carbonate of sodium	140·3
Carbonate of calcium	1·9
Carbonate of magnesium	12·0
Carbonate of iron...	3·5
Alumina	5·6
Nitrates (minute trace)	
Silica	1·6
Total	3746·6

The skeleton analyses given in each half-pint, or ten ounces:—

Solids.	Purgatives.	Antacids.	Salines.
235	195	15	20

THERAPEUTICS OF PURGATIVE MINERAL WATERS.

We have seen that these waters owe their purgative action to sulphate of magnesia and sulphate of soda. The former of these salts is in daily use, and has largely superseded the latter with many practitioners. It is sometimes said to be less nauseous than the soda salts, but this will not be admitted by all, and in pharmaceutical draughts the difference in the flavour may not be perceptible. The soda salt certainly suits many patients who cannot so easily take the magnesian, and perhaps we may admit the reverse statement as applied to other individuals. The soda salt can be given in larger quantities and continued longer than the magnesian. The fact that soda forms so important a part in the economy seems to indicate that its salts may be less obnoxious than those of other alkalies. Nevertheless, soda may easily be introduced in too large quantities or continued over too long a period, and so bring about injurious results.

The two sulphates act then in a similar manner; they are often advantageously combined in ordinary prescriptions and we find the two frequently present in the most valuable mineral waters. We need not enter here on a discussion as to their mode of action. The experiments of Thiry and Radziejewsky satisfied them that all purgatives merely increased peristalsis; but those of Moreau and Vulpian, confirmed by Brunton, are inconsistent with this conclusion. It is perhaps a fair statement to make that the experimental evidence as a whole supports, if it does not prove the correctness of the impressions derived from clinical observation, that these purgatives both promote secretion as well as increase peristaltic action. At any rate, with regard to the chief purgative mineral waters the writer is satisfied that this is the case, though inasmuch as their constitution is complex, the relative ction of each ingredient is open to discussion. Still, as these waters are taken in their natural complex state, it is as such purges we have to consider their uses.

These waters may be taken in single doses as occasional purges; or a series of doses may be taken at regular intervals in imitation of the method pursued at the springs. In the former case the prescriber is merely desirous to produce the effect of an ordinary saline purgative, and for this purpose the stronger waters will be found most suited. The analyses furnished in the preceding report show that some of these contain as much as 200 grains of purgatives salts in half a pint of water the effect of which is reinforced or modified by an equal or larger quantity of other solid ingredients—the salines being specially important. It is true that as much or more sulphate of magnesia, or of soda is often given in a draught, but it is not correct to infer that a simple solution of either salts in a small quantity of water is the best way of giving it, or may be fairly compared with other methods. The admirers of mineral waters sometimes make rash statements as to their wonderful powers in comparison with their ingredients. It is curious to see how the repetition of such statements seems to produce conviction and their occurrence in quarters where we might expect their value to be more carefully weighed seems to call for criticism. It is only those who have paid little attention to posology and still less to the modifying influence of one drug over another, who will be ready to endorse the notions of some advocates of mineral waters in reference to the doses of their ingredients.

In using these waters as occasional purgatives they may sometimes be given in three or four successive doses, frequently repeated, until a certain degree of purgation is attained, just as a cathartic mixture is often given in divided doses. After what has been said it will not be necessary to attempt to indicate the numerous cases in which the waters may be employed in single doses, but we may remark that some of these are well adapted for family use, and would replace with advantage the "antibilious pills" and quack preparations which are the bane of domestic medicine.

When the waters are taken regularly after the fashion at the Spas, other and more important effects are produced, varying greatly with the state of the patient, the doses administered, and the observance or neglect of the conditions usually imposed on visitors to the springs. Without for a moment disparaging the accessory benefits which arise from visiting the spas and undergoing the regular "cure" as formulated by experience, it may be stated that in many cases it is possible to obtain a considerable proportion of the benefit by means of a systematic course of the bottled waters at home. This is especially the case with purgative waters, and we are anxious to draw the attention of the profession to this therapeutical resource. There are many patients who would probably be greatly benefited by a season at a Continental spa who cannot possibly undertake the journey; there are still more to whom the trip is so exceedingly difficult as to be almost impracticable; and a still larger number to whom it is so distasteful or other-

wise objectionable that they are very reluctant to go. Some of these could easily visit an English spa such as Cheltenham or Leamington, and could supplement the treatment there by imported mineral waters. Others could carry out a course of treatment at any English health resort. Hydropathic establishments might be utilised in the same direction, and the writer would urge on the medical superintendents of such places the propriety of making themselves conversant with the subject and being ready to carry out such a course as might be advised by their patients' physicians. Other cases would do better at the sea-side during the course. Lastly, hundreds to whom either of these plans are not adapted, might derive much advantage from such a course at home. But in all these cases the course should be properly and efficiently carried out under medical superintendence, and the more the surrounding conditions of the patient can be made to resemble those imposed on frequenters of the spas, the greater will be the probability of success.

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"SALUS POPULI SUPREMA LEX.

WEDNESDAY, DECEMBER 22, 1880.

THE HARVEIAN, 1880, LECTURES.

THE custom annually observed at the Harveian Society of providing a series of lectures on some special subject, delivered by a well-known authority in that subject, has perhaps rarely resulted in a more practically successful manner than has occurred this year. The 1880 lectures, of which the last, delivered last Thursday, is reported in lengthy abstract in the present number of the *Medical Press and Circular*, possess a high value both from their intrinsic excellence, and from the authoritative position held by the lecturer, Dr. Jas. E. Pollock. In one sense, at least, Dr. Pollock has ensured to himself the grateful attention of everyone by whom his thoughtful essays will be read or have been heard, inasmuch as he has carefully eschewed the orator's besetting sin, dogmatism, and has confined his utterances to a brilliant exposition, first of facts as they are accepted by all without exception, and secondly of the theories and suppositions of opposing schools of pathological clinicians. In a way that compels warm admiration of his great self-control, Dr. Pollock has abstained from exhibiting himself as a partisan of one side or other in any of those alluring discussions to which he was compelled to refer; and in which we cannot but feel that he must of necessity be a distinguished champion. It is this spirit of calm criticism perhaps, which will lend these lectures their greatest influence; but regarded as they may be they will be accepted as an important contribution to the literature of consumption. The pathology of tubercle and of non-tuberculous pneumonia formed the subject of the first lecture. In it the historical advance of our knowledge in respect to lung lesions was skilfully and briefly sketched; and recognition of the relations between the latter and inflammatory processes shown to be due to the teaching of Addison, who was thus the first to overthrow the older tubercular hypotheses. Dr. Pollock throughout his discourses, has been careful to keep prominently in view the essential factor that has to be considered in estimating the effect of injuries in the lung; and perhaps it may even have appeared to some that he dwelt with unnecessary repetition on the influence exerted on the morbid processes by, and during, inflammation of the tissues. It cannot, however, be too strongly insisted that the inflammation doctrine is that which facts tend to support, and that treatment based on it is that which in all the stages of lung disease is most surely to be relied upon. The importance and invariableness too of congestion, were pointed out by Dr. Pollock, and the certainty with which relief of the condition is succeeded by ease to the patient. In this connection depletion is the method most in favour with the lecturer, in those cases to which it is applicable; but he was most careful to indicate the signs by which the decision of the practitioner is to be guided in all these cases. In a similar careful manner Dr. Pollock has reviewed the various remedial measures resorted to for urging on the recovery of consumptive patients. It is satisfactory to hear from him, that the old custom is all but dead, that namely of hurrying away patients in whom there linger traces, or it may be, considerable evidence of still unreduced fever. Home comforts, home surroundings, and home attentions are, above all, the essential requirements of such patients; and it has doubtless been to certain death that some thousands of unfortunates in this stage have been hurried away to other climates, in years gone past. It is by teachings such as these lectures will convey, and by men like their author, that the mind and course of younger men can best be directed aright. Seeking truth where alone it is to be found, believing with Wordsworth that

> "To the solid ground of Nature trusts the mind that builds for aye."

such men are content only when they have appealed

directly to facts as they exist in the body before them. Their experience is that of actual contact; and in the knowledge they acquire they are aided by inferences from what they have found before. Thus it is that when, as in the scientific study of phthisis, questions of uncertainty arise, and the mind is called to reason as well as register, deduction and theory are perforce made to replace the links of evidence that, by-and-bye, research may be trusted to manufacture. There are very many of the questions connected with phthisis that occupy unsatisfactory and improper positions; and to Dr. Pollock is due the credit of having arrayed them carefully before his hearers, most impartially stating the evidence for and against opposing views. To the practitioner the great value of the Harveian Lectures will be in the encouragement afforded by them to proceed in all cases where improvement seems possible, and in suggestions for ensuring it. That many cases of chronic lung cavities may progress for years with little or no extension of the lesion is sufficiently proved; and also is it as certain that among the "hopeless," are to be classed those examples of disease in which the lung symptoms set in suddenly, and run a course of extreme rapidity, no time for a healing process to be established being allowed. The therapeutic agents mentioned by Dr. Pollock as valuable are not many, but the experienced physician will find them sufficient.

We would willingly dwell at greater length on these lectures; space, however, at present forbids. We recommend their careful perusal, for they are in every respect admirable and luminous expositions.

CASE OF SUSPECTED POISONING IN SHEFFIELD.

THE investigation which has been going on for some time, before the magistrates in Sheffield, into what is now known as "The Booth Case," has terminated in the committal for trial, at the January Assizes, of the professional nurse, Mary A. Wilmot, æt. 27, connected with the Nurses' Home and Training Institution, Glossop Road, Sheffield, against whom the charge was made of attempting to murder, by the administration of poison, Mrs. Booth, the wife of a surgeon in Sheffield.

Pending the trial, it would, of course, be unpardonable on our part to say anything that might prejudice or prejudge the case in any way. The facts, however, may be briefly stated as follows:—

Some months ago a son of Mr. Booth's died, after a two years' illness. During this illness, convulsive seizures were noted, which at the time were thought to be strange, and not altogether in keeping with the usual symptoms of the disease from which he was suffering. The fatal result was also accompanied by convulsive seizures. Shortly after his death, his sister was taken with strong convulsions, closely resembling those produced by strychnia poisoning, and quickly succumbed. Their mother had been some time ailing, and after her daughter's death also presented convulsive twitchings, which her medical attendants could not reasonably account for. A few days after these twitchings were noticed, her medical attendants were summoned in haste, and found her in a state of coma, presenting all the symptoms of opium poisoning. By the use of the stomach-pump and suitable restoratives, she made a good recovery. On the contents of the stomach being submitted to analysis, the presence of morphia was discovered, which could not be accounted for, as none had been ordered by her medical attendants, and every one about her denied having any knowledge of its administration. These circumstances led to the suspicion that young Mr. Booth and his sister had been poisoned. Under an order from the Home Secretary, their bodies were exhumed, and post-mortem examinations were made by Mr. A. Laver, surgeon. A careful and exhaustive analysis of the various tissues of the bodies was made by Messrs. Bell, of Sheffield, and Meymott Tidy, of London, who gave it as their decided opinion that neither one nor the other had died from the effects of poison.

At the inquest, held by Mr. Wightman, coroner for Sheffield, a verdict was returned in accordance with this opinion.

At the close of the inquest, the present charge was laid against Nurse Wilmot, who had been for some time in attendance upon the various members of the Booth family. The only strong point in the evidence so far adduced against her seems to be the assertion of one of the servants at Mr. Booth's, named Emily Parker, who states that she sent her to the chemist's to get eight grains of acetate of morphia. This the nurse strongly and emphatically denies; also that a bottle of liquor strychnia in Mr. Booth's surgery showed an unaccounted-for waste in its contents. The rest of the evidence proves merely that morphia was present in the contents of Mrs. Booth's stomach at the time that she was in the state of coma, and that she did present all the appearances of poisoning by opium. The nurse bears a very good character with the authorities of the institution, with which she is connected.

A great deal of interest and excitement have been provoked by this case in the minds of the profession and the public generally in Sheffield. In the event of its being traced home to the prisoner charged with the crime, the most horrible thing about it will be the apparent absence of all reasonable motives. As, however, in the interests of the prisoner, her counsel, upon finding that the magistrates had determined to commit her for trial upon the evidence before them, withheld all that might be said in defence, it is only right that the public should also withhold their judgment until all the facts of the case are before them.

GUY'S HOSPITAL AND THE PUBLIC.

PUBLIC indignation at the deplorable errors which have characterised the action of the governing body of Guy's Hospital during the past twelve months, and which have culminated in a grave financial difficulty, has at length been aroused to express itself with no uncertain voice. Those who have attentively regarded the progress of events will not fail to have perceived that sooner or later some such result as this would arise to bring about a definite decision on the principal point at issue. This throughout the controversy has been only indirectly associated with Guy's Hospital, it has been, and remains, how

far shall the professional staff be subjected to the control and dictation of lay officials? The large question that calls for settlement is that of hospital management generally; and it is gratifying to note that the public meetings being held to protest against the state of affairs at Guy's, recognises the necessity for complete remodelling of the rules by which charitable institutions are governed. As we have repeatedly insisted, but one answer is to be given to this question, that, namely, parliamentary interference only can serve to effect for all hospitals what Guy's in particular just now so pressingly requires. A Royal Commission will probably secure, most effectually, a proper consideration of all the data that will need to be discussed in connection with this matter. We are not even now without evidence that other important charities, if left to the guidance of their present directors, will possibly pursue a course as fatal to the interests of the sick poor as that which has led to the closing of nearly two hundred beds at Guy's. Prevention is better than cure, and in view of the possible contingencies of the future, an ounce of foresight is of infinitely greater value than a pound of the wisdom that can only say "I told you so." It is perhaps too much to hope the treasurer of Guy's Hospital will be more influenced by the opinions of the inhabitants of Southwark, than he has shown himself to be by the unanimous voice of the whole medical profession. So long as he continues to hold the power he has wielded with such disastrous consequences to a noble charity, the experience of the past affords little prospect of any remedy from him. It may be the question of legality, in connection with the outlay on his private residence, will have some bearing on his further proceedings. Regarded from our point of view, there is nothing to excuse what bears every appearance of wanton extravagance; and that this inconsiderate waste of money should have been sanctioned at a moment when the pecuniary resources of the institution were confessedly inadequate to its efficient and entire maintenance, says little for the discrimination of the officer chiefly concerned. Whatever may be the outcome of the meetings held, and to be held, one thing at least is certain, that the ill effects of reposing absolute authority in the hands of one or a few individuals, where great interests involving the welfare of a large dependent class are involved, will be prominently dwelt upon, and a remedy will be at least proposed that shall prevent any abuse of power in the future.

The matter has now passed beyond the limited field of discussion to which it has virtually been hitherto confined. The scandalous mismanagement of Guy' Hospital is become the subject of platform oratory at public meetings; the ill-considered resistance of its treasurer is the theme for indignant eloquence to spend its efforts on, when aroused in defence of the poor who suffer through his acts. But in all cases sympathy with the medical staff is expressed, and in the end we fervently hope peace and prosperity may be restored to a deserving but unfortunate institution.

THE obituary of the *Times* newspaper of Thursday last contained some remarkable illustrations of prolonged existence—viz., five gentlemen and four ladies, whose united ages amounted to 787 years, giving an average of 87 years and over five months to each.

Notes on Current Topics.

The Ophthalmological Society.

THE second meeting of the newly-created Ophthalmological Society of the United Kingdom, was held on December 9th, the President, Mr. Bowman, F.R.S., in the chair. The interest in the proceedings was quite as strong as that evidenced at the first meeting, and a number of living cases were exhibited, bearing on ophthalmic science. Among them was one shown by Mr. Jas. E. Adams, of peculiar opacities in the vitreous humour following injury; one by Dr. Stephen Mackenzie, in which retinal hæmorrhage and degeneration were consequent on scurvy. Dr. Buzzard, however, inclined to think the history of this case as related by Dr. Mackenzie tended to prove it was an example of purpura. A second case, brought by Dr. Mackenzie, was especially interesting, being one of idiopathic pernicious anæmia, with retinal hæmorrhages. Dr. A. D. Davidson showed a case of congenital absence of one eyeball; Dr. Allen Sturge a case of paralysis of both 3rd nerves, and of the facial and fifth of one side with hemiplegia; Mr. McHardy, a case of recent rupture of the choroid; Mr. Wordsworth, a case in which from one and the same injury both eyeballs were ruptured, and the lenses dislocated beneath the conjunctiva; removal of lenses and recovery of excellent sight in both eyes; also a case showing peculiar granules—apparently calcareous—on the iris after needle operations for soft cataract. The papers read, of which want of space compels us to omit abstracts, were two; one by Mr. Critchett on peritomy, and one by Dr. Hughlings-Jackson on cases illustrating the eye symptoms in locomotor ataxy. There is evidently no lack of interest in the Society; and it is to be congratulated on the apparently successful future before it.

Bread Reform.

THE question of our national bread supply has been made the basis of an association of medical, scientific, and other persons, who, as "The Bread Reform League," will devote attention to revolutionising the existing conditions by which the poor obtain their chief nutriment. It seems fairly well established that the baker's ordinary white bread is deficient in the amount of food formers it contains, as compared with the whole wheat bread largely sold by several tradesmen. It is the intention of the League to popularise the use of what they term "granular wheat bread," for which they claim special advantages. At the present time there is a growing tendency to eat the wheaten article amongst the better classes of society; but there is an absurd prejudice against it on the part of the dependent classes, on whose behalf especially the League proposes to exert itself. In the form of fine white flour, Messrs. McDougall have for some time supplied the public with bread-making material, which is practically as nutritious as the whole wheat flour advocated by the leaguers; and which is, moreover, free from the appearance and peculiar hardness of crust when baked that are objected to in the latter. It is undoubtedly highly necessary to secure a general improvement in the character of the bread upon which the bulk of our population chiefly exist, but the association formed to this end should carefully consider every point connected with it before venturing on any extensive course of action.

Baths for Medical Purposes.

PRACTITIONERS of medicine frequently are at a loss how to provide in certain cases of disease, which require the assistance of baths as a means of cure. Though it is true that there are in London and some of the larger towns, baths set apart, and specially prepared for invalid use; still, the attention to be found at such places is not likely to be so trustworthy as that from trained hospital assistants. It is, therefore, a matter of much importance to medical men and their patients, that the committee of University College Hospital have announced their determination to throw open the excellent baths of that institution on two days per week to the public on payment of a stated fee. The days so selected are Wednesday and Thursday, and the prices to be charged are, 5s. for mercurial and sulphur baths; 3s. 6d. for all others. In the evenings the prices will be lower. On payment of a fee of 2s. 6d. the patients of medical practitioners will be allowed to use the baths at times other than those specially set aside for private patients. Every patient will be obliged to bring a written recommendation from his or her medical attendant specifying the nature and number of the baths. This, together with the necessary fees, must be presented to the secretary or his representative, and no fees will be permitted to be given to the bath attendants under any consideration whatever. The baths are of every description, including plain water, medicated water, Turkish, vapour, mercurial, sulphur, needle and douches of all kinds.

A New Classification of Skin Diseases.

ONE of the recent Vienna medical publications is Prof. Ausspitz's "System of Skin Diseases." From a review of it in a foreign exchange, we extract the classification he adopts. It is as follows:—

1. Simple inflammations of the skin variously produced (*e.g.*, eczema, scabies, and acne are in this class).

2. Angio-neurotic dermatoses—dermatoses characterised by extensive disturbance of the vascular tone, with more or less inflammatory congestion on the surface of the skin (*e.g.*, measles, small-pox, medicinal rashes, erythema multiforme, are in this class).

3. Neurotic dermatoses—dermatoses caused by disease of nerves of sensation, and perhaps trophic nerves (*e.g.*, herpes zoster, decubitus acutus, are in this class).

4. Dermatoses caused by passive congestion (*e.g.*, cyanosis, elephantiasis arabum, and scleroderma, are in this class).

5. Hæmorrhagic dermatoses (*e.g.*, purpura and scurvy, are in this class).

6. Idio-neuroses of the skin—functional anomalies of the cutaneous nerves, without trophic changes in the skin. This class contains, among others, neuralgia, pruritus and prurigo.

7. Epidermidoses—anomalous growths of the epidermis and its appendages (containing, *e.g.*, psoriasis, alopecia areata, hyperidrosis, carcinoma, and pemphigus).

8. Chorioblasts—anomalous growths of the corium and of the subcutaneous connective tissue (containing, *e.g.*, lupus, syphiloderma, lipoma, and striæ atrophical cutis).

9. Dermato-mycoses—containing the skin diseases produced by the vegetable parasites.

This short sketch will suffice to show that Professor Ausspitz's classification is based on a different principle from those with which books on dermatology have made us familiar, and will partially indicate its chief features. The interest of the book lies in the exhaustive criticisms and acute speculations by which the classification is sought to be justified.

A Homœopathic Health Officer.

FOR eight years the position of medical officer of health at Halifax has been filled by Mr. Ainley. This gentleman, though qualified, is tainted with the heresy of homœopathy. On the time arriving last October for making a re-appointment, the committee instructed to consider the matter recommended that Mr. Ainley be not re-appointed, but that Mr. Cookson be appointed in his stead. The Town Council of Halifax refused to adopt this recommendation, and resolved to re-appoint Mr. Ainley. The committee defended their decision on the ground that, in the event of an epidemic breaking out, none of the other medical practitioners of the borough would work with Mr. Ainley, and that they would work with Mr. Cookson. This fact was made evident by a memorial which was read from the principal medical men of the town.

The Third International Congress of Hygiene.

THIS Congress met at Turin, Sept. 9—12. The Hon. President was Count Ferraris, of Turin; the Acting President, Prof. Paschioff. About one hundred and fifty members were present, among whom were the well-known hygienists, Profs. Fauvel, of Paris, Crocq, of Brussels, Filkelnburg, of Bonn, Vidal, of Paris, Jæger, of Amsterdam, &c.

Among the subjects discussed were obligatory vaccination, the purification of drinking water, the importance of general popular instruction in hygiene, &c.

The next place of meeting was fixed for 1882, at Geneva.

On the adjournment of the Congress it was invited, and went in a body, to Milan, to observe the cremation of a cadaver in the furnace erected there for that purpose.

The Visitation of Examinations.

THE General Medical Council is about to resume immediately the visitation of examinations, and at their last meeting the executive committee resolved:—

"(*a*) That two visitors, one a physician and the other a surgeon, visit, if possible, each of the professional examinations of each College of Physicians and Surgeons in England, Scotland, and Ireland, at least once during the year 1881.

"(*b*) That a member of the Council be associated in visitation with the visitors aforesaid."

We look to these visitations, if conducted in an honest, uncompromising spirit, as the last were, to produce good results, but we trust that the reports of the visitors will not, in this instance, degenerate to the level of the good-natured platitudes and solemn interchange of compliments which once formed the staple of the pronouncements of visitors.

MR. ARTHUR E. DURHAM, F.R.C.S., has been elected Chairman on the Board of Examiners at the Royal College of Surgeons, England, vice Mr. Christopher Heath, retired.

Rare Case of Generalised Sarcomata.

At the meeting of the Paris Société Medicale des Hopitaux, November 26th, Dr. Millard showed some specimens from a patient who had been twenty-two months in the Hopital Beaujon. The patient had been presented to the society in fairly good health on May 28th last. The woman had in her abdomen a tumour which seemed to hang from the liver, but which in reality was adherent to it only to a slight extent. Besides this abdominal tumour she had under the skin a considerable number of sarcomata, one of which was removed and examined during life; it consisted of tissue of a sarcomatous type, a fibroplastic of Lebert. Many remedies had been tried, tincture of iodine alone succeeded in doing any good; this had at one time caused great improvement, almost a hope of cure. What made the prognosis reserved was that the tumours which had been removed for examination with the microscope, had returned in the same place, a sign of their malignant nature.

At one period the tincture of iodine ceased to give good results, there was generalised œdema, ascites, general decay. From this time the patient declined more and more, though there were some remissions. Dyspnœa appeared, pleural frictions were audible, and there were evidently pulmonary sarcomata projecting into the pleura. Colliquative diarrhœa terminated the scene on November 19th.

At the autopsy were found sarcomata throughout the body, the lungs, and the thyroid; the large abdominal tumour weighed 2,650 grammes, and had caused, by pressure, atrophy of the right kidney. What is remarkable is that in the midst of this generalisation the glandular system was not attacked; thus, whilst the lungs were full of sarcomatous tissue, the bronchial glands were unaffected.

St. John Ambulance Association.

Major Duncan, R.A., the indefatigable head of this widespread association has been visiting the centres in different parts of England. On the 25th ult. he addressed two well attended public meetings at Bournemouth, one of which was presided over by the Bishop of Winchester, and was to leave the next day on a similar errand for Dublin. The centre at Bournemouth, which was established in the early part of the year has been most successful. Four courses of lectures have been already delivered by Drs. Douglas and Lamson, and Messrs. Turner and Hemming, three for ladies and one for men. A course is now being given to the railway officials by Dr. Frazer, and other courses are in progress of organisation. Similar intelligence reaches us from all parts of the kingdom of the spread of this work.

The Retirement of Mr Pollock.

It is felt that the retirement of Mr. G. D. Pollock from the post of Senior Surgeon to St. George's Hospital affords a fitting opportunity to many friends and admirers to testify the estimation in which they hold him. For this purpose a committee has been formed, to which the arrangements for a public meeting have been entrusted. The date at which this is to be called will be shortly announced.

Bloodless Excision of the Mammary Glands.

Several cases are reported by Dr. Leisrink, in the *Centralblatt für Chirurgie* in which he removed the mamma without the loss of a drop of blood! The patients had pendulous breasts, and hence favourable for the operator. He prepared an apparatus having two metal rods at the sides, and a movable cross-piece at each end. These cross-pieces could be screwed closely together. The breasts were first emptied of blood by pressure and manipulation, and then the apparatus adjusted. He found it much superior to any modification of the Esmarch bandage.

Hygienic Treatment of Varicocele.

Dr. P. Vautier, in a recent thesis, rejects the suspensory bandage in the treatment of varicocele, on the ground that it supersedes the natural support given to the testicles by the contractile dartos tunic and by the cremastor muscle, the tonic contraction of the latter especially aiding constantly in the emptying of the spermatic veins. These natural forces are lost if the parts be artificially supported, while the heat generated by the bandage also tends to prevent the scrotum from contracting. The author advises rather, in the early stages of the affection at least, prolonged rest in the horizontal position, varied by gymnastics or other moderately violent exercise.

The Royal Institution.

The arrangements for the Friday evening meetings at the Royal Institution include discourses on the following subjects:—January 21, "The Phenomena of the Electric Discharge with 14,400 Chloride of Silver Cells, by Dr. De La Rue; January 28, "The Origin of Colonial Organisms," by Dr. Andrew Wilson; February 4, "The Teachings of Modern Spectroscopy," by Dr. A. Schuster; February 11, "The Distances of the Stars," by Dr. R. S. Ball; February 18, "Fruits and Seeds," by Sir J. Lubbock; February 25, "Excitability in Plants and Animals," by Dr. J. S. Burdon-Sanderson; March 4, "Elasticity viewed as Possibly a Mode of Motion," by Sir W. Thomson; March 18, "Musical Pitch and its Determination," by Dr. W. H. Stone; and March 25, "The Weather and Health of London," by Mr. Alexander Buchan. Another evening will be occupied by Professor Tyndall, but the subject is not yet announced.

Proposed Establishment of a Retreat for Inebriates in England.

At the meeting of the Social Science Association in February, 1880, at which a paper was read on the Habitual Drunkards' Act of 1879, the following resolution was passed:—

"That to establish a home for the treatment of habitual drunkards, in which it is proposed that the managing committee shall have no pecuniary interest, appears the best way by means of which the Habitual Drunkards' Act 1879 is likely to be made useful. This meeting, therefore, recommends the Society, by whose means the Act was obtained, to proceed with the course which they propose to undertake; and that the term 'Dalrymple Retreat' appears to be an appropriate name for the proposed home."

A resolution to the same effect had been also passed at a conference of the joint Committee of the British Medical

Association and the Society for Promoting Legislation for the Control and Cure of Habitual Drunkards. The Committee are now making an effort to carry this into effect; and it is hoped that an institution for the working and lower middle classes, when once started, by sufficient but small payments, may be made self-supporting. The Committee appeals for donations or subscriptions to enable them to organise such a retreat. Dr. S. Alford, of 61 Haverstock Hill, N.W., is the Hon. Sec.

Value of Salts of Ammonia, &c., in Diabetes.

It has been shown by various authors, according to *Berlin. Klin. Wochensch.*, that salts of ammonia are eliminated by the carnivora and herbivora, in the form of urea; and Adamkiewicz has shown that this is the case also in the human subject. On the theoretical ground that salts of ammonia might also diminish the quantity of sugar voided in the urine, the latter investigator proposed to employ them in the treatment of diabetes, and published several cases in which they seemed to have this action. Dr. P. Guttman, physician to the Baraken-Lazareth, Berlin, tried this method of treatment in a diabetic patient, with the following result: During the first five days, in which no medicine was given, the average amount of sugar excreted per day was 231·65 grams; during the succeeding thirty-one days, in which ammoniacal salts were given freely, it was 223·11 grams per day; while during the immediately subsequent period of thirty-one days, in which no medicinal treatment was pursued, it fell to 173·19 grams per day. These figures tend to show that the salts of ammonia not only do not lessen the excretion of sugar, but perhaps even augment it. The same case also was afterwards treated by the Carlsbad water (Mühlbrunnen), and carefully observed for thirty days, with the result that the loss of sugar was not in the least diminished, but rather increased.

Illness of the Viceroy.

We regret to observe that Lord Ripon suffers from what appears to be a severe attack of fever; at the same time we consider that the illness of His Excellency illustrates the great importance of the discussion lately raised on the subject of Indian fevers generally, and conducted in this journal, as well as in some of our contemporaries. The attack of the Viceroy is believed to have originated from a *chill* while visiting the caves of elephants near Bombay, that is, no doubt, as a result not of exposure to cold, but of exposure to the sun, and to "malaria" or other great influences incidental to the *jungle* surrounding those caves, and to the hot damp atmosphere of the place even at the beginning of the month of December, that is the ordinary causes of what in former days was known as *jungle* fever occurring in the person of a new arrival in India. Reports go on to state that symptoms of fever showed themselves on the following day during the visit to Poona, and the departure for Calcutta was postponed for a day. The Viceregal party left Bombay on the evening of Dec. 5, with the intention of reaching Calcutta on Dec. 8; but a sleepless night in the train caused Lord Ripon so much exhaustion that he thought it advisable to break the journey at Allahabad, where he still remains. The state of weakness to which he has been reduced, and the fact that he is not acclimatised, necessarily give rise to grave anxiety. Surgeon-General Payne, of Calcutta, with Surgeon-Major Anderson, His Excellency's personal surgeon, are in attendance upon him. The latest telegram says that the Viceroy is somewhat better, although suffering from occasional relapses, and that all the symptoms are favourable.

From these particulars, and from long personal experience in India, we gather that the "relapses" alluded to are among the ordinary characters of the remotest type of the fever already named; that the expression *typhoid* is not meant to indicate a specific form of fever such as here in London is usually assigned to contaminated water, drink, or to foul air, but as indicating simply what in a later telegram is described as a state of extreme weakness.

The Medical Services.

From official notices sent us we are informed that on the 14th of February next examinations will be held for commissions in the Army Medical Department and Indian Medical Service, respectively. In the advertisement regarding the latter service it is stated that thirty appointments are to be competed for, so that candidates now scattered over the kingdom may know what it is they come to London to contest for. No similar information, however, appears regarding the first-named service, so that young medical men are left absolutely in the dark as to this—to them—very important point. Another matter regarding which it would be well if some definite information were given to candidates. It is this; whether they may expect to obtain their commissions according to the order in which they stand in the list of merit as the result of their examination at the London University, or their final examination at Netley; or that according to the combined results of both these ordeals; if by neither of these, by what other principle? We have reason to believe that candidates are by no means assured upon these points, and it is obviously desirable that they should know exactly how they stand with reference to them.

A Triple Ovary.

Dr. Keppler, a German physician, settled in Venice, on the occasion of his sixth ovariotomy (all successful), found a third ovary, with its corresponding tube, completely developed. According to Rokitansky and Klebs, no such circumstance has hitherto been observed. His case is reported in the *Allg. Wiener Med. Zeitung*, of September 7th. Supernumerary ovaries merely, are by no means uncommon. Dr. H. Beigel claims to have found them in twenty-three cases out of five hundred autopsies.

The rates of mortality per 1,000 last week in the principal large towns of the United Kingdom, were:—Sheffield 16, Leeds 17, Plymouth 17, Portsmouth 18, Norwich 18, Sunderland 18, Birmingham 19, Bristol 19, Bradford 19, Oldham 19, Nottingham 20, Leicester 20, London 20, Newcastle-upon-Tyne 20, Brighton 20, Wolverhampton 21, Edinburgh 21, Hull 22, Manchester 23, Liverpool 24, and the highest rate 27 in Dublin and Salford.

Tonga.

THE *Pharmaceutical Journal* says that, according to information lately furnished by Mr. Christy concerning the source of this article, and as having been received from Dr. Bancroft of Brisbane, it appears that it is not to be regarded as the product of any particular plant, but rather as a kind of herbalist's composition powder, for which a formula was obtained by a German resident in one of the Fiji Islands, who suffered from neuralgia, and sought relief by trying the effect of the leaves, bark, fruits, and roots of every plant growing wild upon the island. By this enterprising and eclectic method it is reported that he eventually arrived at a combination from which he wishes to make what profit he can; and we learn from the September report of Messrs. Gehe and Co., that this remedy appears in commerce as a fluid extract. It would appear from this that "tonga" is less a subject for pharmacological study than an addition to the repertory of secret preparations.

Influence of Change of Position on Temperature.

DR. SASSESKI, of St. Petersburgh, shows, in a recent paper, that the elevation of the upper extremities, and still more of the lower extremities, increases the frequency of the pulse and of respiration, as well as the temperature of the body (taken either in the mouth, the rectum, or the axilla) as much as 2° to 3·2°, while that of the hands falls to 1·5°. These changes are more marked among the sick, especially those attacked with typhus, than among the healthy. The more advanced is the febrile condition, the more the nutrition of the heart is altered, and the more sensitive it becomes to changes in the position of the extremities.

Infant Mortality in France.

M. PAUL LEROY-BEAULIEU calls attention to the increase of infant mortality in France during the last thirty years. Between 1840 and 1849 the number of deaths of children below one year of every 1,000 births was 140; from 1850-59 it was 172; from 1860-69 it had increased to 175; and it rose during the last decade to 178. A striking feature in connection with this branch of social politics is the increase in the number of still-born children, and particularly in the case of illegitimates. Dr. Daremburg, in an article in the *Journal des Debats*, attributes this unsatisfactory state of things in a great measure to the increase of crime, and believes that infant mortality is largely affecting the decrease of population.

Two New Anæsthetics.

THE discovery of two new anæsthetics is announced by Dr. Edward Tauber, of Jena, in the *Centralblatt*, October 16th. The one of these is methylchloroform. He tried it upon animals, and afterwards upon himself. Its action is very similar to that of chloroform, and it does not seem to possess any advantages over it. The second anæsthetic is also closely allied to chloroform, resembling it in odour, specific gravity, and boiling point. Its effect, however, would appear to be more prompt and more temporary than chloroform. The chemical names of these substances are respectively monochlorœthylidenchlorid and monochlorœthyleuchlorid. These brief and convenient names will, no doubt, add to the popularity of these substances.

Tumour of Thyroid.

M. TERRILLON brought before the Société de Chirurgie of Paris, on Nov. 17 (*Le Praticien*), the case of a young girl, æt. 24, who had for two years a tumour of the right lobe of the thyroid which caused dyspnœa and frequent suffocative attacks, especially during the night and obliged her to hold her head constantly inclined towards the side opposite to that of the tumour. The larynx and trachea were displaced, the voice raucous; it was resolved to operate.

On performing the operation the tumour was found to be adherent to the larynx and trachea; numerous ligatures were required. Drainage tubes were inserted and the wound united by catgut sutures. The drainage tubes were removed from the seventh to the eleventh day; at this time there remained only a small fistula which closed after the removal of two catgut ligatures which were not absorbed. The patient completely recovered.

Double Fracture of the Lower Jaw.

AT a recent meeting of the Societé de Chirurgie, Dr. Despres mentioned the case of a man, æt. 54, who in alighting from a tramway car fell with his chin on the footboard. The next day, when M. Despres saw him, he found a double vertical fracture of the maxilla. The peculiarity of the case consisted in the fact that the patient had absolutely no teeth. M. Despres was therefore compelled to apply a gutta percha mould under the chin attached to a linen cap on the head. The patient was kept thus for three months: fracture of the callus frequently occurred. Three months and a half after the accident the patient was able to have a denture replaced, the fracture being well consolidated.

Fish Eating and Leprosy.

THE letter of Surgeon-Major Curran on this subject which we publish to-day, has special interest now that all eyes are directed upon Ireland and the condition of Irish peasantry, and besides, this is worth reading as a contribution to dermatological lore. There are still in Ireland some reminiscences of the bye-gone existence of leprosy. For instance, there still remains in Waterford a leper hospital, which was established in 1786, but has long since ceased to be devoted to this disease.

MR. DRAPER, of the firm of Bewley and Draper, Dublin, has been chosen to fill the vacancy on the Irish Pharmaceutical Council occasioned by the death of Mr. John Goodwin.

THE President of the United States has sent to Congress statements from the Consuls, showing the reports current abroad of the existence of trichinæ in American hams to be grossly exagerated.

THE degree of LL.D. was conferred upon General Sir F. Roberts, on Thursday last, by the Senate of the University of Dublin, in the Examination Hall of Trinity

College. Dr. Webb, the public orator, in a Latin speech, recited the exploits of General Roberts in India.

Dr. Rymer Jones, F.R.S., the popular Professor of Zoology and Comparative Anatomy at King's College, and Lecturer at the Royal Institution, died last week of heart disease, at the age of 70.

Professor Dewar will give the first of his Christmas Lectures (adapted to a juvenile audience) on "Atoms," on Tuesday next, December 28th, at 3 o'clock, at the Royal Institution of Great Britain.

The Public Prosecutor has announced his intention of taking charge of the case against the nurse, Mary Annie Wilmot, who was committed for trial the other day on the charge of endeavouring to poison Mrs. Booth, wife of a Sheffield surgeon. The case will come on at the Leeds Assizes in February.

The Medical Officer of the Bristol Sanitary Authority has reported that 25 of the 50 inmates of the Girls' Industrial School at Cotham recently exhibited symptoms of poisoning. All the articles used in the institution had been analysed, but nothing poisonous was found. He suspected lead poisoning, but how this could have occurred he could not conceive. All the girls had recovered.

Thomas Titley, the chemist charged, as the result of a police stratagem, with having supplied noxious drugs for the purpose of procuring abortion, was tried at the Central Criminal Court before Mr. Justice Stephen on Thursday last, and, having been found guilty and strongly recommended to mercy, was sentenced to 18 months' imprisonment with hard labour.

In the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 30, Bombay 28, Madras 39; Paris 28; Geneva 19; Brussels 26; Copenhagen 15; Stockholm 31; Christiania 18; St. Petersburg 38; Berlin 26, Hamburg 23, Dresden 21, Breslau 34, Munich 22; Vienna 23, Buda-Pesth 34; Rome 31, Naples 24, Venice 27; Alexandria 50; New York 29, Brooklyn 23, Philadelphia 17, and Baltimore 19 per 1,000 of the population. Small-pox caused 24 deaths in Paris, 14 in Vienna, and 42 in Rome.

The death-rate in the large towns last week from the seven principal zymotic diseases per 1,000, ranged from 0·0 in Norwich and Plymouth, to 4·5 and 6·2 in Sunderland and Salford. Scarlet fever showed the largest proportional fatality in Sunderland, Bristol, Salford, and Liverpool; measles in Salford; and whooping cough in Hull and Liverpool. The highest death-rate from fever was returned in Leeds. The 12 deaths from diphtheria included 8 in London. Small-pox caused 12 more deaths in London, and one in Liverpool, but not one in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

The Fellowship of the Royal College of Surgeons of Edinburgh.—We understand that in order to insure a full discussion of the proposed new regulations as to admissions to the Fellowship of the Royal College of Surgeons, the report of the present committee, appointed on the motion of Mr. Chiene at a late meeting of the College, is to be printed and circulated among all the Fellows, along with that prepared some years age by Professor Annandale. The reports will most probably be discussed at an early meeting in February.

Royal College of Surgeons of Edinburgh.—Under this heading we notified last week that a dramatic and musical association had been organised among the students of this College. We regret that we have offended the delicate sensibilities of some of the Fellows of that College, for we learn that the notice was brought under the attention of the College and the clerk authorised to inform the gentlemen of the "Dramatic Association" that there was *no school* of the College, and that in future such notices must not be allowed. The anxiety of some of the Fellows to maintain that they are only an examining body and not a teaching body would be ludicrous were it not, we fear, suicidal.

Indiscriminate Marriages and their Effects.—Dr. Stirton, of Glasgow, one of our best authorities on fungi and cryptogamous plants, in concluding a paper read at the fortnightly meeting of the Philosophical Society of Glasgow on the 15th inst., "On Some of the Lower Vegetable Organisms," dwelt, as if by a natural transition on "low organisms" in the human family, resulting from indiscriminate marriages, he alluded to the difficulties, nay, the dangers to medical men, of giving expression to their scientific opinions on this subject; the liberty of the subject, he remarked, almost sacred in this country, would be shrieked n his ears, denunciations and terrors of the church might be thundered against him; but as these in the days in which we live were happily confined to thunderings, and were not followed by more emphatic expressions of disapproval, he might not heed much. The diseases of childhood thus engendered were pourtrayed; and the difficulties, moral and physical, belonging to the offspring of ill-assorted marriages, in the struggle for existence pointed out. Dr. Stirton is an avowed believer in the heredity of both moral and physical tendencies of a degenerate type; and he pointed out that it was the rural population which formed the backbone of our national physique. On the motion of the chairman, a hearty vote of thanks was accorded to Dr. Stirton for his interesting and thoughtful address.

Scarlet Fever in Rutherglen. — Dr. MacKechnie, Medical Officer of Rutherglen, reports that during the month of November there were twenty-five deaths in the municipal burgh, being at a rate of 27·60 per 1,000 per annum, or more than double the rate of the corresponding month of last year. The great increase in the mortality is due to an epidemic of scarlet fever which had caused eleven deaths during the month, or 47·82 per cent. of the whole.

Fever in Edinburgh.—The amount of fever which has recently prevailed in Edinburgh shows no signs of abatement. The patients in the old Infirmary labouring under fever and infectious febrile diseases, where all cases are treated y the medical staff, none being received into the

new buildings, were, on the 13th inst., reported to be eighty-four, being the same number as reported a week previously, and the deaths during the week were six. In order to keep the different kinds of fever isolated from each other, the managers have felt it necessary to open an additional number of wards in the old buildings, where meantime, including those already occupied, 120 beds are held in readiness.

A MUNIFICENT GIFT.—Dr. Forbes, of Milburn, has just endowed the Inverness Dispensary with the sum of £6,000. The endowment will be under the management of trustees, who will be the Provost and Bailies of the burgh, the minister of the West Church, and the member of Parliament for the burgh for the time being. £100 of the interest will be given to the medical attendant, and who may be one of the practitioners in the burgh, and £20 (in addition to his present salary) to the superintendent, while the rest will be spent in the purchase of medicine, and in meeting the general requirements of the dispensary. The present medical attendant is Dr. Mackenzie. At a private meeting of the magistrates held on the 16th inst., they agreed to act as trustees.

A SENSIBLE SHERIFF.—A case of considerable medical importance was recently tried before Sheriff Smith, Port Glasgow, in which Dr. Crawford of that town sued George Russell for £9 17s. for professional services. Payment was refused on the ground that Dr. Crawford had treated the defender in an unskilful manner, and the latter presented a counter-claim for £12, and his employers another for £18, for alleged loss and outlay on account of a cure not having been effected until the defender underwent an operation in Glasgow. Russell, who is in the employment of saw-millers in Port Glasgow, met with an accident in the yard by which he got a leg and an arm broken, and Dr. Crawford was called in, and attended for some time until the leg was healed, but the arm did not get better so quickly, and the defender declined the further services of Dr. Crawford, and went to Glasgow. Both he and his employer held that the deferred healing of the arm was caused by unskilful treatment on the part of the doctor, and they alleged that they were entitled to recover the sums named. The case went to proof, when a number of local medical men were examined; and besides, Professor Macleod, of Glasgow, who was of opinion that Dr. Crawford admirably managed the case. Through the courtesy of the gentleman in question we are informed that the injury was a very severe one. The leg was broken very badly. There was a compound comminuted fracture, with protrusion of the fragments, and extensive destruction of the soft parts. This went all right, and patient has a good leg. The humerus was broken at its centre, and the swelling and discolouration were very great, the blackness extending from the shoulder to the wrist. This was also admirably managed. The man was originally a weak subject, and having several injuries, his recuperative power was not sufficient to restore both bones, and the one most liable to failure of consolidation, viz., the humerus, did not unite firmly, until, on the recommendation of Dr. Macleod, the ends of the bone were exposed and wired. Sheriff Smith, in deciding, said the case was one of very great interest. The evidence showed that Mr. Russell's case was one demanding much more than ordinary skill, and when Dr. Crawford, along with Dr. Grieve, saw the serious nature of the injuries, they advised removal to the Greenock Infirmary. Mr. Russell unfortunately declined the advice. On coming to consider the evidence, the Sheriff said he found nothing to entitle him to decide against the defender. It was rather shown that, so far from being an incompetent surgeon, Dr. Crawford had proved in this case that he was more than usually competent, and the people of Port Glasgow ought rather to be exceedingly proud to have him among them. Professor Macleod's evidence was most valuable, and he was of opinion that the whole case was admirably treated by Dr. Crawford, and as well as could have been done in Glasgow. He had further stated that the bone in the arm which did not unite until a long and painful operation had taken place, was a bone of all others most frequently found difficult to unite after being fractured. Dr. Macleod also stated another reason, and that was that owing to the fractured leg the bone-forming elements in the system were being taken up by the leg. In fact all that Dr. Crawford had done throughout the case had been approved of by this witness. Dr. Crawford, the Sheriff thought, was charging a very low rate of remuneration for his attendance in this very difficult case, and it reflected the greatest credit upon him that he took the trouble unknown to his patient, to go up to Glasgow in an early stage of the case and have a consultation with Professor Macleod, and without making the least charge for it. Dr. Wallace's evidence showed that the removal of part of the bandages from the arm, which was made a point on pursuer's behalf, could have no effect in retarding recovery. His Lordship then gave decree in favour of the pursuer, with expenses. Dr. Macleod's conduct in the case is most praiseworthy, and heartily to be commended. Such professional loyalty, if more frequently practised, would redound to the general weal.

Correspondence.

FISH-EATING AND LEPROSY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A contemporary, whose crowded columns are not always open to an humble outsider like the undersigned, having apparently closed its pages against a further discussion of this subject with the usual negative result, and finding that the matter has an Irish aspect, I am induced to re-open it, for a moment, with your permission, in the *Medical Press*, and to ask its readers if they can confirm or disprove a statement about it quoted below in reference to Munster. Without pretending to any greater knowledge of the question than falls to the lot of any fairly educated medical man who has kept up his reading, I have, however, given the matter some attention with the result that the "fish theory," though probable, is yet far from being proven.

Many of the older writers believed in it, while all recent research tends to doubt or deny it, and Drs. Cunningham and Lewis, who reported officially on its causation in Kumaon, where it has been endemic for ages, came to the conclusion, if I misremember not, that its prevalence in that remote Himalayan province, was due to local insanitary, or other tribal causes. The late Allan Webb, of Calcutta, looked upon the somewhat kindred condition of elephantiasis as "a blood disease," and Dr. Waring, who examined the fishing villages of Travancore for a clue to it, came to the conclusion, "Indian Annals of Medical Science," No. 9, p. 22, that "the opinion that fish, as an article of diet, causes it, must be regarded as apocryphal."

With more especial reference to my old home in the South, the following from a curious old book, entitled "Ireland's Natural History," by one Gerard Boate, Doctor of Physic, which was imprinted at London in 1632, speaks for itself, and I am anxious to know how far it is credible, or *vice versa*. This Boate, who was, he alleges, connected as a physician or apothecary with the army in Ireland in those days, alluding to the leprosy, "which, in former times, used to be very common there, especially in the province of Munster, the which, therefore, was filled with hospitals, especially built for to receive and keep the leprous persons," says, p. 184, that "this horrible and loathsome disease" was due not "to any peculiar defect in the land or in the air, but merely through the fault and foul gluttony of the inhabitants in the excessive devouring of unwholesome salmons. The common report in Ireland is, he adds, that boiled salmons eaten hot out of the kettle in great quantity, bring this disease, and used to be the cause why it was so

common, and some famous authors have not, he continues, stuck to relate as much for a truth."

Of this remark I will only say that I am old enough to remember that salmon was a comparatively common dish some thirty years ago or so at my father's table, during Lent and at other times, in the county of Waterford, near the Blackwater. It is now so scarce or dear in that locality as to be rarely seen, I am told, on the tables of even those who export it. A gentleman here tells me that it used to be sold for threepence a pound about forty-five years ago, in the King's county, near Birr, whence he comes, and it was so cheap within the same, or at a later period, through the Mersey, that flows by this town, that apprentices actually stipulated in their indentures that they should not get it for food more than twice a week. It sells now in the local market, as I know to my cost, for from one to 2s. 6d., or even 3s. a pound, according to season, &c., and yet has leprosy never prevailed in this neighbourhood, or, it may be, only sporadically elsewhere in Lancashire. Mr. Beamont, the well-known antiquary, assures me that he inquired into this very point during his travels in Egypt and Syria, and found that the causation of leprosy from the use of fish as a diet was everywhere discredited in the East.

A somewhat similar sentiment to that enunciated above was, I think, entertained or quoted by the late Sir James Simpson, in his *brochure* on leprosy in Scotland, and Tytler testifies in his "History," vol. ii., p. 75, to its widespread prevalence in former days in that country. "It abounded," says Dr. Druitt, "Vade Mecum," 11th edition, p. 73, "in England and Scotland, during the middle ages. . . . It lingered in Scotland after it was extinct in England, and the last place it was found in was Shetland." Lord Dufferin connects, "Letters from High Latitudes," p. 144, its existence in Iceland with a fish diet, but cutaneous diseases of all kinds would appear to be common in that ill-favoured isle, and this persistence may be so far said to support the Icthyophagic theory. I am not, however, aware that the Shetland Islands have undergone any such social or sanitary changes since the time indicated above as would account for its total expulsion from, or disappearance in them, and the frequent occurrence of the name of St. Giles, who was, I believe, a leper, would seem to imply that this disorder was far commoner at one time everywhere in these countries than is generally supposed.

As to its prevalence on the continent I am less able to speak. I believe, however, that glanders was formerly confounded in France and elsewhere with the Morbus Gallicus, while some of the effects of the latter, especially so psoriasis, was as clearly mistaken for leprosy. But this is too large a subject for discussion in a letter like this, and I have no such books at command as would enable me to deal further with it. I commend the point, however, to the notice of those who are more favoured in this respect than I am.

Finally, and as to its prevalence in India, I will only say that one may spend years in that country, especially so in the Punjab and North West, without meeting a case unless, indeed, he goes to a leper hospital, or elsewhere, specially in quest of one. I never heard it ascribed in that country to the use of fish, and as to those interesting specimens of the *genus militare*, of which we, military surgeons, hear so much through the medical papers, all I can say is, that I have never seen or heard of any such. But this does not, of course, exclude the possibility of their occurrence, and soldiers can get preserved and other fish, like their neighbours in Hindostan, through the Parsee merchants, or the ubiquitous Bukus-Wallah, *alias* the travelling pedlar of the period. I cannot help thinking that as shopmen and others of that ilk, who have never seen the inside of a dissecting-room, dub themselves medical students when they are "wanted" by the police, so out-at-elbow loafers, who sport moustaches, or swagger with "a *degagé* devil-my-care kind of air" into out-patients rooms in London, call themselves soldiers. That once honoured name is now sometimes vilely abused, as Mrs. Quickly would say. The misnomer attracts attention, if it does not always imply some respectability or romance: hence I presume the assumption, . . . *hoc praetexit nomine culpam.*

I am, sir,

Your obedient servant,

WM. CURRAN.

Warrington.

Literature.

BARWELL ON ANEURISM. (*a*)

THIS work is mainly based on the author's communications to the Royal Medico-Chirurgical Society on the subject of aneurism and its treatment. Though not agreeing with some of the views and statements of the author, we willingly bear our testimony to the great value and importance of the book in a surgical point of view.

The work commences with a statement in reference to the influence for good of asepticism in surgical operations generally, and on those for aneurism in particular, in which we entirely concur. There is one danger in arterial deligation by catgut or any other ordinary ligature which, according to the author, is ever present, no matter how carefully aseptic the wound may be kept both during and after the operation, viz., secondary hæmorrhage. This Mr. Barwell considers arises from the adoption of Dr. Jones' recommendation "to cut through the internal and middle coats of the artery and to bring the wounded surfaces into perfect apposition." The author therefore proposes to get rid of this danger by the adoption of a broad flat ligature to be applied so as simply to occlude the vessel without dividing the two inner coats. This plan of occluding arteries, namely, without damaging their inner coats, we may observe, was practised, as is well known, by the late Sir Philip Crampton, and advocated by him in the treatment of aneurism. We observe, with surprise, that this fact is ignored by Mr. Barwell. Ordinary carbolised catgut is disapproved of by Mr. Barwell, in consequence of its being weaker in some parts than others, and therefore unreliable. The flat or tape-like ligature recommended by him is prepared from the aorta of oxen. The ligature is made by peeling away the cellular coat, "and then with a pair of scissors skilfully to cut the middle and inner coats spirally round and round, taking care to keep the breadth equable. The long ribbon as thus obtained is, however, far too elastic to be securely tied, the knot rapidly loosens itself. The abundant elasticity is to be eliminated by suspending the cord and hanging to it a weight of from two to four pounds according to its thickness." The cord is then kept in antiseptic gauze. Before the operation it is soaked in a three per cent. solution of carbolic acid for about fifteen or twenty minutes. In seven instances this ligature has been used. In all, "the cases have done perfectly well."

Chapter II. deals with aneurism about the limbs, and as might be expected, preference is given to the treatment by arterial deligation with the broad ligature to that by pressure. Few surgeons, we think, will be disposed to endorse the statement that enlargement of the communicating branches "adds an element of uncertainty to the result." It is contrary to our experience to find that once pulsation has ceased and the tumour has become firmly consolidated that a free collateral circulation has ever "caused an early return of pulsation." We venture to consider also that in the cases where an artery has been injured, during the treatment by compression, by bruising of its coats, the pressure has been unskilfully applied, and probably with much too great force. We have never known an instance in which when either digital pressure, or pressure by Carte's preparation was properly applied, great pain was experienced by the patient, or injury to the artery or any of the neighbouring tissues was observed. The advantages of the treatment by pressure over that of the ligature in diminishing the risks of gangrene are recognised by the author, especially in cases where there is reason to believe that the arteries are diseased and rigid, and also in cases of considerable age and enfeebled constitution. In high carotid aneurism we agree with the author in thinking the application of pressure by no means easy, and very painful. Digital is preferred to any form of instrumental pressure, and "the place where the least amount of force exercises the greatest influence is Chassaignac's tubercle, as the transverse process of the fifth cervical vertebra is named." The vertigo, tinnitus auris, faintness and sickness generally experienced in these cases when pressure is applied is, Mr. Barwell thinks, wrongfully attributed to disturbance of cerebral circulation. He believes them to be due rather to

(*a*) "On Aneurism; especially of the Thorax and Root of the Neck." By Richard Barwell, F.R.C.S. Macmillan and Co. 1880.

interference by compression with the sympathetic and perhaps with the pneumogastric nerve. In this view we entirely concur.

Chapter IV. treats of the modes of differentiating the various forms of aneurism met with at the root of the neck, and excellent practical rules are laid down to aid the surgeon in coming to a correct diagnosis. Among these we may mention a mode of distinguishing innominate aneurism from aneurism of the first stage of subclavian. "If the innominate be unaffected, the beat of the carotid is not altered; hence a pulsating tumour above the clavicle greatly affecting the radial, but not at all changing the carotid pulse, is purely subclavian. The innominate is involved if the impulse of both vessels is modified. Moreover, a purely subclavian aneurism is hardly ever to be felt in the episternal notch. An innominate can very nearly always be detected in that situation."

Chapter V. deals with the surgical treatment of aneurism. In low carotid aneurism, if rest and pressure prove useless, distal ligature should be employed. This operation, commonly called Brasdor's operation, was first practised by Wardrop, who is rightly considered the "founder of distal ligature." This should be applied pretty close to the bifurcation. For subclavian or subclavio axillary aneurism a combination of distal and direct pressure is advocated. In the former Esmarch's bandage is applied, and for the latter pressure by means of a shot bag, or "a combination of elastic bandages, which the author has tested on sound persons, but whose description here would occupy too large a space." Although it is not very clear whether the "description" referred to applies to the elastic bandages, to the author, or to the sound persons, we regret Mr. Barwell did not favour us with it. The most important part of this chapter is that which deals with the treatment of innominate aneurism by double distal ligature. There have been eleven cases in all, of which the author has had the good fortune to have had four, three of which were successful. This success he attributes to the fact of not having divided the internal and middle coats of the arteries at the time of their deligation.

In Chapter VI. the surgical treatment of aneurisms of the aortic arch is dealt with. The surgeon should discriminate (1) Cases which may be cured or greatly benefited by tying one of the vessels of the neck; (2) Cases in which the right carotid and subclavian; (3) Cases in which the left carotid should be tied. We entirely agree with the author that in the selection of cases for operation some difficult and minute problems in diagnosis have in every instance to be solved. An outline of the principles that should guide the surgeon in determining the form and exact situation of the aneurism are then briefly indicated.

The medical treatment of aortic aneurism is discussed in the last chapter, and the principles laid down are analogous with those advocated many years ago by Mr. Tufnell, of whose work, however, no notice is taken. To quiet the heart's action digitalis and atropia are the drugs Mr. Barwell considers most reliable. Of aconite he has had no experience. The preparation of digitalis he prefers is the infusion given in drachm doses. Belladonna he applies locally, and gives also internally in combination with salycilic acid. In iodide of potassium Mr. Barwell has no faith. He believes it, in part, to be "positively injurious." In this we cannot agree with him, having in many cases of aortic aneurism seen the most marked benefit from the exhibition of the drug in large doses (℈i—ʒss.) three or four times daily.

Mr. Barwell's work, though it is, by no means, free from blemishes, is one which no surgeon can read without advantage and interest. The cases of aneurism recorded in it are graphically and clearly related. The practice Mr. Barwell advocates of arterial delegation without injuring the deeper structures of the vessel is, we believe, a sound one. We cannot, however, avoid expressing surprise at Mr. Barwell completely ignoring what has been done in this direction by the late Sir P. Crampton, Mr. A. Colles, Mr. Porter, and others. In the chapter also on the treatment of aortic aneurisms we observe a similar unaccountable ignoring of Mr. Tufnell's valuable contributions on this subject. The remarks in Mr. Barwell's work on the rules of diet to follow, and medical treatment of aneurism, generally, having a singular resemblance to what we have read in Mr. Tufnell's work. In page 45 we read the following sentence:—"We have in England a singular passion for attributing British work to foreign names." Of the truth of this we offer no opinion. But certain it is that with some few surgeons in England, and Mr. Barwell among the number, the habit of ignoring surgical work done outside their own country amounts to a "singular passion."

Obituary.

MR. FRANK BUCKLAND, M.R.C.S.

THE *Standard* announces the death of Mr. Francis Trevelyan Buckland, Her Majesty's Inspector of Salmon Fisheries, which took place in London on Sunday morning, at 37 Albany Street, Regent's Park. Mr. Frank Buckland, as he was familiarly called, completed his 54th birthday on Friday last. The deceased, who was well-known as the originator of the method of breeding salmon as illustrated at South Kensington, and of the means of propagating and distributing various other kinds of fish, was the eldest son of the late Very Rev. William Buckland, D.D., Dean of Westminster. Mr. Buckland was a scholar of Winchester College, and a student at Christ Church, Oxford, where he took his B.A. degree in 1848. Having served the office of house-surgeon to St. George's Hospital, he became, in 1854, assistant surgeon to the 2nd Life Guards, from which post he retired in 1863. He wrote extensively on the subject of pisiculture, and in 1866 received a silver medal for his labours in the promotion of this branch of science from the Exposition de Pêche et D'Agriculture, at Arcachon in France, and in 1863 the Diploma of Honour from the Havre Exhibition. In 1859 he discovered, in the vaults St. Martin's, Charing Cross, the coffin of John Hunter, the surgeon and physiologist, which was subsequently re-interred in Westminster Abbey. He was appointed Inspector of Salmon Fisheries in England in 1867, and in 1870 Special Commissioner to inquire into the effect of recent legislation on the Salmon Fisheries of Scotland. In addition to his other honours, the Leeds School of Medicine presented him with a silver medal.

Medical News.

University of Oxford.—At a Convocation held on Friday, Dec. 17th, the following received the degree of Bachelor of Medicine:—

William Thomas Wyatt, Exeter; Alfred Benson, Queen's; Frederick John Hicks, Magdalen; Theodore Dyke Acland and William Alexander Smith, Christ Church.

University of Cambridge.—The following have passed the required examinations for the degree of M.B.:—

FIRST CLASS.—Mackern, Caius.

SECOND CLASS.—Benthall, B.A., Pembroke; Brunton, B.A., St. John's; R. H. Clarke, B.A., Christ's; Colman, B.A., Corpus; Coxwell, B.A., Christ's; T. Finch, B.A., Caius; H. K. Fuller, B.A., St. John's; H. R. Hutton, B.A., St. John's; Jessop, B.A., Caius; Lapage, M.A., Magdelene; J. Mason, B.A., Pembroke; Pidcock, non-collegiate; Standert, M.A., Corpus; Wedmore, B.A., St. John's.

University of Dublin.—School of Physic in Ireland.—At the Michaelmas Term Examinations for the degree of Bachelor of Medicine, held on Monday and Tuesday, November 29 and 30, the candidates passed in the following order of merit:—

Martin, John C.	Mason, John.
Patterson, George D.	Cockle, Austin.
Scriven, George.	Fraser, John R.
Johnston, James J.	Smyth, William.

At the examinations for the degree of Bachelor in Surgery, held on Monday and Tuesday, December 6 and 7, the following candidates were successful:—

Martin, John C.	Clare, Henry L.
Gordon, William S.	Davis, Stuart.
Nicolls, John M.	Fraser, John R.

At the examination for diplomas in State medicine, held on Thursday, December 9, and following days, the diploma was granted to:—

Polden, Robert J., M.B., B.Ch. Univ. Dub.

University of Durham.—At a Convocation held on Dec. 14th, the following degrees and licences were conferred:—

M.D. (practitioners of fifteen years).—E. Selous, W. Lattey.
M.D.—J. B. Emmerson.

M.B.—T. G. Ainsly, T. Dutton, A. W. W. Dowding, T. C. Squance, G. L. Pardington.
M.S.—A. W. W. Dowding, T. C. Squance.

King and Queen's College of Physicians in Ireland.—At the usual monthly examinations for the licenses of the College, held on Monday, Tuesday, Wednesday, and Thursday, December 6, 7, 8, and 9, 1880, the following candidates passed:—

For the licence to practise Medicine—

Ackerley, Francis E., Liverpool.
Boyd, Joseph, co. Roscommon.
Browne, Robert Joseph, co. Galway.
Cadman, Arthur Wellesley, Spondon, near Derby.
Concoran, Edmund, Enniscorthy.
Fot rell, William Joseph, Rathgar, Dublin.
Geoghegan, Edward Thomas, Dublin.
Joseph, James Foulds, Liverpool.
O'Brien, Richard Francis, co. Waterford.
Rushbrook, Janet Monteath, London.
West, William Augustus, Newbridge.
Withington, George Herbert, Manchester.

F r the licence to practise Midwifery—

Ackerley, Francis E.
Boyd, Joseph.
Brown, Robert Jo eph.
Fottrell, William Joseph.
Geoghegan, Edward Thomas.
Kealy, Joseph Patrick.
O'Brien, Richard Francis.
Rushbrook, Janet Monteath.
West, William Augustus.

The following Licentiates in Medicine, having complied with the provisions of the Supplemental Charter of December 12, 1878, have been duly enrolled as Member of the College:—

Tarrant, Thomas, 1854, Surgeon-Major H.M. Army.
Mitchinson, George Jonathan, 1859, Lincoln.
Bradshaw, Robert, 1859, Carrick-on-Shannon.
Harte, Mark Anthony, 1861, Staff-Surgeon R.N.
Browne, David John, 1869, Londonderry.
Lowndes, Henry, 1873, Liverpool.
Flinn, David Edgar, 1874, Walsall.
Miley, William Kildare, 1877, Glasgow.

South London School of Pharmacy.—The medals and certificates were presented to the following successful competitors for the first B.Course on Saturday, the 11th December, 1880:—Chemistry, medal, senior, Mr. Preston. Chemistry, medal, junior, Mr. Cracknell. Chemistry, certificates, junior (equal), Messrs. Llewellyn and Haines. Botany, medal, Mr. Fisher. Botany, certificate, Mr. Fry. Materia medica, medal, Mr. Llewellyn. Materia medica, certificate, Mr. Cracknell. Pharmacy and practical dispensary, medal, Mr. Haines. Pharmacy and practical dispensary, certificate, Mr. Fisher.

NOTICES TO CORRESPONDENTS.

SPECIAL NOTICE.

We propose devoting the whole of our next Number to a Retrospect of Medicine and Medical Affairs for the year about to close. Hitherto it has been our custom to devote a long leader to the *Annus Medicus* in every last number of December; but in such limited space we have always found it impossible to do more than refer briefly to many subjects, to none so fully as we desired. This year we shall make a new departure, and by omitting the regular contents be enabled to present to our readers a full, yet concise, epitome of all that has transpired in the domain of medicine, in England, Ireland, and Scotland. In introducing this new feature, we feel that we are doing our readers a service by presenting them, as it were, with a "Year-book of Medicine" to which at any future time they will be able to turn for reference, or for refreshing the memory on subjects of interest to them.

We have several most valuable communications in type, and others promised for the new volume, and we would ask those who do not find their papers or letters in the present number kindly to excuse their appearance for another week.

Dr. Buzzard.—We propose commencing the publication of your valuable "Clinical Lectures on Infantile Paralysis and Acute Anterior Poliomyelitis in Adults" in January, to avoid insertion of part in each of two volumes.

Dr. Norman Kerr.—Your communication on "Stimulants in Workhouses—Alcoholic Liquors as Medicines for the Sick" is unavoidably held over on account of pressure on our space. We hope to commence the series the first or second week in January.

Half Student.—Gant's, Bryant's, Holme's, or Erichsen's Surgery will answer every requirement.

New Fashioned Hospital Nursing.—The following is taken from the current number of *Punch*:—*Laborare est Orare.*—Senior Surgeon: "I wish particularly to see the case No. 36 in your ward before I leave. I fear the symptoms are not so favourable——" Nurse: "You cannot enter now, Sir George. We are just going to have *evensong*."

Dr. Rayner.—We have no personal experience of the virtues of *Cereus Bonplandii*. It is, we believe, a Mexican cactus, and is said to be a nerve sedative, and to be especially useful in affections of the heart, organic or functional.

Phosphorescent.—An old lady who has several unmarried daughters feeds them on fish diet, because it is rich in phosphorus, and phosphorus is the essential thing in making matches.—*Students' Journal.*

The Poet Laureate on Doctors.—In our issue of Dec. 1st we stigmatised the latest effusion of Mr. Tennyson as an unjust and iniquitous slander on the medical profession. Our article was very widely copied, and among others who appear to have seen it is a notorious anti-vivisector who, in his delight at the poet's wonderful acumen, says: "The portrait in several points is not unlike Magendie, than whom a more wantonly cruel miscreant seldom, if ever, disgraced the human form. Magendie was rough in voice, of coarsest manners, said things and discussed subjects before ladies not fit for women to hear, took pleasure in inflicting pain, and even jested and mocked at agony. We think the Laureate's description of the vivisector's capacity is too favourable. Magendie's knowledge and reasoning powers were small."

Artificial Palates.—A correspondent is anxious to learn "the name of an eminent London dentist who, a few years since, successfully made and fitted a great French orator with an artificial palate. If this information cannot be given, he will be glad to know if the practice is a common one, and if any first-class dentist could undertake a similar case with a certainty of success."

Sanitas.—In type for an early number.

Royal Institution of Great Britain.—Tuesday, Dec. 28, Thursday, Dec. 30, and Saturday, Jan. 1, at 3 p.m., Prof. Dewar, on "Atoms."

VACANCIES.

Armagh Union.—Medical Officer for the Keady Dispensary. Salary, £140. Election, Dec. 29.
County of Anglesey.—Public Analyst. Applicants (stating whether payment is preferred by salary or fees) must address the Clerk of the Peace at Holyhead before Jan. 1.
Dorset County Hospital.—House Surgeon. Salary, £80, with board. Applications to the Chairman before Jan. 12
Granard Union.—Medical Officer for the Granard Dispensary. Salary, £116. Election, Jan. 7.
Mountmellick Union, Coolrain Dispensary.—Medical Officer. Salary, £105. Election, Jan. 10.
Royal Hants County Hospital.—House Surgeon. Salary, £100 per annum, with board. Applications to the Secretary at Southampton before Jan. 5.
Royal London Ophthalmic Hospital.—House Surgeon. Applications to the Secretary on or before Dec. 31. (See Advt.)
Salford and Pendleton Hospital.—District Surgeon. Salary, £80, with board. Applications to the Secretary on or before Dec. 27.
Tobercurry Union.—Medical Officer for the Tobercurry Workhouse. Salary, £80. Election, Jan. 6.
University of Edinburgh.—Examiner in Pathology. Full particulars on application to the Secretary of the University Court.
Victoria Hospital for Children, Chelsea.—Surgical Registrar. Salary, £63. Applications to the Secretary on or before Jan. 8.

APPOINTMENTS.

Atkinson, F. E., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Craven Combined District (Skipton Rural).
Blunt, T., M.D., M.R.C.P.Ed., L.R.C.P.L., Physician to the Leicester Infirmary and Fever House.
Carre, G. E., M.B., L.R.C.S.I., Medical Superintendent of the Omagh District Lunatic Asylum.
Clarke, A., L.R.C.P.L., M.R.C.S.E., Medical Officer to the Fourth District of the Wells Union.
Corby, H., M.D., M.Ch., Physician to the Cork Mechanics' Mutual Benefit Society.
Day, D. D., M.B., House Surgeon to the Norfolk and Norwich Hospital.
Fraser, G. B., M.R.C.S.E., Medical Officer of Health for Burnham, Somersetshire.
Humphrey, L., M.A., M.B., M.R.C.S.E., Resident Medical Officer to the City of London Hospital, Victoria Park
Hunt, E. A., M.R.C.S.E., L.R.C.P.Ed., Resident Obstetric Assistant to St. George's Hospital.
James, W. D., M.R.C.S., Honorary Surgeon to the Sheffield Public Hospital for Skin Diseases.
Laird-Cox, M.R.C.S.E., Medical Officer to the Hopesay and Clun District of the Clun Union.
Martin, J. W., M.D., Honorary Physician to the Sheffield Public Hospital for Skin Diseases.

Births.

Pocock.—Dec. 14, at The Limes, Notting Hill, the wife of F. Ernest Pocock, M.D., of a daughter.
Thompson.—Dec. 15, at the City and County Lunatic Asylum, Stapleton, near Bristol, the wife of George Thompson, M.D., Medical Superintendent, of a son.

Marriages.

Sulley—Percival.—Dec. 16, at St. Thomas's, Portman Square, London, Arthur J. Sulley, of Fernleigh, Finchley Road, N.W., to Louisa Ada Gordon Percival, younger daughter of Dr. Percival of 7a Manchester Square. No cards.

Deaths.

Maclean.—Dec. 3, at Cairo, Egypt, Thomas Edwin Maclean, M.B., B.S., London University, M.R.C.S.E., aged 29.
Mitchell.—Dec. 13, at the residence of her son-in-law (Dr. Marshall, Birmingham), Mary Ann, widow of John Mitchell, M.R.C.S., late of Kington, Hereford, aged 95.
Wilks.—Dec. 14, at Ryde, Alfred Garrett Platt Wilks, M.B. Trin. Coll. Camb., aged 44.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 29, 1880.

RETROSPECT OF THE YEAR 1880.

England.

INTRODUCTORY.

DEPARTING from the course usual with medical journals, we shall devote this, the last number of the year, to a review of the progress and history of medicine and surgery made during the past twelve months. We have been led to adopt this plan in consequence of the insufficient manner in which it is alone possible to treat so vast a subject in the overgrown annual leader, to which the term *Annus Medicus* has been applied. In the necessarily circumscribed limits of a single article, it is impossible to compress all the really valuable information it ought to convey, and we trust that the *resumé* of the year with which we now present our readers, may be found a useful and interesting supplement to the scattered records contained in previous numbers of the *Medical Press and Circular*. It has been thought advisable to divide the work into three chief sections, one dealing generally with the whole subject, and especially with English affairs; and the other two with medical affairs in Ireland and Scotland respectively. In each section Medicine and Surgery will be separately considered, and a Prefatory Article will detail connectedly the historical events that have any marked interest to make them worthy of recapitulation. In a work of this kind it is obviously impossible to attempt any exhaustive treatment of its subject; but we do not fear being able in the space at disposal, giving a sufficiently comprehensive and readable analysis of the year's work.

HOSPITAL MANAGEMENT.

In connection with Guy's Hospital the question of the management of charitable institutions has assumed of late a most unsatisfactory prominence, and the conclusions drawn from the protracted contest between the medical staff and the lay officers all point to the necessity for a re-adjustment of the relations subsisting between these branches of internal hospital administration. It is now sufficiently notorious that the treasurer of Guy's Hospital, by a series of arbitrary regulations, issued against the advice of, and in direct opposition to, the wishes of the visiting and resident professional staff, has reduced the efficiency of the hospital to a most deplorable extent; and has further compelled the resignation of its two senior officers, Dr. S. O. Habershon and Mr. J. Cooper Forster, who found it utterly impossible to maintain their connection with a charity in which their authority had been set at nought. The present position of affairs offers but little prospect of voluntary improvement from within. Public interest has, however, been keenly excited on behalf of the sick poor, who are the worst sufferers by the unfortunate maladministration; and a series of public meetings already held, and to be held, with the avowed object of demanding Parliamentary inquiry into the whole matter, may possibly result in a restitution of the rights improperly wrested from the medical and surgical staff. There can be no question that the control of the wards in a hospital must rest directly with those to whom the care of the patients is entrusted, and interference with such powers by any authority can end in nothing less than disaster. This truth has been clearly demonstrated several times during the course of the controversy at Guy's. Police court investigations have, in two separate instances, at least, shown that under the new *regimé* introduced there, the assumption by nurses and ward attendants of the right to treat patients without direction from the staff officers, has been fatally dangerous to the unfortunate victims of the experiment. A reference only need be made in this place to the extraordinary conduct of Sir Wm. Gull in connection with one of these trials—conduct which brought upon him the unanimous disapproval of the whole medical profession; the full force of which he was made to feel in the Senate House at Cambridge during the meeting of the British Medical Association. Sir Wm. Gull, on what have been declared by universal consent to be insufficient grounds, most unwarrantably aspersed the professional reputation of his colleague, Dr. Pavy, in connection with the latter's evidence at the trial of a nurse for the manslaughter of a patient. In America, as well as in this country, the conduct of the senior consulting physician at Guy's Hospital in this affair met with general reprobation.

BRITISH MEDICAL ASSOCIATION.

The meeting of the Association at Cambridge was a most brilliant success, the arrangements for the reception and entertainment of the large numbers who availed

themselves of the opportunity to cultivate or renew acquaintance with the academic soil having been of the most perfect and hospitable kind. The presidential address of Dr. Humphry was chiefly devoted to regret for the past inaction of Cambridge in matters of medical education and advance, and a descriptive apology for it. The address of Dr. Bradbury, President of the section of medicine, is perhaps the most suggestive of the whole number delivered. "Elemental Pathology" was the title of an address by Sir James Paget, which, both during delivery before the Association, and since by publication, awakened the liveliest interest in the minds of scientific men of all callings. Dr. Michael Foster, too, in the physiology section, delivered a most brilliant and eloquent appeal on behalf of the study to which he has devoted his own talent; but regarded as being productive of much in the way of progress, the 1880 meeting does not rank high. As a reunion, however, it has never been excelled, and doubtless its advantage in this direction is an all-important one, as serving to bind the profession into one united body. The number of distinguished visitors who attended the meeting was considerable; the following gentlemen received the degree of LL.D., *pro honoris causa*:—Dr. C. E. Brown Sequard, Dr. F. C. Donders, Utrecht; Dr. Samuel D. Gross, Philadelphia; Sir Wm. Jenner, Sir Wm. Gull, Sir George Burrows, Rev. Dr. Haughton, Sir W. Bowman, Prof. Lister, Dr. Denis O'Connor, Mr. John Simon, C.B.; and Dr. Andrew Wood. Prof. Paul Broca would have been similarly distinguished had not death removed him, and thus deprived scientific medicine of one of its most brilliant lights. Abroad, medical congresses have been held at Milan, Turin, and in the United States, with considerable success, while arrangements have been for some time in active progress in this country to ensure the fitting reception of the numerous foreign visitors of eminence who will be present at the "International Medical Congress" to be held in London, August, 1881. This will in all probability be the most magnificent meeting of the kind that has ever taken place, and the impetus to medical and surgical advance likely to result from it can hardly be over-estimated.

GENERAL MEDICAL COUNCIL.

In accordance with annual custom the General Medical Council sat in July last, the session extending over nine days. Discussions took place on a large number of unimportant subjects, and it is impossible to feel that the deliberations were in any way conducive to the welfare of the profession. On the really important subject of medical reform, the earnest efforts of Mr. Simon to secure a share of attention from the Council for a motion requesting the active co-operation of the Government in removing the abuses that disfigure medical practice, and retard medical reform, were repressed almost without discussion; while much valuable time was occupied in lengthy quibbling on points of really immaterial detail in comparison with the burning questions that press more and more heavily as they are persistently shelved. It cannot but be thought that the chief executive body in the medical world is grievously wanting in that devotion to professional interests which should be the best evidence of its fitness for the great trust it has received. The preliminary education of medical students has been modified by resolution of the Council, so that after 1881 physics and mechanics will be required as subjects of examination from all candidates, and this is the only change or suggestion deserving of chronicle as having been the outcome of nine days' labour of the General Medical Council, at a cost of nearly £2,000.

HYGIENE AND PUBLIC HEALTH.

The progress made in sanitary matters during the year has been a steady advance, marked by no startling events, but characterised rather by good and useful work. A lengthy discussion on Vaccination, at the rooms of the Medical Society, but initiated by the branch of the British Medical Association, resulted in the delivery of a number of speeches and opinions, the most important speaker, perhaps, being Dr. Warlomont, who has had most considerable experience in Belgium with animal vaccination. The result of the conference was to encourage the introduction of animal vaccine, and the Local Government Board acceding to the demand made upon it for a regular supply of this lymph from the national supply sources. The Government, however, erred seriously in reviving the Vaccination Amendment Bill, by which any one fined to the full amount for non-compliance with the law's demands as to vaccinating children, should be relieved from any further penalty. Unanimously, the profession condemned this measure, and, in the end, it was wisely withdrawn. A strong feeling has been excited in favour of the necessity for the

NOTIFICATION OF INFECTIOUS DISEASES,

and so desirable a proceeding invariably followed out would do more to relieve this country of epidemic scourges than any plan which has been suggested with similar objects in view. A general Act of Parliament making the practice compulsory can alone be looked to to accomplish all that is required; and there would seem good reason to hope that, ere long, this may be forthcoming. Much indignation was expressed in the early part of the year at the appointment of a *protegé* of the Government, Sir Brydges Henniker, as Registrar-General over the head of Dr. Farr. Changes in the medical departments of the public services were occasioned by the resignation of Dr. Seaton, as Medical Officer of the Local Government Board, his subordinate, Dr. Buchanan, being elected to fill his place. The office of Assistant Medical Officer was then filled by the appointment of Mr. Netten Radcliffe. The reports issuing from this department have been of eminent value, and especially the third and concluding part of Dr. Ballard's incomparable work on "Effluvium Nuisances."

Smoke and Fog, Bread Reform, Healthy Dwellings, and other matters of national health have been the subjects on which meetings have been held, and books and papers written, during the year. Little practical outcome from these can be chronicled as yet, however, except in the case of the Association to secure

SANITARY ASSURANCE.

This society is formed to provide its members with skilled advice on the sanitary state of their dwellings, and to afford suggestions and estimates for their improvements. The idea is a very valuable one, and, we doubt not, will be productive of much benefit in the future.

LUNACY LAW AMENDMENT.

This vexed question of Lunacy Law has been threateningly prominent on one or two occasions during the year, but no positive action has been taken on it by the Legislature. The virulent abuse of private asylums, however, has been energetically continued, and the public has been liberally supplied with ignorant sensationalists' imaginary productions in the local press. We have endeavoured to put before our readers the actual state of things in these homes in a series of articles still incomplete, and we venture to think that prejudice and ignorance will not avail in the future against an admirable class of institutions.

MEDICINE.

THE advancement of medical science is intimately dependent on progress in the allied fields of investigation into which the theorist and the experimenter presses his way; by as much as our knowledge of physiology and pathology proceeds, so does the efficacy of the physician's treatment of disease increase, the relation between his comprehension of its causes and the remedial agencies ready to his hand for combatting its effects, being too apparent to need enforcement. We have consequently to look less to the actual triumphs of Medicine than to the *preventive* measures introduced, to guage with certainty how much, or how little, a year of steady work has improved our position as ministers to the afflicted; and regarded in this light 1880 will bear favourable comparison with precsding years. Always slow to give in their adhesion to novel views, and accepting them for guidance only after they have been fully tested and found reliable in every respect, medical men are especially wary of receiving propositions for radical changes in treatment until they can repose full confidence in the revolutions proposed to them. This has been markedly shown in the sceptical attitude of the profession with respect to several speculative views heralded forth in the year, chief among which must be mentioned the treatment of cancer by

CHIAN TURPENTINE.

Professor John Clay, of Birmingham, early announced that in his hands chian turpentine had been effectual as a curative agent when administered to cancerous patients; and that even when it failed to cure, the ease afforded by its employment to the patient was considerable. We could not at once accept the absolute dictum of Dr. Clay, and awaiting further evidence, in common with the body of the profession, we preferred to withhold our opinion. That the expectant attitude, in this case, was the correct one, has been shown, and in other instances the same story maybe repeated. It is, however, a matter for congratulation that events of this kind do from time to time occur, for though they may not lead to immediate beneficial results, they do undeniably exert a stimulus on investigation and discovery, to which the best outcomes of scientific inquiry are attributable.

WOOLSORTER'S DISEASE.

Somewhat of the same nature, as yet being unfruitful of direct remedial measures, may be mentioned the lengthy series of experiments made into the ætiology, course, and rational treatment of the associated diseases included under the heads "anthrax," "furuncle," "woolsorter's disease" &c. In connection with this subject, Drs. Greenfield and Bell have accomplished much valuable work, and work which, in its bearing on the relations of contagion to disease, will be pregnant of benefits in the future. The study of contagion is so important as a factor in the proper understanding of the clinical features presented by infective fevers, that any light shed upon its history cannot fail to be of service; and it is hardly too much to assert that, during the past year, a greater impulse has been given to this branch of scientific medicine than in any one of a long series of preceding years. Fevers, general and special, have been a favourite subject of discussion with several recognised authorities, and particularly should attention be drawn to Dr. Cayley's Croonian Lectures on Typhoid Fever, and to Dr. E. Headlam Greenhow's analysis of a large series of cases of acute rheumatism treated on the salicylate method. The digestive organs have been made the subject of the Lumleian Lectures delivered by Dr. Wm. Roberts; and epilepsy that of the Gulstonian series, delivered before the Royal College of Physicians by Dr. W. R. Gowers; while the pathology and treatment of pneumonia was selected by Dr. Jas. E. Pollock as the text for his lectures before the Harveian Society.

TYPHOID FEVER.

The chief points in connection with typhoid fever, of recent date, are the discussions as to the advisability of cold bathing as an antipyretic in high temperature, and the nature of the virus itself. Sir Wm. Jenner is strongly of opinion that cold water baths do not effect any notable improvement in the condition of the patient, and it may be said generally that the conclusion arrived at by Dr. Alexander Collie, after long trial of the baths at the Homerton Fever Hospital, are entertained by practitioners. These negative the idea of Leibermeister and his school that any real benefit or lasting good is produced by cold bathing in those cases of enteric fever which would not progress equally well without them. Other treatment is much that which the physician has been long accustomed to, except that milk has receded from the position it held by reason of the irritation alleged to follow the production of curds in the intestinal tract after its use. Nutritious broths and farinaceous foods are rather preferred, the ill-effects of light puddings being held to be nothing as compared with undigested curds. Mild cases of typhoid virtually demand no treatment other than to be let alone, precautions being taken to preserve the patient's strength. Finely pulverised charcoal is recommended internally, no danger, it is asserted, arising from its use.

Dr. Cayley's labours, as represented by his Croonian lectures, have been devoted to considering the ætiological relations of typhoid, and a review of the methods of treatment pursued by present clinicians. Possessing rather a literary than a direct medical interest, these lectures will still serve to recall the present state of our knowledge; and they wlll possibly be greatly useful by-and-bye in corroborating and refuting, as occasion may arise. As those of a sound teacher, Dr. Cayley's admonitions are deserving every attention, and they all tend to demonstrate the contagiousness of typhoid, and the indestructibility of its germs.

The typhoid poison has been sought for by several

observers, but with little success. We are still unable to declare which of the opposing schools is right, or to say of typhoid fever it has arisen, or, it has been communicated.

RHEUMATIC FEVER AND SALICIN.

It will be remembered that about five years ago considerable interest was excited by the reputed efficacy of salicin and salicylates in the treatment of acute rheumatism, these agents being asserted to be potent to cut short the disease and immediately arrest the high temperature and pain accompanying it. Numerous opinions for and against the reputed value of the drug have, from time to time, been recorded, but none so carefully elaborated, or so adequately supported by facts, as that contained in a paper communicated on May the 14th to the Clinical Society by its President, Dr. E. Headlam Greenhow, F.R.S. Dr. Greenhow explains that, during three years he has had under treatment sixty cases of rheumatic fever, ten of which he treated with salicin, and fifty with salicylate of soda. The final conclusions of Dr. Greenhow are of great interest and importance. He says: "Experience of the effects of treating rheumatic fever with salicin was, on the whole, not so satisfactory as to encourage me in continuing to employ it. In the uncomplicated cases, indeed, the temperature appeared to be reduced, and the pains somewhat to subside under its use; but . . . relapses occurred when the salicin was either discontinued or the frequency of the dose diminished." Of cases in which complications (pneumonia) existed, he says: "The salicin did not appear to exert any influence upon their progress, and did not reduce the temperature, which only subsided with the abatement of the lung ailment. These cases, in short, ran very much the same course similar cases run under other treatment." Further, he contends that the "accidents" to be dreaded are numerous and grave, including epistaxis, nausea and sickness, marked depression of the heart's power, while the patients treated by salicin actually were longer in hospital than similarly affected patients treated on other lines.

With salicylate of soda immediate relief to pain is obtained, but pericarditis is a common sequel to its employment, and hyperpyrexia is not rendered an impossible occurrence by it. Dr. Greenhow's words are: "Treatment with salicylate of soda neither prevents nor diminishes the frequency of complications in rheumatic fever." He considers, too, that the powerful action of this drug upon the heart affects its muscular substance in a way that results in permanent injury, the sign of which is a marked weakening of the first sound. Altogether his experience of these drugs is unfavourable.

On the other hand, contrary opinions have been freely expressed during the year, but in all deference it must be urged that none of them were backed up by evidence either in quality or amount equal to that offered by Dr. Greenhow, who is supported in his view by several well-known authorities, among others by Dr. Robert Sinclair, Dundee, in an able paper on the salicylate treatment published in February.

Dr. Hewan claims that salicylate of quinine is a certain remedy for acute rheumatism free from the objections raised against the soda salts.

MYXŒDEMA.

It is not surprising that, with improved methods of research, and the more extended observation rendered possible by the discoveries made through their aid, there should be recognised, as hitherto unclassified diseases, conditions of the body presenting features to separate them from all known disorders. As a matter of history, we do, from time to time, hear of such advances; but the wider experience of older clinicians, and minuter examination, usually suffices to relegate such assumed novel types to one or other of the accepted forms of disease. This, however, cannot be said of that special ailment to which Dr. Ord has drawn attention under the name of *myxœdema*, and the existence of which he has conclusively shown now in several cases that have come under his treatment. Henceforth the disease must take its place in the physician's list as one possessing well-marked features, and as being one to demand his most careful consideration, although it may seem possible to do little for its alleviation. Sir William Gull originally noticed this affection, and described it as "a cretinoid condition supervening on adult life in women;" but his limitation of it to the female sex has been shown to be an error, Dr. Fenn, of Richmond, and Dr. Hadden having each seen the disease in adult males. In whomever found, however, it presents the same marked features which may be briefly summarised as follows:—Patients have a dropsical appearance, face and eyelids puffy; alœ nasi thickened and broadened, but no "pitting" on pressure in any of the parts. Eyelids bulged, ridged, and pale; the whole skin swollen, unnaturally translucent, dry, scurfy, and rough. Hands coarse, thick-fingered, and "spade-like;" extremities generally cold and blue; abdomen large and protruding, wall lax, but no tumour or tenderness. Thyroid body may or may not be affected. A crétin-like attitude is common, the faculties being dull and "heavy," locomotion difficult and uncertain, the whole gait being of the kind indicating insufficient confidence; speech accomplished slowly and deliberately, the mouth being first extended horizontally, then the movements of swallowing are made, and the words subsequently emitted with great deliberation and a nasal intonation. The whole bearing is best characterised as semi-lethargic. The skin and adjacent tissues when examined microscopically show marked peculiarities. The connective tissue fibrils and an interstitial mucin-yielding cement are everywhere found in great abundance, and the nuclei are unusually large and abundant. The connective tissue is in a condition of swelling and translucency. The arteries, too, share in the connective tissue thickening, and may even be altogether obliterated. The liver likewise exhibits the abundant connective tissue development, which presses on and injures the hepatic cells; in fact, connective tissue degeneration is the special feature of the disease, and is of universal occurrence throughout the body. Mental weakness is a common attendant, and may advance to aberration. The temperature of the body is also below the average. The urine is not albuminous, as a consequence of the disease, but may become so through associated complications. It is suggested that the essential cause of the condition may be of trophic nerve origin (Dr. Dyce Duckworth), and his supposition, it will be seen from the above account,

is borne out by the facts observed. Since attention has been called to the disease, several cases have been reported, and it may be assumed to be of somewhat more common occurrence than is, even now, supposed. Treatment is yet to be defined, but there may be hoped for some beneficial suggestions in this direction in the future.

RICKETS.

The prevalence of the ricketty condition among the ill-nourished children of the poorer classes has been long acknowledged as one of the most distressing features with which the physician is called to deal; and it is surely one of the most inimical to the safety of young children. How best to meet and parry the disease has troubled pathologists for years, and led to the introduction of the subject for prolonged discussion at the last three meetings of the Pathological Society. Dr. Hilton Fagge introduced the question, and it has been most fully and ably debated. Sir Wm. Jenner, Mr. Jonathan Hutchinson, Dr. Gee, Dr. Barlow, Dr. Dickinson, Dr. Norman Moore, and a host of other well-known and eminent observers taking part in it. The result is, in a certain sense, disappointing, for, out of all that has been said and suggested, it is impossible to select anything as throwing light on existing non-knowledge of the causation of rickets; there is, however, some ground for believing that it is a malady distinct from syphilis, notwithstanding what has been said to the contrary. And in connection with this, admiration must be expressed for the careful and elaborate tables prepared by Drs. Barlow and Lees to show the relations between cranio-tabes and syphilis or rickets. The diagnostic value of this symptom, and its relation to hereditary taint, is still, notwithstanding the discussion, capable of argument both for and against the views of one party or other; and as much may be said of all the prominent symptoms said to be peculiarly indicative of the ricketty condition. The benefit that will accrue from the Pathological Society's proceedings on the question is to be looked for in the stimulus it must afford to future observations regarding it; and with so much we must for the present rest content.

EPILEPSY.

Dr. W. R. Gowers, in the Gulstonian Lectures for 1880, reviewed this subject in its various bearings, and presented a concise account of the present treatment adopted in dealing with epileptics. He also sketched the forms assumed by the disease, its symptoms, and the pathological conditions found associated with it. There is little *new* matter contained in these lectures, but they possess the virtue of being clear and admirable discourses, which, in a compact and complete manner exhibit all that is important in connection with the subject they refer to. Dr. Gowers takes a favourable view of the progress made in treating this formidable complaint, and ascribes to bromide of potassium that foremost place in the list of remedial agents to which the success it has achieved justly entitles it. He further asserts that cheering advance has been made in the attempts to cope with epilepsy, and that we may confidently look for greater improvements in the near future.

THE DIGESTIVE FERMENTS.

To Dr. Roberts, of Manchester, the profession owes a deep debt of gratitude for the excellent and useful lectures delivered by him in connection with the Lumleian foundation. The subject selected for the 1880 lectures was that of the physiological and mechanical bearing of the digestive processes, especial reference being had to the importance and nature of the several ferments. Historically surveying the details of his study, Dr. Roberts described the experiments made by Claude Bernard and his school on digestion and the digestive processes, and followed it by a survey of the present aspect of the subject, treating particularly on the deductions drawn from recent experiments with the digestive juices, and explaining the influence of older views on modern research. Dr. Roberts himself has been an extensive experimenter in this field of investigation, and hence his personal experience descriptively incorporated into his discourses lent them a higher additional value. For the practical physician these lectures dealing with the preparation of artificially digested foods, and the effect produced on invalids through their employment will be the more especially interesting, and to all who have availed themselves of the hints and directions they contain, the lecturer has afforded an invaluable guide to treatment in distressing dyspeptic and other allied cases. The universal praise bestowed on these lectures has been deservedly given, and Dr. Roberts is to be congratulated on having made, in them, a sterling addition to knowledge in this direction.

SUMMARY.

Dr. Matthews Duncan, whose authority in gynæcological subjects is indisputable, has been lecturing on puerperal fever in the provinces, and reviewed the treatments in vogue, condemning some, extolling others, with his accustomed and well-recognised vigour of language. New remedies have been many and various, some (few) good, many bad, most indifferent. Worthy of mention, however, are "Tonga," invaluable in facial neuralgia; sulphide of calcium in suppuration, its action being marked and reliable, grain doses being those now admitted, the nitrites of potassium and sodium have very lately been advanced as milder in their action than amyl nitrite, but producing similar effects; ergot has been found serviceable in diabetes; pilocarpia has been found useless in hydrophobia, which still resists all treatment; this same agent has been tried for numerous affections also, but with only meagre encouragement to rely on its influence. Benzoate of soda has been recommended in scarlet fever and gonorrhœal ophthalmia. Many other suggestions of the therapeutic value of drugs have been made, but the success attending them hardly makes it worth while to afford space to recounting them.

The medical societies, both in the metropolis and in the provinces, exhibit no decrease of interest taken in their proceedings, as is sufficiently evidenced by the number and importance of the papers read at them, and the discussions excited in connection with them. As might, perhaps, be expected, the larger towns have led the way in this direction, and at Birmingham, Newcastle-on-Tyne Manchester, and Bristol, the work done by the local so-

cieties will rank as good and useful in relation to medical progress.

OBITUARY.

The losses sustained during the past year in the ranks of physicians have been many and severe. Some of the best known names, both of teachers and practitioners, are no longer anything more than "a memory of the gone-by days," but the work they accomplished, and the influence they wielded will be long ere either the one is forgotten and the other ceases to exert a serviceable power over the minds and actions of those who live to mourn their loss. The names that crowd before us in this connection are also a numerous array, and in this place we can do no more than pay a passing respect to the most prominent of the men that helped to make the practice of medicine what it has become. William Budd, M.D., by his elaborate and exhaustive treatise on "Typhoid Fever: Its Nature, Mode of Spreading, and Prevention," paved the way for extended researches and observations by it on the œtiology of the disease, and more materially, perhaps, than by any other work of a similar kind. The present gneration of physicians has attained to scientific precision in the views by which their treatment of choleraic fever is directed. Dr. Budd for a lengthened period was a light to the students of the Bristol Medical School, but ill health compelled him, in 1852, to resign his active duties thereat. He died January 9th.

Dr. Ed. C. Seaton, F.R.S., who died January 21st, made his name inseparably connected with a considerable number of the improved hygienic measures of the past twenty years. He was officially connected with the medical department of the Local Government Board, and in that relation he will probably be best remembered by those to whom he was non familiar, as president of the Epidemiological Society. He wrote the article on "Vaccination" in Reynolds's System of Medicine, and a "Handbook of Vaccination," works on which his fame may well repose.

Dr. Lockhart Clarke, F.R.S. The microscopist of the future who devotes himself to a study of the nervous tissues will be very heavily indebted to Dr. Clarke for the preliminary knowledge with which he commences his special investigations. In the histology of spinal cord and brain Dr. Clarke has accomplished more than any investigator of his time, and if we except Meynert, there is none to whom neurological progress is so thoroughly due. Pathology, too, was deeply studied by the late physician, who found time with his multitudinous special pursuits to undertake the duties of physician to the Hospital for Epilepsy and Paralysis, Regent's Park. Dr. Clarke was but a short time in general practice, and the unquestionable advantages conferred by him on medical progress forces a selfish feeling of satisfaction that his devotion to the science of his calling was so great and so continuous. Dr. Lockhart Clarke can never be forgotten, for his work will live for ever.

Dr. Edward Copeman. Dr. Copeman died at Norwich in March, and his loss will long be felt in the profession to which he was already, though not an old man, well known for his skill and urbanity. He was M.D. Aberdeen, F.R.C.S., and student at St. George's Hospital. Not a voluminous writer, he yet made a distinct impression by his papers on Dilatation of the Os in Pregnancy Vomiting, and initiated a mode of treatment that has been, in some hands, of very great benefit.

Dr. Heaton. The Leeds School of Medicine sustained a very severe infliction by the death of Dr. Heaton, in April last. He had been 36 years connected with the Leeds school, and at the time of his death was senior physician to the infirmary. He was M.D. and F.R.C.P. London, Fellow of University College, and chairman of the Yorkshire College of Science. His influence was considerable with students, and his interest in their welfare at all times very strong, so that in him they have lost a warm friend and a staunch supporter, while the profession of medicine loses a careful diagnostician and a skilled physician.

Dr. Sharpey. Aged 78 years, William Sharpey, M.D., F.R.S., died on April 11th. Though a lengthy life, it was a busy and a valuable one, so that it may be said of Sharpey more than of any contemporary with him, that in the teaching and progress of anatomy further and greater advances were made by the stimulus he brought to bear than by any means hitherto employed to foster education in this direction. Quain's "Anatomy," and Tod and Bowman's "Cyclopædia of Anatomy and Physiology," are the works which most markedly exhibit Sharpey's genius for demonstration, each of these two works being enriched by articles from his pen. In University College, London, he acted as Professor of Anatomy, and subsequently as Emeritus Professor. He gave much help in suggestions for developing the powers of London University, and for five years he served on the General Medical Council, having been treasurer to that body part of the time. Sharpey was essentially a teacher, and as a teacher he will be remembered and quoted as long as the generation that knew him can immediately influence the opinion of the time.

Alfred Swaine Taylor, M.D., F.R.S., may almost be called the founder of modern medical jurisprudence, and by his death in May last English science was deprived of one of the brightest of her lights. Dr. Taylor's manuals on "Poisons" and "Medical Jurisprudence" are too well known to make more than their name necessary to recall them and their author, than whom none was more eminent as a toxicologist, or more enthusiastically devoted to science for the love of truth.

J. Pearson Irvine, M.D., gold medallist at the M.B. examination of the London University in 1870. Dr. Irvine was yet a young man when death cut him off in October last. He was one of the most promising of the coming men, and on the staff of the Charing Cross Hospital had made himself well known by his accuracy in diagnosis and invariable careful work. He was a pupil of Jenner's, and was, like him, "thorough."

Sir William Linton, M.D., K.C.B. This distinguished physician, who was a retired Inspector General, A.M.D., and Honorary Physician to the Queen, died a few months ago. He was well known for his invaluable services in connection with the Army Medical Service.

William Lauder Lindsay, M.D., F.R.S.E. The author of "Mind in the Lower Animals" will never be forgotten by students of comparative psychology, nor indeed is it at all possible that William Lauder Lindsay's contributions

to medico-psychological literature will be quickly forgotten by the profession to which Lindsay owed allegiance. He died at Edinburgh, November 24th, and his loss will long be felt in the world of science and pure medicine alike.

SURGERY.

Introductory.

In his well-known and deservedly popular treatise on Surgery, Mr. Erichsen expresses, as his opinion, that the art of surgery has, in its present perfection, probably attained the final stage beyond which progress, either in direction or in mere manipulative skill, is unlikely to be made. The enthusiastic surgeon, however, of this time, is hardly likely to repose contented with what has been done, even at the suggestion of so supreme a master as Mr. Erichsen; hence the frequent attempts made to invade even those regions "sacred from the scalpel," on the part of our more sanguine operators; and hence, too, it must in justice be said, the many seemingly impossible triumphs over disease, which are the fairest testimony of courage and skill with which the surgeon can be rewarded. We cannot either fail to admire, and be grateful for, the spirit that dictates bold attempts to relieve suffering, even when the result is hardly certain. It is always to be remembered that grave responsibility is undertaken by the surgeon, and that he is animated by the best sentiments that can be called to the alleviation of human misery, viz., pity and an earnest wish to help. We are led to make these remarks because there have been heard from more than one quarter of late, disparaging criticisms of honest efforts in the direction of surgical improvements; and it is a matter of sincere regret that any hindrance should be opposed to successive advance, even when the stages of it may be marked by errors either of thought or action.

Antiseptic Surgery.

Interest in discussions on the relative values of differing methods of surgical procedure, will always be felt by professional men; but there is no subject to which so much keen attention is given as that involving the claims of "antiseptic surgery." Ever since Professor Lister promulgated the views, and formulated the rules that have together made him more universally renowned than any surgeon of his age, excited controversies have raged with respect to the merits of his system. 1880 has been in no wise less occupied than preceding years by these contests; and, as a general result, it may be said that the outcome of repeated experiments and discussions has been to show conclusively, that Mr. Lister's assertions are demonstrably true.

Following the discussion on antiseptic surgery, held at St. Thomas's Hospital, under the auspices of the Metropolitan Counties' Branch of the British Medical Association in December, 1879, and January, 1880, numerous articles, letters, and essays, bearing on or against Mr. Lister's views, crowded the medical journals. A noticeable feature in the discussion was the introduction into it of statistical tables; the object of these was to show how simple "pure water" surgery could be depended on for results as encouraging as those obtained on the antiseptic system. But analysis, and criticism of the opposing statistics, in almost every instance, disclosed the fact that they were, as proving the inutility of the antiseptic method, purposeless and misleading. It is fair to say, at this stage, at any rate, that Mr. Lister's statements remain unshaken by evidence that will support examination; and he is borne out in his belief, by the majority of surgeons whose practice can correspond with his own in extent or importance. One thing serviceable to progress the protracted dispute has secured, and that is the suggestion of many valuable substitutes for dressings in the treatment of wounds; and also of antiseptic agents for use both internally and externally. Among the latter the chief are salicylic acid, benzoate of soda (administered internally in diphtheria with good effect), thymol, sulphurous acid, &c.; but in practice, Mr. McCormac and many others adhere to the opinion that carbolic acid is the most suitable preparation, and with ordinary precautions, as safe as any.

The whole subject of antiseptic surgery has been treated by Mr. McCormac in a handsome volume (*a*) with which he opened the memorable debate at St. Thomas's Hospital, and the discussion thereon. Published only a short time ago, it embodies the most recent information on the subject, and will well repay perusal.

Litholapaxy.

In 1878 Professor Henry J. Bigelow, of America, being in this country introduced to the notice of the profession, an operation devised by him, and named "litholapaxy," the object of which is to remove, at a single sitting, calculi of the bladder, such, as up to that time, it had been customary to crush at intervals. In the hands of the American surgeon, the operation had been markedly successful, and appealing directly to the sympathies of English specialists in the surgery of the urinary organs, they were not slow to make trial of its merits. Sir Henry Thompson, Mr. T. Smith, Professor Stokes, and others, have so far made trial of it with the most satisfactory results, Professor Stokes having recorded the first case treated under the new method in Ireland, and of which he furnished a detailed report to the *Medical Press and Circular* (Jan. 7, 1880, p. i.) The special feature of Prof. Bigelow's plan is the use of an aspirating bottle, and large-sized catheters for the removal of the *débris* produced by the action of the lithotrite, which latter, also, is of peculiar form, and unusual dimensions. To the ingenuity of Mr. Berkeley Hill, we owe an improved form of Bigelow's apparatus for removing the detritus; the points introduced consisting of a wider passage for the current to and fro between the bladder and the exhausting bottle, and also a more capacious reservoir for the fluid used to create the stream.

It would be difficult to estimate the influence likely to be exerted on the treatment of bladder affections by Bigelow's brilliant suggestions; already we feel some of its effects in the more certain readiness with which surgeons essay to interfere with an organ that was formerly regarded with undue delicacy. We have been taught by a long series of operations, extending over the last eighteen months, that the vesical walls are infinitely more tolerant than has been usually believed, and experience shows, as Mr. Smith

(*a*) "Antiseptic Surgery." By Wm. McCormac, M.A., F.R.C.S.E. & I. Smith, Elder, and Co.

and others unhesitatingly affirm, that the introduction of smooth, polished, even large-sized instruments, does less harm to the viscus than the presence of a constantly irritating substance, such as a stone. It may well be expected from what has been done in this branch of surgery within the late months, that in future the number of cases of advanced calculus in the bladder will be unmeasurably reduced, and to Prof. Bigelow must be ascribed the chief credit of bringing about so desirable a consummation.

NEPHRO-LITHOTOMY.

On Oct. 22nd, Mr. Henry Morris brought before the Clinical Society of London the history of a case of renal calculus for the relief of which he performed an operation he designated as nephro-lithotomy. By this term he meant to indicate "removal through a lumbar incision of a renal calculus from a kidney in which the pelvis is not dilated, and which, but for the presence of the stone, is presumably healthy." As being the first reliable case of the kind successfully carried through, that of Mr. Morris's patient is an important one, for, as he rightly explains, it "shows that a calculus can be extracted from an *undilated kidney* without more risk than is warranted by the sufferings and general disability which the operation is designed to remove." Whether the example of Mr. Morris is likely to be followed in the future by many other surgeons, must chiefly depend on the light in which they view the risks that require to be run in undertaking the operation; but that Mr. Morris has re-introduced a remedial measure of great potentiality in the treatment of renal disease cannot well be questioned. On one point special stress was laid in the paper referred to, viz., that bleeding from the cut substance of the kidney presents it no degree to cause uneasiness. The incision does not, indeed, involve the dangers of hæmorrhage to any great extent; all the considerable vessels passing to the organ being avoided, from the course pursued in making the cut. The chief difficulty to apprehend is that connected with finding the stone, the finger being, from the amount of occluding fat and connective tissue in the neighbourhood of the opening, that by which it has to be distinguished. Regarded, however, favourably or not, it must be agreed that Mr. Morris's operation is a notable event of the year.

GASTROTOMY.

From America we have the careful record of a successful issue to an operation so rarely resorted to, but of somewhat frequent necessity if reasonably feasible, that it is worthy of being noted. Gastrotomy for the relief of consequences supervening on intestinal obstruction has been comparatively frequently resorted to, but the percentage of successful cases has been very small. Gastrostomy on the other hand, or the creation of an artificial mouth in patients who are the subject of œsophageal stricture has been attended with success in but one, or at most, two or three cases hitherto. Indeed, Mr. Erichsen regards the operation as inadmissible, save only in those accidents where the constriction has followed the swallowing of corrosive liquids; and even in these he doubts the advisability of incurring what he evidently regards as almost certain failure. It is satisfactory, therefore, to be able to congratulate Dr. L. L. Staton, of North Carolina, on the publication of a case in which he succeeded in the operation for gastrostomy (this necessarily including gastrotomy), so well that his patient has recovered health and strength. Instances of œsophageal stricture from wilful or unintentional drinking of acids, strong caustic alkalies, &c., are sufficiently common to make it a matter of importance that a reliable means of supporting nutrition, when swallowing *per vias naturalles* is no longer possible, should be at the command of the surgeon. It may be well, therefore, to reproduce Dr. Staton's description of his operation and its result, the length of space occupied by it being justified by the interest it must arouse. Dr. Staton says: "On the 17th of June, 1880, having administered chloroform, I proceeded to divide the skin for two and a half inches in a diagonal direction, from right to left, under the cartilaginous portion of the eighth left rib, and as near to the sternum as possible, but a finger's breadth from the median line. The walls of the abdomen being very thin, were divided in the same line without hæmorrhage. I did not follow Amusat's plan, or the operation advised by Sédillot in gastrotomy; but proceeded as here described (with the approval of the gentlemen present) as being the most feasible under the circumstances. I then carefully introduced two fingers to examine for the stomach, and coming in contact with a hard and seemingly solid mass, that felt more like a fibrous tumour than a stomach, I drew it through the opening in the abdominal walls, and found it to be the organ in question. It was firmly contracted about two and a half inches in length, and about one and a half inches wide. With the view of making a permanent fistula, I made an incision about three-fourths of an inch long, parallel with the long diameter of the viscus, near the smaller curvature as advised by Professor Verneuil, of Paris. The organ now being external to the person of the patient, I easily introduced it into one end of the tube (inner flange) and returned it within the abdominal cavity, securing the outer flange by means of a silver wire, until I could close the incision and make firm the surroundings by means of silver wire sutures. The hard rubber tube used, which I had made to order by Messrs. Reynders and Co., of New York, presents much the appearance in shape and length of the small wooden spool upon which sewing cotton is wound, each end (flange) being larger than its central diameter, which is three-eighths of an inch, smooth and highly polished. The object of the inner flange being to insure its retention within the gastric opening; and of the outer flange to prevent its being drawn within by the violent contractions of the viscus. From the tube, leads a soft rubber pipe about one half of an inch in diameter with a hard rubber mouth-piece attached, making an artificial œsophagus. The steam atomiser, with carbolised water, was in constant requisition. disinfecting the instruments, my hands, and the sponges, used in the operation, which lasted an hour. One-sixth of a grain of morphia in solution was introduced by a small syringe into the tube, the opening of which was then tightly closed by means of a common cork. A sponge was then wetted with the disinfectant, and placed over the wound. Patient recovered well from anæsthesia, and slept for two hours and a half, without complaining of pain. I then gave an

enema of milk, raw egg, and lime water, about ℥ij., and then left him to the care of his nurse." (*a*)

It will be seen that Dr. Staton immediately supplied nutriment to his patient at the conclusion of the operation, a plan which is opposed to the suggestion of other surgeons, but which in this case was followed by good results. The subsequent history of the patient was one of uninterrupted recovery, and two months after the operation he is said to be "rapidly improving," feeding on substantial diet, which he first chews in the mouth, and then ejects into the stomach through the rubber pseudo-œsophagus. Peritonitis never exhibited, or any inflammation of the tissues beyond healthy granulations around the tube. The absence of peritonitis is the feature especially unusual, and possibly may be due to the antiseptic precautions observed. As Dr. Staton justly remarks, the benefit of the operative procedure cannot be over estimated; and his success may be the means of prolonging life in other apparently hopeless cases.

STRICTURE OF THE URETHRA AND CALCULUS OBSTRUCTIONS.

The subject of stricture of the urethra was made a special topic of discussion at the British Medical Association meeting, and has been exhaustively considered in a series of memoirs by continental surgeons. That these have done much to forward this branch of operative practice, however, can hardly be said, although many valuable opinions favourable to one or other of the modes of procedure in use. External urethrotomy has been vigorously defended by Dr. Gregory, of Bordeaux, and in the same memoir advocating it, he energetically condemns the newer operations devised to supersede it.

The removal of small impacted calculi from the wall of the urethra has often caused much anxiety to practitioners; but the difficulty connected with them can be readily got rid of by following a plan introduced to this country from abroad at the suggestion of Mr. Teevan, and consisting in the employment of a soft wax bougie. This instrument is found to achieve the work required of it perfectly, and it is free from the objections raised against the bougies in ordinary use. There is nothing in its structure to interfere with its action, and wherever employed has been found to answer admirably. For the removal of small obstructory stones which occasionally block the entrance to the urethra, a simple mechanical operation is successful, viz., that of standing inverted, or even lying on the back with the head at a low level. This has been often found to be an efficient treatment, and the little stones are frequently passed at once after, with the urine.

PATHOLOGICAL ADVANCES.

In addition to the discussion on rickets, the Pathological Society has been the scene of frequent disquisitions on important subjects of the utmost interest to the practical surgeon. To these it is impossible to refer in this place, but we would call attention to one topic, which, because little notice was taken of it at the time of its discussion, may possibly escape recollection. We refer to a case of *sclerema* exhibited early in the session, and on which some interesting remarks were made by several competent authorities.

(*a*) *North Carolina Medical Journal*, October 1880.

Pasteur's observations on the cholera of fowls are now familiar, and the conclusions to which they have given rise. The bearing of these experiments on inoculation, and its power as a preventive measure, though indicated, is not yet by any means fully developed; but will certainly be productive of very great results in the future.

Dr. Greenfield in this country has, in a certain measure, anticipated the French surgeon's discoveries, and the lectures delivered by Dr. Greenfield at the London University, and but just completed, will form an admirable *resumé* of the present condition of our knowledge in respect to infectious diseases.

Tuberculosis as an infective disorder has been investigated abroad, on the Continent, and in America, and Conheim and Creighton do not hesitate to declare that the human subject is susceptible of infection in this respect. Taken altogether, the year has been rich in the amount of experimental research in the field of pathology; but while the work done has been good and valuable, it has been marked by no great or startling discovery, if we except Pasteur's. We have good reason, however, to rest well satisfied with what has been accomplished.

OBITUARY.

Mr. Hancock, F.R.S.—This gentleman, who at the time of his decease was consulting surgeon to the Charing Cross Hospital, died on New Year's Day, 1880, after an active, well-spent, and beneficent life. In the course of his career Mr. Hancock performed many important duties, but in all he did creditably to himself, and with advantage to the profession of medicine. He was an assiduous member of the board of the Royal College of Surgeons, President of the Medical Society of London in 1848, Lettsomian Lecturer in 1851, Arris and Gale Professor at the Royal College of Surgeons, 1865, President of this College, 1872, Hunterian Orator 1873.

Deputy Surgeon-General J. H. Porter, Army Medical Department, died in January from pneumonia. He was chief of the medical staff under Sir Frederick Roberts in Afghanistan. His rise in the profession was by a very rapid series of steps, and at the time of his decease he was one of the brightest ornaments to it, and in him it loses one of its most influential partisans.

S. Messenger Bradley, F.R.C.S.—This well-known Manchester surgeon died at the early age of 39, in June last, and the universal estimation in which he was held has been sufficiently testified by the enthusiastic readiness with which the suggestion for a memorial of him has been responded to. Mr. Bradley had established himself as an authority in the surgery of the lymphatic system, and had published a very successful work in connection with this branch of practice, entitled, "Diseases and Injuries of the Lymphatic System." As surgeon to the Manchester Royal Infirmary, and a teacher in the medical school, Mr. Bradley will not soon cease to be remembered or regretted.

Mr. Frank Buckland, M.R.C.S.—Little known as a surgeon, but of world-wide renown as a zoologist and scientific authority on pisciculture, Mr. Frank Buckland claims to rank among the eminent men who have done honour to the medical profession. He died almost as we write, after

a long and trying illness, and with him is lost a benefactor and a genius who could ill be spared. He regularly qualified as a surgeon, but quickly discarded practice for pure science. Of the success with which he pursued this study his universal reputation is a sufficient proof.

Other names rise with dreary significance to the mind as those of men who could ill be spared ; but it is also impossible, from the mournful number, to write of each separately. *Broca*, *Hebra*, *Burdett*, *Amphlett*, *Bryden*, *Long*, and others abroad, are names that each who knows will honour, and for whom they will mournfully regret.

LITERATURE.

THE year of 1880 has not been especially prolific in a literary direction, although a very considerable number of new books and new editions have made their appearance during it. We look, however, in vain for any of those epoch-marking works that do, from time to time, issue from the great publishing houses, and emanating from members of the medical profession. It is not that there is any lack of the spirit of research and of the stimulus to creation that are necessary to the production of those classical treatises we are indebted to, and which stand out as monuments of a periodical impetus in the past. Much as we might wish each year to be historically distinguished by the fact that it witnessed a revolution, or even apotheosis, we cannot hope that we shall invariably witness the gratification of such a desire. The year just past, however, will take its place as a period of good useful work. During its progress a steady advance in the paths of discovery and improvement have been chronicled by the volumes that have been its outcome. We cannot regard with amazed admiration some especially brilliant event of literary importance, but we can be cheerful surveyors of beneficent progress as shown by the pages of books and periodicals.

The "Annual Reports" of the various hospitals contain as usual much invaluable information, and records of cases the interest of which is chiefly in the suggestions they afford to guide the treatment of those who are cut off from the advantages of constant intercourse with their more specialty-following brethren. The volumes issued from St. George's and St. Bartholomew's Hospitals are the most attractive of the series.

The Society Proceedings have been issued in accordance with the custom observed by such as take this means of perpetuating the records of work done at them. The Clinical Society is especially to be congratulated on the excellence of its thirteenth annual volume. We have referred to several papers originally read before this, one of the youngest but most flourishing of the medical societies, and can say of it that its whole contents are surpassingly useful to the working practitioner, as well as to the pure investigator.

In Public Health and Hygiene a considerable number of handbooks have been published, the chief of which are probably those by Captain Douglas Galton, on "Healthy Dwellings ;" on "Dwelling Houses, their Sanitary Construction, &c.," by Dr. Corfield ; a number of useful little works dealing with the health resorts of the world have also been issued, Dr. Wilson's "Health and Health Resorts," and others of a similar nature being among the most useful.

In Medicine the new works have been few, but several important new editions have appeared, especially Dr. Aitken's Medicine, and Bristowe's Student's Manual of the same subject. Dr. Samuel Fenwick has a new work on Atrophy of the Stomach, and in the same connection may be mentioned Dr. Saundby's translation of Ewald's Lectures on Digestion. Dr. T. Stretch-Dowse has a number of highly important contributions to the literature of nervous diseases, and Dr. Morell Mackenzie the first volume of a systematic treatise on Diseases of the Throat. Other special works are a new edition of Playfair's "Midwifery," "Fatty Heart," by Dr. Kennedy, "Diseases of the Ear," by Mr. Dalby (second edition), Dr. Woakes having also issued a second edition of his work on Deafness, &c.

In Surgery attention may be drawn to Sir Henry Thompson's work on "Practical Lithotrity and Lithotomy," of which a new edition has been printed ; and to Mr. Reynold Harrison's treatise on the "Surgery of the Urinary Organs." To a work on "Excision of the Tongue," by Mr. E. Lund, and to Mr. Macormac's "Retrospect of the History of Antiseptic Surgery." It must be said, however, that the surgical literature of the year is remarkably bald, probably so few books of a standard kind have rarely been published in a similar period during the last decade.

In the general class of scientific and educational works we have to chronicle some important additions. Klein and Noble Smith's "Atlas of Histology" has progressed, and also Godlee's "Atlas of Anatomy," both lasting memorials of ability and excellence. The series of especially useful anatomical works originated by Witkowski has been completed, and will be recurrently useful to students and practitioners in the future. A new work entitled "The Elements of Medicine," has been published within the last few days, and its author, Mr. Carter, seems to have been successful in his attempt to compress the important facts to be taught into a small compass. "The Manual for the Physiological Laboratory," by Dr, J. D. Harris, and Mr. D'Arcy Power, has met with a large degree of success, and Dr. J. Milner Fothergill has added to his already well-recognised fame by issuing two small works, one on "Child Training," and the other on "Invalid Feeding."

This very meagre list might be largely added to, but it will sufficiently indicate the lines pursued by authors and publishers during 1880. A more extended survey might be desirable, and we regret it is not possible.

In the department of medical journalism there is little to chronicle for the year. One new periodical, the *Specialist*, under the editorship of Dr. Hardwicke, of Sheffield, has been started, and the numbers already issued fairly represent specialism in its various branches.

The year closes with the demise of a very well conducted organ, the *Obstetrical Journal of Great Britain and Ireland*, which stops for lack of adequate support. In regretting the death of so useful a contemporary, we would take this opportunity of thanking our numerous subscribers and contributors for their increased support to the *Medical Press* during 1880.

Ireland.

THE medico-political and medico-educational aspect of Irish affairs in the year 1880 has not been without interest, and the twelvemonth has been marked by some events which will leave their impress on the history of our profession.

In the arrangements for the future education and qualifying of Irish medical men, portentous changes are in progress. The time-honoured

UNIVERSITY OF DUBLIN,

It is true, proceeds in the even tenour of its way, nor is it likely that any very revolutionary changes will proceed *ab intra* with reference to an institution governed by seven elderly clergymen, and politically ruled for the most part by country clergymen. Some little liberalisation of Trinity College has resulted from the establishment of the University Council, which divides with "the Board" the government of the institution, but in matters medical Professor Haughton continues to be practically the dictator of its medico-educational policy. This fact is rendered manifest by the recent proceedings of the Board in reference to certificates in ophthalmology, as narrated in our columns. Professor Haughton, it will be recollected, had in the name of the Board ordered that any hospital seeking recognition as a seat of ophthalmological study should be prepared to show ten beds permanently occupied by eye patients. This requirement being complied with by sundry of the hospitals, Professor Haughton, in order to force all the ophthalmological teaching of Dublin into St. Mark's Ophthalmic Hospital, of which he is himself a most active Governor, declared a few months afterwards that he was no longer content with ten beds, but would insist on fourteen, that being apparently the number which he considered that the general hospitals could not possibly maintain. This gross breach of faith was, as might be expected, sustained by the Board under Dr. Haughton's influence, although almost all the clinical hospitals and ophthalmic teachers of Dublin remonstrated against it. In the course of the year the Regius Professorship of Physic in the University was resigned by Dr. Hudson, and Dr. Banks, Physician to the Queen, was elected to the vacant office. No other change in the medical *personnel* of the University has taken place within the year.

THE QUEEN'S UNIVERSITY.

still remains as "scotched, but not dead." Pending the completion of arrangements for the granting of degrees by the New Royal Irish University, the "Queen's" continues its examinations with its pristine vigour. Its convocation has even conceived the hope that, with the change of ministry, some chance may arise of restoring the University to its original position, and preventing its being merged in the Royal Irish University, and a deputation has accordingly urged upon the Lord Lieutenant the claims of the "Queen's" to a new lease of existence. We do not anticipate that such appeal will prove successful, and we opine that the University may be regarded only as "holding office until the appointment of its successor."

During the year it endured a heavy loss by the death of Sir Dominic Corrigan, to whose place on the Senate and in the General Medical Council Dr. Banks was appointed. The most notable changes in the Queen's College have been the appointment of the Rev. Dr. Porter, *vice* Dr. Henry, to the Presidency of the Belfast College, and the appointment of Dr. O'Sullivan, *vice* Dr. Tanner, to the chair of surgery in Cork. The first of these appointments was a disappointment to scientific men, who hoped that the resignation of Dr. Henry would have terminated the reign of parsondom in the Belfast College. The second of them was also a surprise, the new professor being by no means equal in professional character to other candidates who were rejected in his favour.

THE ROYAL IRISH UNIVERSITY

has made but slow and unpromising advance since its creation by Act of Parliament last year. Its Senate, selected with elaborate mystery by the never-to-be-forgotten Mr. James Lowther, Chief Secretary, turned out as disappointing as the other political works of that minister. It contains religionists of all shapes and sizes, politicians of every colour, and a few noblemen for the sake of ornament; but is in great measure empty of those who know or care anything about education. It contains several physicians, a comparative anatomist, and a provincial eye doctor; but not a surgeon or a well-known teacher in any subject. Upon the omission to appoint a surgeon to the Senate of the Royal Irish University, a very emphatic protest was lodged by the Council of the Irish College of Surgeons, who—with much force—complained that, whereas that College had been allowed a voice in the construction of the Queen's University, and whereas surgery had been for a series of years fully represented in the Senate of that University by Sir Philip Crampton and Mr. Adams, the governing body of the Royal Irish University had been selected without its cognisance, and that surgery had been wholly ignored. That protest evoked a promise from the Lord Lieutenant that, in any new appointment to the Senate, the claims of the College would be duly considered. The duty of constructing a curriculum for the degrees to be granted by the new University was relegated, early in the year, to a committee of the Senate, and it is understood that its suggestions on the subject are nearly ready for approval. A pledge was given *in limine* that that committee would not deal with medical curricula; nevertheless we hear that two medical schemes have been submitted to it. It is not likely that the University will be ready to grant degrees for two years to come.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS

at the commencement of the past year, obtained its new charter, which gave it power to establish a new order of members intermediate between its Fellows and Licentiates, who should be eligible to fill numerous offices in England which are restricted to members of a college of

physicians. During the year a large number of licentiates have applied to be admitted to the next order without fee or examination, and, being entitled to that privilege, have been admitted, but they will not be entitled to any voting rights thereby. On St. Luke's Day, the epoch of annual election in this College, Dr. George Johnston, ex-Master of the Rotunda Hospital, was chosen President, *vice* Dr. Head, Dr. Walter Smith being at the same time chosen Vice-President. To the Fellowships, Dr. Isaac Ashe, Dr. Christopher Joint, Dr. Joseph Hatchell, and Dr. Charles Sibthorpe were at the same time elected. Within the year the College adopted a very important regulation that henceforth all candidates for its licenses shall produce a certificate of three months' attendance upon pecial fever wards, and also the records of five cases of fever taken down by themselves, and guaranteed by the attending physician.

THE ROYAL COLLEGE OF SURGEONS

has been very active in many directions during the past year. At its annual election on the first Monday in last June, Dr. McClintock assumed the Presidential chair, *vice* Dr. Mapother, whose term of office expired. Dr. Claplin, of Kildare, being chosen Vice-President, he being the first provincial surgeon to occupy that honorable position since Dr. Mackesy, of Waterford. At the same election Dr. Corley and Dr. Nixon achieved seats on the Council, in room of Dr. B. G. McDowell, appointed to the Court of Examiners, and of Dr. Brunker. At the annual general meeting, which takes place a week before the election meeting, the question of voting by written papers was brought before the Fellows by Dr. Brunker, and a large contingent of provincial members of the College attended to support him. His proposal for written voting was, however, not generally approved, the chief argument against it being that the absence of the Fellows from its meetings would be injurious to the College and not beneficial to themselves. Dr. Brunker's resolution was, therefore, negatived. At the same meeting, resolutions were unanimously adopted recommending the Council to make more stringent the ordinance against consultation with homœopaths and other quacks; and also to change the date of annual general meeting so as to enable the provincial Fellows to attend both it and the election meeting, which, under existing circumstances, is almost impossible. At the same meeting of the College the opinion of the law adviser was communicated to the Fellows to the effect that the election of the representative of the College in the General Medical Council lies with the College Council and not with the Fellows, that question having been referred to the legal adviser upon the motion of Dr. Jacob at the previous annual meeting. In the spring of the year, the Council of the College promulgated a resolution condemnatory of newspaper puffing by members of the College, and afterwards it was earnestly engaged in debating the recommendation sent to it by the Fellows that the ordinance against consultation with homœopaths should be made more binding and comprehensive. Upon this question very serious differences of opinion existed, but ultimately the Council adopted a new ordinance which, while it relaxed nothing of the prohibition against such consultations, brought the College law into strict conformity with the Medical Act.

The Carmichael Prizes of £200 and £100 for the best essays on medical education were awarded by the Council early in the year. Thirteen competitors sent in essays—the largest number which ever offered themselves at any competition—and the prizes were awarded by the adjudicators to Mr. Walter Rivington, of London, and Dr. Laffan, of Cashel, whose essays have since been published and circulated by the College, and reviewed in these columns.

At the present moment, we understand, the College Council is engaged upon a most important revision of its system of education and examination, which, if adopted, will be greatly to the advantage both of the College and the student. In addition to these matters the Council has within the year decreed new arrangements for the issue of a quarterly report of its proceedings to the Fellows, for the avoidance of canvassing at elections within the walls of the College, and for the holding of sessional examinations for the Fellowship, instead of the occasional examination of individual candidates, which has hitherto been the rule. It is obvious that the Council is mindful of its duty to its constituents, and anxious to promote the interests of the surgical profession in Ireland, and enhance the dignity and prosperity of the College over which it presides.

THE TEACHING SYSTEM.

In the arena of teaching outside universities and colleges, there is a manifest growth of professional opinion in Ireland in favour of a better system than has hitherto existed. The sham certificate system has at length come to be recognised as an opprobrium of medical education in Ireland to be got rid of as soon as circumstances permit, and to this desirable object the University of Dublin and the two Colleges have lent substantial aid. The University and the College of Physicians have announced that in future they will not accept any certificate which does not set forth a guaranteed minimum number of attendances; while the Council of the College of Surgeons has declared that it will not admit any certificate unless the date at which the student entered for the course is entered therein, and signed by the registrar of the school from which it issues, the purpose of this regulation being to prevent the sale of certificates to persons who never either entered for or attended the lectures, and to put a stop to the system of entering students when the course of lectures was half over. To the abolition of Dublin sham certificates we have ourselves lent some aid in the way of a free and truthful exposure of the credit-fee system, and of the apprentice-farming dodge which—as developments one of the other—have brought such disgrace on the Dublin School of Medicine; and we are gratified to believe that we have thereby aroused the indignation of upright and thoughtful men amongst the Dublin teachers, and we can promise that we will not let the subject rest until the pernicious system which we have exposed shall have ceased to exist.

THE COLLAPSE OF STEEVEN'S HOSPITAL.

Amongst Schools and Hospitals in Ireland the most notable event of the year has been the collapse of the Steeven's Hospital School of Medicine. This school had for very many years done excellent service to medical teaching under the officership of thoroughly competent and executive teachers, and that good service had been for this

long period reflected on Dr. Steeven's Hospital. The lay governors of the latter institution, however, thought fit to disregard wholly the recommendation of the medical men who had raised the hospital to its position, and they appointed, in defiance of that recommendation, a one year surgical diplomate to take charge of the lives and health of the inmates of the hospital, excluding in his favour the candidate who had for fifteen years done the work of the hospital, and earned his surgical character within its walls. This contumacious treatment of the recommendation of the medical staff so incensed them, that most of them resigned, and the school being deprived of its most noted teachers, collapsed. At the same moment the hospital subsided to the level of a non-clinical institution, and lost for ever the medico-chirurgical character which it has had for nearly a century. We can hardly suppose a catastrophe of this sort could make an impression on the pomposity and self-appreciation of the Governors of Steevens's Hospital, but it certainly confers on them the distinction of having jobbed out of existence one of the finest clinical hospitals and schools in Ireland.

STUDENTS.

The class of students in Dublin this year is exceptionally large, there being 848 in actual attendance at the schools—a condition of things probably due in great measure to the reopening of the Army Medical Department. An important change has been effected by the recognition of Practical Histology and Operative Surgery as courses receivable by the licensing bodies in lieu of Physiology and Theoretic Surgery, a move which deserves every approval, as tending to make more practical the teaching of the student.

MEDICO-PARLIAMENTARY WORK.

Passing from purely medico-educational affairs we have to note the events of the year which have influenced our profession outside its own working. Early in the spring, as our readers will recollect, the approaching dissolution of Parliament brought to an end the hopes which had been entertained of medical legislation, and precipitated the country into a general election. The medical product of these elections, as far as Ireland is concerned, was the election of Dr. Lyons, M.P., for Dublin, in which it was our pleasure to "bear a hand," the re-election of Mr. Meldon, the tried friend of the profession, for co. Kildare, and the return of Mr. Corbet, who for many years held the office of chief clerk in the Irish Lunatic Asylums' Office, for Wicklow. The death of Sir Dominic Corrigan gave much occasion for complaint on the part of the profession in Ireland that the medical baronetcy vacated by his death and the surgical baronetcy which Sir Philip Crampton had held had not been filled up. A very legitimate sense of slight was, and is, felt by members of the profession in Ireland that, while the courtly recognition of professional rank is freely conferred in England and Scotland, it has been persistently withheld in Ireland, and thereby a deliberate slur has been put upon the profession in that division of the kingdom. The physiciancy to the Queen vacated by Sir Dominic Corrigan was conferred on Dr. Banks. Towards the close of the year Dr. Hudson, Her Majesty's Physician in Ireland, was obliged by the failure of health, which ended in his death, to resign his seat as representative of the Crown for Ireland in the General Medical Council, and great expectations have been expressed that the Government will, if for this occasion only, appoint some one who really knows and cares something about medical affairs, and will not repeat the error of selecting an elderly gentleman of respectability whose acquaintance with the duties which he has to fulfil is *nil*, and whose capacity for fulfilment is a nearly equal quantity.

The advent of Earl Cowper as Lord Lieutenant necessarily gave opportunity for the appointment of an honorary medical staff for the Vice-regal Court. The officers selected by his Excellency were—Physicians, Dr. Nixon and Dr. Nedley; Surgeons, Dr. Mapother, Dr. Robert MacDonnell, and Dr. Hatchell; Surgeon-Oculist, Dr Jacob; and Dentist in Ordinary, Mr. Corbet.

THE HEALTH OF THE CITY OF DUBLIN

engrossed a great deal of attention during the year, and still continues to give rise to much controversy as to the causes and remedies for the terrible mortality within the city. The excessive death-rate which had—after many years and much clamour on the part of sanitarians, and in spite of every opposition by the Dublin Corporation and the Irish Local Government Board—forced the Government to grant a Royal Commission of inquiry, has gradually increased until the question of the mortality of the city has come to be paramount in Dublin. The Royal Commission, which terminated its sittings in September, 1879, did not present its report until July, 1880. The document was, however, worth waiting for. The evidence therein recorded deprived the Corporation for ever of any excuse for its indifference to the health of the citizens, and made it clear by the unanimous testimony of a multitude of witnesses, that Dublin is a very focus of dirt, neglect of sanitation and civil maladministration, and that as a natural consequence disease was rampant and irrepressible. This report, though it aroused much indignation amongst the citizens, did little to arouse the Public Health Committee to a sense of its duty, but we are gratified to understand that the Colleges of Physicians and Surgeons have taken the subject in hand, and are prepared to add the weight of their professional opinion to the elucidation of the causes and remedies of the ill-health of Dublin.

The City of Dublin was meanwhile presented, by the munificence of Lord Ardilaun — sometime Sir Arthur Guinness—with a most valuable aid to health and recreation, in the shape of a public park. St. Stephen's Green —which for half a century had remained a frowsy and ill-regulated close for the nursemaids and children of a few of the inhabitants—was beautified, reconstructed with all the art of the landscape gardener, at the expense of Lord Ardilaun, and presented a free gift to the citizens by him. While the poor of Dublin continue to enjoy the benefits of his generosity, the name and memory of the donor will be gratefully remembered in Dublin.

The high death-rate of Dublin still continues notwithstanding the efforts of the Sanitary Association and of the medical profession to expose the preventible sanitary defects from which it arises. The shocking condition of the tenement houses and of the private drains of many of the

better class of houses still continues; the paving of the city proceeds on the motto *festina lente*, and all the promises of the Corporation as to domestic scavenging and periodic removal of house refuse are as yet *vox et pretereà nihil*. Dublin is the only large city in the Empire in which scavenging does not exist, and we trust that this scandal and danger will ere long be removed. The principal sanitary attention of some members of our Corporation appears at present to be fixed on a project of compelling medica practitioners to directly notify to public authority cases of infectious disease occurring in their private practice. This matter was first brought under their notice by a large and influential deputation from the Irish branch of the British Medical Association, who have recommended that the occupier of the infected dwelling should be the informant. As this subject, however, has recently been amply discussed in these columns, it is perhaps hardly necessary to enter further into it at present.

TITLED REPRESENTATIVES OF THE PROFESSION.

It is deeply to be regretted that Ireland has now no titled medical representative of Crampton, Marsh, or Stokes, although in both Irish medicine and surgery are to be found men thoroughly qualified for hereditary honours both as regards professional position, social prestige, and the means of supporting their rank. We feel strongly upon the subject, for it places the medical profession of Dublin in a position of apparent inferiority to those of London and Edinburgh, as we believe that this injustice is one the proper ventilation of which would ensure its removal. Short of hereditary dignity the medical profession has not been entirely unhonoured during the past year. Her Majesty has been pleased to bestow the honour of Knighthood on Sir Edward Sinclair, for his long and valuable services in providing many hundred midwives for the British army, and we trust he will for many years enjoy this well merited distinction. Dr. Lyons was at the recent general election returned as member of Parliament for this city; and, irrrespective of all political consideration, we welcome the entrance into the House of Commons of a physician of eminence who will speak with authority on the many professional and sanitary measures likely to come under the notice of the Council of the nation. Our respected fellow citizen, Sir George Owens, M.D., has been appointed High Sheriff of this city; Dr. Henry Kennedy has been raised to the position of a deputy lieutenant; and last, but not least, several county medical men have been invested with the commission of the peace.

THE CORK FEVER HOSPITAL CASE.

In the autumn we expressed our strong disapproval of the attack made upon Professor McNaughten Jones, of Cork, for the use of a remedy which, in this city, has long been a matter of the most ordinary routine. Professor Jones, however, triumphantly vindicated himself; and we believe that the sympathy and approval of his colleagues here and in Cork will amply compensate him for any temporary annoyance which he may have received.

IRISH MEDICAL LITERATURE.

The most unsatisfactory feature connected with Irish medicine appears to be a certain want of fertility in regard to authorship of anything beyond papers and communications. In fact, since the publication of Dr. Hayden's admirable treatise on Diseases of the Heart, no considerable work has emanated from the Dublin press; and the only book of the past year has been Dr. Henry Kennedy's admirable little monograph on Fatty Degeneration of the Heart. In short communications, however, Ireland comes well to the front both in our own columns and in those of our contemporary, the *Dublin Journal of Medical Science;* and these papers show what might be effected by systematised efforts. We repeat, however, the regret with which we see the handbooks of the students and the authorities of the practitioners all the production of authors and publishers on the wrong side of St. George's Channel; and we trust that in our next retrospect of Irish Medicine we may have to chronicle a new departure. The University of Dublin has, thanks to the efforts of Maheffey and others, shaken off her ancient name of the Silent Sister; and it will be too bad if this mantle devolves upon Irish Medicine.

The affairs of

THE PRISON MEDICAL OFFICERS,

whose position was completely changed by the Irish Prisons Act of 1878, and whom the Government had made a mean attempt to defraud of their legal rights, came to a sort of settlement within the year. Thanks to the efforts of Dr. Brunker, who acted on behalf of the prison surgeons, the Government Department at the Castle was obliged to retreat from the position which it had taken up, and to grant to the medical officers salaries and duties approximating to those which the law secured to them; and, being thus satisfied, they allowed the matter to drop.

The affairs of the

POOR LAW MEDICAL OFFICERS

of Ireland have been looked after by the Irish Medical Association with wonderful energy and success. That organisation, under the presidency of Dr. Clapman, its former honorary secretary, has been successful in carrying a Vaccination Bill which not only greatly improves the system and lightens the work of the Public Vaccinator in Ireland, but doubles his emoluments. It has also passed a Registration Amendment Bill, which—though it does not increase the payment to registrars, much improves the efficiency of the system, and facilitates the keeping of records. The Association has been, and is still engaged, in contesting the course pursued by the Local Government Board with reference to the assessment of Public Health Salaries and of Medical Superannuation Allowances and it has had a Bill before the House to provide for pensions for Poor Law Medical Officers as a matter of right, and to remedy the gross abuses of Poor Law Medical Relief in Ireland.

It would be as difficult to say what subject of interest to the profession in Ireland the Irish Medical Association has *not* been engaged upon as to give a detail of all the matters which it has had under serious notice. As far as medico-legislative affairs in Ireland are concerned, the Association may be said to be the "life and soul" of the profession in that division of the kingdom, and it well deserves the confidence which is universally reposed in it.

The parting year leaves much for the new year to do in Ireland. A contest is being fought between the profession and the Dublin Corporation over the notification of infectious disease, and the unfinished affairs to which we have alluded have to be pushed forward to a final and—let us hope—a satisfactory conclusion.

We can confidently leave 1881 to answer for itself, for if a disposition for progress and improvement should be shown in that year equivalent to that which its predecessor has carried we can promise the profession, a good account of Irish medical affairs when the *Annus Medicus* of the coming year has to be written.

OBITUARY.

The past year, although one of progress, has yet been chequered by the loss of an unusual number of medical men who have gone to join the majority. Upwards of eighty Irish medical men have died during that period; and at all ages, from the centenarian, Dr. Lochrane, of Armagh, down to young practitioners not long qualified, and who, in many instances, fell victims to infectious disease caught in the discharge of their professional duties. Some of our greatest names have vanished from the bead roll, and foremost among them Sir Dominic Corrigan, Bart., who died in the beginning of last February, after an illness of some months' duration. We have already, in these columns, recorded the leading incidents in the professional career of this eminent gentleman, whose death left vacant the posts of Physician in Ordinary to the Queen, representative of the Queen's University in the Medical Council, and Governor of the House of Industry Hospitals. All these three important posts were conferred upon Dr. John T. Banks, and were regarded both by his colleagues and by the public as the legitimate reward of professional and social merit. Dr. Charles Benson, so long identified with the College of Surgeons, and the surviving original member of the Surgical Society, also departed life. For some years previously loss of sight, an infirmity endured with admirable patience, had caused retirement from the active duties of his profession, in which to the very last, however, he continued to take the most intelligent interest. At the early age of 41 years Mr. William H. O'Leary, M.P., died in London, after a very brief illness, which was no doubt accelerated, if not altogether caused, by excessive attention to his Parliamentary duties. We had next to mourn the loss of Mr. Rainsford, the eminent surgeon to St. Mark's Ophthalmic Hospital, who expired at an early age, when, however, he had already gained a name, which was the presage of future success. We miss the well known figure of Michael Harry Stapleton, so well known as one of the examiners of the College of Surgeons; and whose loss, although he had passed the allotted span of life, was lamented by many old friends and associates. As we lost our medical baronet at the beginning of the year, so towards the end we have to chronicle the demise of one regarded by many as his successor, the all-accomplished Alfred Hudson, the distinguished Regius Professor of Physic in the University of Dublin, and representative of the Crown in the Medical Council. The ranks of the country and dispensary practitioners were also considerably thinned; and most lamentable among these were the deaths of two martyrs to duty.—Dr. Donovan and Dr. Robinson, of Skibbereen. Both these gentlemen perished as distinctly in the public service as soldiers on the field of battle; and both had relatives depending upon them, particularly Dr. Robinson, who left a large helpless family. We noted with pleasure that a moderate provision was made by Government; and we believe that the representatives of this journal were not entirely unconnected with that act of partial justice. It is deeply to be regretted that the medical Officers' Superanuation Act is not compulsory on Boards of Guardians; and that its provisions frequently become a dead letter in consequence. During the past year a retiring allowance was altogether refused to an aged and deserving officer; and, when it was represented that he had no other means of living, he was advised to apply for "out-door relief." Towards the close of the year the retiring stipend of Dr. Faussett, of Clontarf, was most harshly cut down; but that respected gentleman has ended the difficulty by passing away, we trust to a better place, where Poor-Law guardians will trouble him no more. In these columns we have, during the past year, constantly explained the abuse of red tickets and the other grievances of Poor-Law Medical Officers, and shall still energetically expose every instance injustice that reaches us. There is one loss which the profession sustained during the year which, although it occurred in far away Afghanistan, we regard as specially pertains to Dublin; we allude to the death of Deputy Surgeon-General J. H. Porter, the well known writer and military surgical professor who preserved such an affectionate regard for the Dublin School in which he was educated, and was held in such esteem by his old associates here. The death roll of the past year is a long and sad one; but it is some consolation to reflect that in number at least it is much exceeded by the registration during the same period.

Scotland.

PLYING at the whizzing loom of time, we are startled into the recollection that another year has run its course with furtive and insidious step, and that we are called upon to mark a period in our labours. The year that is about to terminate, like the years that have gone before, has not been uneventful in either blighted anticipations, nor unexpected occurrences, and confirms the somewhat saddening reflection that as in the physical, so in the social states ceaseless mutation is the miserable order of things. To the large majority of the profession, paramount among the disappointments of the past year, must be regarded the temporary shelving of the pressing question of

MEDICAL REFORM.

It is confidently anticipated that during the forthcoming Parliamentary Session the inquiry instituted by the late Government will be continued, that other than interested parties will be examined, and that the profession will urge the importance of the matter with a unanimity and a strength which cannot be ignored. The gravamen of the charge against the present system consists in the fact that in respect of the universities, the Government, for the time being, vests a teaching monopoly in the hands of chosen individuals who constitute, at the same time a qualifying body, and that as the emoluments of such individuals are increased by the number who qualify, personal interest determines the passing of incompetent men, and that, as a whole, the status of the profession is thus lowered, and ultimately the public made to suffer at the hands of incompetent and illiterate men. By such as know the profession well it will be fully admitted that the charge is no visionary one. So long ago as 1834 the venerable and talented Emeritus Professor of Physiology in the University of Glasgow, Dr. Andrew Buchanan, wrote a trenchant and logical article "On Monopolies in Learning." In view of the position which he occupied, and the present agitation on the subject, the opinions then expressed by Dr. Buchanan are interesting in the highest degree. There is no species of property, he remarks, which a man is more assuredly entitled to call his own than his powers of mind, and the knowledge which, by a life study, he may have accumulated. Why, then, is he not allowed to turn this property to every fair advantage? Why, is he not entitled to impart his learning to others, and receive for it just remuneration? In the same paper it is ably pointed out by Dr. Buchanan, how this university monopoly is not bestowed on account of peculiar talents and learning, but, as often happens, by political intrigue, by family connection, by private friendship or servility; and it is incontestably demonstrated that originally the right of public teaching, particularly in the University of Glasgow, belonged to, and was conferred *on all its graduates* in the respective faculties; that the right *was not* abrogated by James VI., inasmuch as at present, under the Papal Charter, the University confers degrees in medicine, law, and theology, although the new charter *does not* authorise it to confer any such honours. Furthermore, by the Act of Graduation, which is conducted with the highest academic solemnity, there is conferred upon the graduates, *as those who are able to read their diplomas*, ought to know, "protestatem plenissimam, scribendi, et disputandi in cathedram doctoralem ascendendi." At the period when Dr. Buchanan wrote, he might well remark, "these words if they mean anything, must mean that graduates of the university are to possess the power of reading and teaching, backed by the authority of the university, and accompanied with all the privileges which she can confer.....yet in defiance of this obvious interpretation, and in contempt of all good faith, the members of the University refuse to recognise instruction given by graduates as constituting any part of the curriculum of education, and reject their certificate as scornfully as they would reject certificates from the most illiterate of mankind." Our distinguished friend has lived to see the dawn of a more catholic spirit on the part of the universities, as the university which he then assailed has since that period recognised the lectures of several extra-mural teachers in Glasgow and elsewhere for graduation; but the fact *remains that so long as the teaching continues to be the qualifying body, the concession has rather the semblance of, than a substantial value;* for, unless the disparity as a teacher, between the extra-mural and the university teacher be very conspicuous, the intending graduate is wise enough to take the university class, to avoid the barriers which would be otherwise, almost inevitably opposed against his obtaining the coveted distinction conferred by graduation. Rentlessness dwells even in the heavenly minds of universities! No medical reform can be acceptable to the profession, or be of public utility in which, as a distinct basis, the separation of the teaching and the qualifying function is not recognised. The fact is patent to all, that extra-mural teachers suffer greatly from this unsatisfactory and pernicious state of matters. After such a considerable lapse of time, and in view of the one-portal system, for which the bulk of the profession contend, Dr. Buchanan's suggestion for a plan of reform (1834) cannot fail to be read with great interest, and we are tempted to quote once more. Associations of learned men, that might be named *licensing colleges*, would form the foundation. "The business of the colleges is first to license teachers, and second, to license practitioners in the various branches of medicine. *To discharge their duties with impartiality the members of the College ought on no account to officiate as teachers.* The number of licensing colleges would probably be found to be six in all, two for each of the great divisions of the United Kingdom; for England, one in London and one in Liverpool; for Scotland, one in Edinburgh, and one in Glasgow, and for Ireland, one in Dublin and one in Belfast. The number of members of each College would require to be determined by the duty they had to perform." The singular similarity of this scheme to that which, at present, obtains acceptance

among all disinterested members of the profession, is signal proof of the sagacity of the writer, and is significant of its justice and necessity. Barriers are valiantly interposed by interested individuals against medical reform; but the rights of the profession, and the weal of the public cannot indefinitely be circumscribed by them; the enlarging current of public opinion will sweep such opposition ignominiously away, and monopolies will disappear unswept, unhonoured, and unsung. Humanity marches on despite the wail of selfishness; and it marches on with unerring certainty, to a higher conception of the rights and obligations of man.

THE EDINBURGH MEDICAL SCHOOL.

The great Medical School of Edinburgh maintains its high reputation, thanks very much to the excellence and number of its extra-mural teachers, and attracts its crowds of students from the most remote quarters of the world. Taking the anatomy class, as a guage of the other medical classes, we find that Prof. Turner, in his new quarters, lectures to about 600 students, and can thus boast of a class not equalled in any part of Great Britain —we very much doubt in any part of Europe. The same subject is taught by Mr. Symington at Minto House. His class is over 200; and during the summer Mr. Symington conducts a practical class of nearly 200. Mr. Symington can thus boast of the largest extra-mural class since the days of that singularly gifted and unfortunate man Knox, who charmed by his enthusiasm and eloquence, and withered by his sarcasm and abhorrence of cant. Mr. Symington is a careful teacher and a great favourite with the students. We are sorry to state that Prof. Sanders, almost immediately after his return from his holidays, was struck down by paralysis and aphasia. He never lost consciousness, but we understand he has not regained the power of speech. Dr. J. D. Hamilton now lectures for him to a crowded class. His lectures are the talk and admiration of the students. Many practitioners attend the practical class. To him is entirely due the success of the practical pathology classes which had dwindled down to nothing under his predecessors. Should the chair unfortunately become vacant, his claims to it are beyond dispute.

Mr. Imlach, President of the Royal College of Surgeons, and Dr. Gillespie were elected at last meeting of the College as representatives thereof at the Royal Infirmary Board, Dr. Dunsmure retiring. Dr. Smart was elected last summer Assistant-Physician to the Royal Infirmary. Mr. Aubrey Husband, M.B., was elected one of the Medical Officers to the Royal Dispensary, vice Prof. Sanders resigned. Dr. Cappie was appointed to the Poorhouse, Craiglockhart. Dr. Byrom Bramwell commenced his first course of lectures on the Practice of Medicine at Park Place (late Jewish Synagogue) Medical School. He has a fair class, and is a good lecturer. Mr. Imlach has been re-elected President of the Royal College of Surgeons, and Dr. Haldane President of the Royal College of Physicians. Dr. Patterson, of London Street, Edinburgh, has presented to the Royal College of Surgeons £1,000. A committee has been formed, consisting of Mr. Imlach, Prof. Turner, Dr. Handyside, and Mr. Symington to make arrangements for the foundation of a College prize. The conclusions of the committee have not yet been made known. Owing to the size of the anatomy classes in Edinburgh, the want of subjects is severely felt. This might easily be remedied by a short Act enabling the anatomy authorities to procure bodies from other places than Edinburgh—Dundee and Glasgow, for example. The medical officership of Trinity College is at present vacant by the resignation of Dr. Inglis. Dr. Craig and Dr. Dunsmure, jun., are the favourites; but the general feeling is that Dr. Craig should be elected.

THE GLASGOW MEDICAL SCHOOL.

At the University of Glasgow the number of students continues to increase. The matriculation closed on Dec. 1, and the total number of students this year is 2,281 against 2,220 at the same period of last year, showing an increase of 3 per cent. In medicine there are 557 students as against 539. A change took place in the Professoriate of this University during the year by the resignation of Prof. Cowan, and the succession to his chair—that of materia medica—of Dr. Mathew Charteris. Dr. Cowan was a gentleman of eminently respectable social position, and of professional mediocrity. It is singular, by the way, how it happens that, while a man is engaged in the struggle of life his compeers see only his shortcomings, and that when he retires therefrom, either voluntary or by the inexorable fiat of death, only his virtues. It is no secret that Dr. Charteris was not the elect of the self-constituted patrician clique of the profession in Glasgow. All this, notwithstanding, Dr. Charteris possesses good abilities, is a great favourite with the students, promises to be a successful teacher of materia medica, and is, withal, a gentleman. The students of this University grievously complain, and with justice, of the multiplication of useless classes, *which are virtually as compulsory* as those commonly regarded as the regular ones. When a class of practical botany is established it is high time the profession and the State instituted an inquiry into the mode and necessities of University medical instruction. The professors of the Scotch Universities prove, in their way, very successful farmers indeed. In the struggle for existence Anderson's College holds its own. It possesses an excellent teacher of anatomy, and this alone should attract students thereto. Two of its lecturers, we beg pardon, "Professors," resigned during the year—Dr. Charteris, on promotion to the University, and Dr. MacVail, to co-operate in the founding of another extra-mural school and lecture on the practice of medicine. Versatility of talent is conspicuous in the profession in Glasgow. Dr. MacVail is succeeded in the lectureship on physiology by Dr. John Barlow, a good lecturer, and Dr. Charteris by Dr. Samson Gemmell, a gentlemen of whom reputation speaks highly. That he possesses the rare faculty which is euphemistically termed common sense, his remarks on Dr. William Fleming's paper at a recent meeting of the Medico-Chirurgical Society leads us to suppose. The Royal Infirmary Medical School is fairly patronised; and the Western Extra-Mural School breathes. It has been said, we believe of John Hunter, that in order to be enabled to say "Gentlemen," he requested his porter to lower the skeleton and sit down beside it. The extra-mural lecturers of Glasgow are not

in quite so bad a plight, as the least fortunate of them is able to address his pupils in the plural number.

THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

Continues to maintain its ground. It Fellowship-list is increasing, and its licence is in demand by a considerable number of students. During the year just terminating 98 students passed the preliminary examination, 61 the first professional, and 72 the second. The Faculty has an excellent library, and is a moderately rich body. What it intends doing with the money no person has the curiosity to inquire. Why should it not institute lectureships for its Fellows on important medical subjects, and encourage a happier and more honourable professional *esprit de corps?* It recently performed a well-merited act in acknowledging, in a substantial manner, the conspicuously excellent services of its Secretary. In October Dr. Andrew Buchanan resigned from the presidency—a position which he dignified by his courtesy, and caused to be respected by his manliness. He is succeeded in the honourable position by Dr. Scott Orr, a gentleman who commands a large share of professional respect and esteem, and under whose *régime* there should be no jarring of Faculty or other medical matters. We are far from satisfied that the matter of examinerships, either at the Faculty or the Royal College of Surgeons of Edinburgh, is regarded with unqualified satisfaction. It is perfectly clear, if what has been advanced above regarding the Universities be correct, that bodies which affect to be exclusively qualifying corporations, would occupy a less assailable position if none of their teaching Fellows were at the same time Examiners. This is quite apart from the question of indefinite tenure of office and personal incapacity, on which much might be said that is held, meantime, *in retentis.*

UNIVERSITY OF ABERDEEN.

At the University of Aberdeen the number of medical students enrolled during the year is 284.

HOSPITALS AND GRATUITOUS MEDICAL SERVICES.

We trust there are few members of the medical profession who are incapable of being moved by the sight of squalor and wretchedness, or the cry of suffering and hunger. That these exist to a heartrending extent in all our large cities no one will question. It is one thing, however, to assuage suffering and administer to hunger, and quite another to trade upon the finer, and noblest instincts of our nature. That it has at all times been conspicuous for the former, the medical profession has an indisputable right—to its honour be it said—to claim; that it is beginning to be guilty of the latter not a few of its honest members feel constrained to surmise.

It is a fundamental principle in political economy that a man must live by the sweat of his brow, and that there should be no drones in the social hive. It is equally incontestable that eleemosynary aid to all such as do not require it tends to, and does, cripple individual exertion, and pauperises and demoralises in turn. It has been well observed by Herbert Spencer—"Fostering the good-for-nothing at the expense of the good is an extreme cruelty. It is a deliberate storing up of miseries for future generations. There is no greater curse to posterity than that of bequeathing to them an increasing population of imbeciles and idlers and criminals. To aid the bad in multiplying is, in effect, the same as maliciously providing for our descendants a multitude of enemies. It may be doubted whether the maudlin philanthropy which, looking only at direct mitigations, persistently ignores indirect mischiefs, does not inflict a greater total of misery than the extremest selfishness inflicts." But, apart from the social, which is one of the most weighty questions of the day, there is the professional aspect of this question, which closely touches members of the medical profession. The great bulk of medical men have entered the profession in order to secure an honourable and respectable livelihood, and it can be only very exceptional circumstances that could justify any body of men in *wantonly and without restraint* putting professional resources within the reach of *all who are mean enough* to accept them gratuitously. What, then, is the actual state of matters in our large centres of population? It is estimated that in the metropolis one in every four of the entire community receives gratuitous medical attendance and medicine in the course of the year. The same thing happens in almost all the large towns throughout England. It has been calculated, from the best possible data, that between the medical charities and the parochial boards, not less than 200,000 out of a population of, say, 500,000 in Glasgow receive gratuitous attendance and medicine yearly, and there remains, thus, a population of 300,000 available as possible paying patients for over 300 medical practitioners. Let it be supposed that twenty per cent. of this population require medical attendance during the year, and we have 200 patients per annum for each medical man! The Glasgow correspondent of a contemporary has quite recently made the following remarkable statements:—"The question of increased infirmary accommodation for Glasgow has been lately taken up in one or two quarters. Although the new wards in the Western Infirmary are now completed, and nearly ready for occupancy, the managers have decided only to use them as they receive money to defray the expense which will be thereby occasioned. No doubt the necessary funds will be in time *forthcoming*, but, *with the view of lessening the demands upon the Royal and Western Infirmaries*, there has been a renewal of a movement set on foot some years ago to take steps for the erection of a suitable hospital and dispensary on the south side of the city. The Glasgow Southern Medical Society, which has all along interested itself in the matter, has continued the committee which it appointed some time ago, instructing them to take all necessary steps for the furtherance of the scheme by making it generally known, and obtaining support from all employers of labour and other influential persons. We wish the committee every success in their efforts, and hope soon to see the erection of a suitable hospital and dispensary on the south side of the town."

PROVIDENT DISPENSARIES.

The same correspondent writes as follows on the subject of provident dispensaries:—"We hope that sooner or later steps may be taken in a city of such vast dimensions as Glasgow, to follow in the steps of other large towns, and, by founding a well-organised system of provident dispensaries, do something to lessen the improvidence which is rife among a certain section of the population, and which

makes heavy demands on our medical charities." It is really difficult temperately to characterise such nonsense as this. Improvidence—and rife improvidence—exists undoubtedly; by whom is it occasioned, and how? Why, by two huge hospitals and endless other institutions and dispensaries, which invite *all and sundry* to receive medical treatment and medicine for nothing, and are clamant for public support to the extent of the number of patients treated, irrespective of their necessity; yet this intellectual giant who poses in our contemporary desires the institution of other organisations to obviate a state of things with the creation of which he is doubtless himself connected. As a result to the profession—not to speak of a debased public—it is well enough known that a large number of its members find the greatest difficulty in making a respectable living, and that the temptation to quackery, cringing, and servility is all but insurmountable. No wonder the profession in Scotland is recruited from the ranks of message-boys and porters! It is sometimes alleged—and notably by Dr. Fergus—that the commercial position of the professional in Glasgow must be much improved compared with its state thirty or forty years ago, seeing that while the number of medical men has not increased, the population has more than doubled. The statement has a superficial plausibility very apt to ensnare a believer in the milk theory of scarlet fever communication. It is forgotten that while the population may have doubled, and the number of medical men may not have increased, the amount of medical gratuitous work done is now more than tenfold, and that compared with thirty or forty years ago there is now hardly any working-class practice whatever. Admitting cordially, as we do, that a certain section of the community, between the pauper on the one hand, and the well-paid artisan on the other, are entitled to receive gratuitous medical treatment and medicine, is it possible to conceive that the number thereof can be anything like 100,000?—that there exist in Glasgow 100,000 individuals, apart from the parochial boards, who are unable to pay 5s. to 7s. 6d. per annum in connection with a club for medical attendance and medicine, the medical appointments to which are, at this sum, sought so eagerly after in Glasgow and elsewhere? The supposition is outrageous; the whole matter is a gross scandal—bankrupt hospitals, a demoralised and pauperised people, and the professional few fattening on the wreck and ruin of their junior and less affluent brethren.

A dispensary conducted on provident principles, and on the same footing as the Edinburgh Provident Dispensary, has existed in Glasgow for a few years. It is fairly taken advantage of by the public, but does not receive the substantial aid from the community to which it is so fairly entitled.

TENURE OF HOSPITAL APPOINTMENTS.

At the Glasgow Royal Infirmary an important law touching the tenure of medical appointments comes now into operation, and the directors have not appreciated the importance and justice of the change one moment too soon. According to the last report of this important institution, "the subject of tenure of office of the physicians and surgeons of the house was under consideration during the year, and after mature deliberation it was resolved that in future these officers, after having served three consecutive periods should be ineligible for re-election for one year. The present system, according to which these officers, after one or more periods of five years' service, remain eligible for re-election, seemed to discourage other practitioners from applying, and tended to give a monopoly to the holders of office." Undoubtedly! "Other practitioners" despaired of a termination to a reign of nepotism and favouritism, and many deplored that so extensive a field for medical observation remained almost totally fallow. The extent of the literary work of most of the medical staff consisted in the writing of the receipts for their salaries. The directors at length promise justice to the profession and the public, and we congratulate them on having so done.

SCOTCH MEDICAL LITERATURE.

Scotland supports two medical journals, viz., the *Glasgow Medical Journal* and the *Edinburgh Medical Journal*. The former has undergone many strange viscissitudes. It first saw the light of day so long ago as 1828, under the editorship of Dr. William MacKenzie, and since then, by fits and starts, it lived to die, and died to live. Of the gentlemen connected with its birth, we believe the sole survivor to be Dr. Andrew Buchanan, and comparing the journal of the present with that of the past, we may look back with justifiable pride upon the latter as reflecting the spirit of an age when men had not yet begun to stuff their life-buoys with straw, nor fill their medical journals with cases evolved from the fertility of the inner consciousness.

The two most notable papers in the *Glasgow Medical Journal* for the year are, the one by Dr. Buchanan himself, on "Whooping-cough and what it teaches us of the Sounds of the Heart," and the other by the High Priest of Phraseology, Dr. W. T. Gairdner, on "the Treatment of Bright's Disease." We regret we cannot afford space for further reference to these papers (the pleasure is reserved); but we may remark, if the analogy be permissible in literature, that the former compares with the latter as Hyperion to a Satyr. The *Glasgow Medical Journal* is at present under the ægis of the Edinburgh School (in Glasgow) and if verbiage counts for anything its vitality is not a thing to be ignored.

The *Edinburgh Medical Journal* has long possessed a character for solid respectability, and genuine scientific aspirations. If it solicits the continuance of its good reputation it must guard against the insertion of such trash as it published during the year, from the West of Scotland. Of the papers emanating from Glasgow, and appearing in metropolitan journals one of the most remarkable—if not *the* most remarkable—is that by Dr. Robert Bell, "On Constipation viewed as a Disease *per se*," in which the highly original thesis is advanced *that a loaded condition of the rectum causes retroflexion of the uterus!* In this paper the author also states, that according to his experience, the bowels should be moved more than once a week! This is the gentleman who has achieved such signal success in the cure of "diphtheria." There is one other gentleman in Glasgow whose success in the treatment of this disease, is equally marvellous. *L'Art de prevenir* recognises as one of its first axioms—"Spargere voces in vulgum ambigues."

Of books, Scotland can boast of but few during the year, not one of any importance strikes us at the present moment, although one or two translations of high-class works, notably Politzer's treatise "On Diseases of the Ear," are announced for the New Year.

WORK DONE AT THE SOCIETIES.

At the Medico-Chirurgical Society of Glasgow, during the year, papers were read by Dr. W. Allan on Whooping-cough; Dr. MacCall Anderson on the Climatic Treatment of Consumption; Geo. Buchanan on Operation for Radical Cure of Hernia in Children; James Morton on Case of Multiple Aneurism; Eben. Watson on Treatment of Stricture of the Urethra; MacVail, of Kilmarnock, on Results of Surgical Treatment in Kilmarnock Infirmary without Antiseptics; Geo. H. B. Macleod on Hypertrophy of the Prostate in Old Persons, and its Treatment; Prof. Gairdner on Certain Points in the Treatment of Bright's Disease; and Dr. William J. Fleming on Pulse Dicrotism. The papers of Drs. Macleod and Watson created a good deal of professional interest, as embracing the opposing views of two well known, and accomplished surgeons; that of Dr. MacCall Anderson plainly showed that his "Galloping Consumption" is one thing, and that of the bulk of the profession a totally different; and the impression still remains, to a provoking extent possibly, that neither Davos Platz, nor any special treatment whatever has ever cured "Galloping Consumption" in the older, and usual acceptation of the term.

Dr. William J. Fleming's paper was evidently the result of much labour. The majority of the Society failed to see what he wished to elucidate, or the practical bearing of much that was advanced. The impression prevailed among the charitably disposed, that in this respect, Dr. Fleming himself was as much at sea as any of his auditory.

At the Edinburgh Medico-Chirurgical, and Obstetrical Society, a large number of excellent papers were brought under the notice of the profession, prominent among which may be mentioned those of Dr. Byrom Bramwell, on Patellar Tendon Reflex; Dr. Henderson on Elephantiasis Arabum; Mr. Chiene on Counter-Irritation; Dr. James Young on Endometritis; Professor Simpson on Calcified Fibrous Tumour; and many others to which we cannot at present refer.

OBITUARY.

The profession in Scotland, has to deplore by death, the loss of, Dr. Bennie, of Currie; Dr. Leith, of Comrie; Dr. John Paxton, late of Kilmarnock; Mr. Wyllie, of Errol; Dr. Wilson, of Inverness; Mr. James Craig and George Dallas Baird; Dr. John Macdonald (late of Buenos Ayres) Isle of Skye; Dr. MacKenzie, of Kilcuggan; and Dr. Lauder Lindsay, of Perth, an elaborate obituary notice of whom, from the pen of Dr. Crichton Browne, appeared in our issue for the 15th inst.

CONCLUSION.

We would be permitted to remark, in conclusion, that this journal is the organ of no special *clique* nor party, that desiring the greatest good of the greatest number it has never been timid in exposing grievances nor in demanding their redress, and that with these objects always in view, and on the threshold of another year, it cordially invites the continued support and co-operation of the medical profession.

EFFECTS OF LUNACY AGITATION.

THE effects of the senseless and ignorant agitation against private lunatic asylums which has been carried on of late years, and to which even certain medical journals have lent themselves, are apparent in the last published Report of the English Commissioners in Lunacy, and are of the kind which we ventured to predict they would be. While, during 1879, in county or borough asylums, in registered hospitals, in naval, military, and criminal asylums, and in workhouses the numbers of lunatics increased, in metropolitan and provincial licensed houses, they underwent a diminution. For the first time for eleven years a check has been administered to the progressive increase in the number of private patients; and not only so, but that increase has been converted into a decrease. On the 1st of January last there were 121 males and 37 females of the private class fewer than on the 1st of January of the previous year; whereas, for the ten years from 1870 to 1879 inclusive, the average annual increase in patients of this class was 160. Could we suppose that this reduction in the number of private patients was attributable to a diminished prevalence of mental diseases, we should be able to regard it as a gratifying and hopeful circumstance. But, unhappily, there is no possibility of entertaining any such specious and consoling notion. There has been an increase in the number of lunatics of all other classes, and the abrupt and curious turn in the, till then, flowing tide of increase amongst private patients was coincident with the operation of influences which were sufficient to explain it without referring to an otherwise improbable theory. The decrease in the number of private patients is really due to the intimidation of their friends and relatives by the audacious statements which have been circulated about private asylums. When it is dinned into their ears that sane persons are kidnapped in these establishments and are detained in them by the dozen for years together; that they are the scenes of indescribable atrocities and pinching privations, it is not to be wondered at that they should be reluctant to consign to them loved ones who are, as they hope, only temporarily bereft of reason. Rather than do so they are content to run some risks, and to put themselves to serious expense and inconvenience. Thus it comes about that in those strata of society from which private patients are drawn, insanity is being concealed to an unprecedented extent. Lunatics who would formerly have been sent to an asylum at once, and so brought under official cognizance, are hidden away at home, or are placed in homes where they are under no inspection, and can have the benefit of no skilled treatment. The disastrous consequences of this state of affairs will become apparent in a year or two, when an increase in the number of admissions into private asylums more than compensatory for the present decrease, will inevitably take place. Insanity yields best, in many cases, yields only to suitable treatment early applied; and to deprive its victims of treatment during its first onslaught is very frequently to make them chronic lunatics. The unfortunate sufferers from mental diseases who are now being detained at home, or huddled away in ill-adapted places,

are in many instances being stereotyped, in what might, under the circumstances, have been a mere transient and easily broken up attack of madness. A manufacture of chronic lunatics is being carried on on a large scale, and whenever that manufacture has reached a certain point, the clamour which promoted it having subsided, then there will be a startling addition to the number of patients in private asylums.

THE LONDON WATER SUPPLY.

THE quality of the London water during the month of November is reported to have been of an unfavourable character. This may, in a measure, be due to the heavy rains which washed down a larger quantity of manure and other impurities into the Thames and Lea than usual. The Kent Water Company replies to certain observations of the Government Water Examiner "that the difference between the total quantity of solids found in the Kent water by different chemists is explained by the circumstance of the samples having been drawn from different sources of supply." It depends, too, upon other causes, and which are not usually set forth in the short tabulated form used by chemists and employed in a chemical analysis. What the Water Examiner means by asking chemists to furnish him with a "standard of quality" we cannot well understand. Neither can we see why, under present circumstances, "he objects to the use of the term 'turbid' as expressing nothing, and "as arbitrary and unnecessary." What we and the public understand is, when water presents a turbid appearance to the unaided eye is that, to a certainty, it contains a quantity of organic matter probably dangerous to health, and demanding to be dealt with by a vigilant water examiner, as the officer of health would deal with adulterated milk and food. As to a standard of quality, the only standard in this respect which can safely be acted upon is that furnished by any of the companies drawing water from the chalk, as that of Canterbury. This water, softened by Clark's process, when seen in bulk, is of a delicate sky-blue colour, so transparent that a pin dropped into it can be clearly seen at a depth of sixteen feet, and we may safely infer, without chemical analysis, that it harbours no organisms, infective or otherwise. The Government, we are glad to see, have determined upon introducing a Water Bill early in the next session, and we await with some anxiety the scheme of the Home Secretary, and which it is hoped will effectually solve the Water Examiner's present difficulty, and bring relief to the water consumer of London.

METROPOLITAN HOSPITAL SUNDAY.

THE annual meeting of the constituents of the Metropolitan Hospital Sunday Fund was held last week at the Mansion House. The Lord Mayor, the President, in opening the proceedings, said that it gave him great pleasure to promote the objects of the Fund, which he hoped might be as successful under his presidency as that of his predecessors. The Bishop of London, in moving the adoption of the report, observed that when eight years ago the Fund was set on foot there were predictions of its failure, but these had not been fulfilled. He confessed that, although at the time Birmingham had shown that a day could be set apart for a collection, yet London had a less manageable population to deal with and a less united body; in fact, a number of cities, boroughs, vestries, and parishes, all forming separate centres of union, and tending to do away with the feelings of oneness which, in other towns and cities, made a Hospital Sunday so much more easy of accomplishment. It was prophecied also that, after a year or two of success, subscriptions would drop off; but neither had this prophecy been fulfilled, as while in the first year the collection had amounted to £27,700, this year it reached the greater sum of £30,423. Another thing said to jeopardise the Fund was, that it would be dificult, nay, almost impossible, to satisfy the claims of the different hospitals; but this difficulty had been perfectly surmounted, and when hospital managers had occasion to think they were unfairly treated, they always received at the hands of the distribution committee a most patient hearing and impartial consideration. The Bishop concluded by expressing his abiding interest in the movement, because it was one of the few in which ministers of all denominations could unite for one great object, and without any feelings of jealousy or sectarianism. Professor Marks, in seconding the resolution, read a letter received from the venerable chief Rabbi, in which he spoke of his earnest desire for the success of the fund, and of the hearty co-operation it would continue to receive from the body of which he was the representative head. The recommendation of the Council to set aside 2 per cent. of the fund for surgical appliances was unanimously adopted, as was also a recommendation to Council to reconsider the claims of Truss and kindred societies to a participation in the fund. The 19th June was fixed upon for the next (1881) Hospital Sunday Fund collection, and a vote of thanks to the Lord Mayor concluded the proceedings.

WALL PAPER POISONING.

PROF. BERNBECH calls attention to the probable danger arising from the use of ultramarine wall-papers. He states that a room hung with an ultramarine coloured paper gave out a most disagreeable smell of sulphuretted hydrogen, the source of which for some time escaped detection. Eventually, however, a close examination was made of the paper, which led to the conclusion that the deep blue wall-paper was slowly undergoing a process of decomposition under the influence of the alum in the paste used in hanging. This appeared to be confirmed, for on steeping a piece of the paper in a very dilute solution of alum it gave off sufficient sulphuretted hydrogen to be quite perceptible to the nose and to blacken lead paper.

Correspondence.

REPRESENTATION OF OBSTETRICS IN THE GENERAL MEDICAL COUNCIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—I think with regret that the members of the Obstetrical Society have taken a false step in their late movement to have a member of that body placed as a member of the General Council. Our efforts of late have been to place practising obstetricians in the highest position in the profession as being members of the general medical body politic, and by this move it would appear as if they would be "this and somethiug more." If there be a man amongst them (and there are many) fitted for the position, let them claim the office for him as a surgeon and physician. He can't be more, and I am sure that as a representative of the profession generally, he will attend to the interest of obstetrics as well as every other branch of the science. Why should we not have representatives for the oculists, the throat doctors, the aurists, as well? I clearly see why the dentists should look for a representative, because as a body they are not recognised as being fully members of the profession; but with obstetricians in the presi-

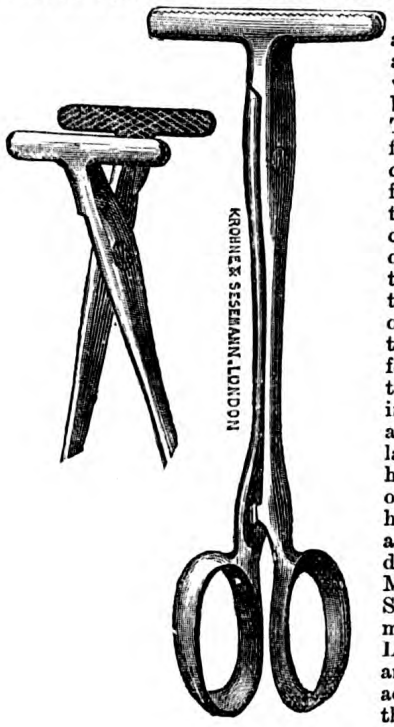
dents' chairs of the Colleges of Surgeons and Physicians, I see no reason why they should claim a distinctive representative in the Council.

I am, Sir, your obedient servant,

Portlaw, 16th December, 1880. JAMES MARTIN.

Novelties.

THORNTON'S T SHAPED COMPRESSION FORCEPS.



THIS instrument, as represented in the accompanying engraving, was designed by Mr. Knowsley Thornton, as a modification of Mr. Spencer Wells' pressure forceps, and are intended to seize and compress the edges of the divided uterine tissues in flap operations for the removal of uterine fibroids; they will also be found very useful for temporarily restraining the hæmorrhage along the edges of large surfaces of adherent omentum in ovariotomy. These handy little forceps are made in two different sizes by Messrs. Krohne and Sesemann, Instrument Makers to the London Hospital, and will be found admirably to fulfil the objects for which they are designed.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ARTIFICIAL PALATES.—In answer to the question of a correspondent in our last issue several replies have been received to the effect that any first-class surgeon-dentist could undertake, with an almost certainty of success, a case similar to the one mentioned by our correspondent.

THE INDEX.—The Index for the present volume will be given in our next number.

TO OUR READERS.—We propose commencing our new volume with some valuable papers on—

"Infantile Paralysis and Acute Anterior Polio-myelitis in Adults," by Dr. Buzzard. "Alcohol as an Antispasmodic," by Dr. B. W. Richardson, F.R.S. "Stimulants in Workhouses—Alcoholic Liquors as Medicines for the Sick," by Dr. Norman Kerr. "Recent and Present Views in regard to Fevers," by Surgeon-General Gordon, M.D., Physician to her Majesty the Queen. "The Treatment of Rabies or Hydrophobia," by Dr. T. M. Dolan. "Diseases of the Heart in Children," by Dr. W. H. Day (continued from present volume), &c., &c.

We have to thank our old subscribers for their continued support, and the many new ones who have so materially added to our rapidly-increasing list. Our work and our success in the past are the sources of our confidence in the future. In appealing for a continuance of that support we close Volume LXXXI. with the assurance that we have honestly, and without malice or favour, striven to discharge our duty to the profession.

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—The following is a list of the names of gentlemen proposed by the Council as officers of the Association for the year 1881:—President—Mr. T. Edgelow. Vice-Presidents—Mr. J. A. Baker, Mr. W. A. N. Cattlin, Mr. Samuel Cartwright, Mr. Francis Brodie Turlach, Mr. S. J. A. Salter, F.R.S., and Dr. John Smith, F.R.S Ed. Treasurer—Mr. S. Hamilton Cartwright. Hon. Secretary—Mr. J. Hamilton Craigie. Council—Messrs. E. Bartlett, J. Fairbank, J. Fox, C. Gaine (Bath), W. A. Hunt (Yeovil), W. D. Napier, W. G. Ranger, and Augustus Winterbottom. The annual meeting for the election of officers, &c., will be held on Wednesday, January the 26th, at 8 p.m., when an address will be given by Mr. W. A. N. Cattlin, F.R.C.S., "On the Imperfections of the Dentists' Act, with Suggestions as to the Alterations Required to Protect the Interests of Qualified Surgeons."

HARVEIAN SOCIETY OF LONDON.—Thursday, Jan. 6, at 8.30 p.m., Dr. Alderson. "Three Cases of Rigid Os Uteri."—Mr. Teevan, "Difficult Micturition from Prostatic Disease."

VACANCIES.

County of Anglesey.—Public Analyst. Applicants (stating whether payment is preferred by salary or fees) must address the Clerk of the Peace at Holyhead before Jan. 1.

Dorset County Hospital.—House Surgeon. Salary, £80, with board. Applications to the Chairman before Jan. 12

Granard Union.—Medical Officer for the Granard Dispensary. Salary, £116. Election, Jan. 7.

Leeds Union.—Medical Superintendent. Salary, £300. Applications to the Clerk to Guardians on or before Jan. 3.

Lock Hospital, London.—House Surgeon. Salary, £50, with board Applications to the Secretary on or before Jan. 15.

Mountmellick Union, Coolrain Dispensary.—Medical Officer. Salary, £105. Election, Jan. 10.

Royal London Ophthalmic Hospital.—House Surgeon. Applications to the Secretary on or before Dec. 31. (See Advt.)

Royal Hants County Hospital.—House Surgeon. Salary, £100 per annum, with board. Applications to the Secretary at Southampton before Jan. 5.

Victoria Hospital for Children, Chelsea.—Medical and Surgical Registrar. Salary, 60 guineas. Applications to the Secretary on or before Jan. 3.

APPOINTMENTS.

BATTLE, W. H., F.R.C.S., Surgical Registrar to St. Thomas's Hospital Medical School for 1881.

DINGLE, W. A., L.R.C.P.L., M.R.C.S.E., Medical Officer to the Houseless Poor Asylum, St. Luke's.

HALL, J. G., M.B., C.M., Fourth Surgeon to the Aberdeen Royal Infirmary and Lunatic Asylum.

HAMILTON, G. S., L.R.C.P., L.R.C.S.Ed., Assistant House Surgeon to the Liverpool Northern Hospital.

JAMES, W. D., M.R.C.S.E., an Honorary Surgeon to the Sheffield Public Hospital for Skin Diseases.

JONES, R., M.B., &c., Assistant Medical Officer to the Earlswood Asylum, Surrey.

KNOX, T., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the Workhouse of the Maguiresbridge District of the Lisnaskea Union.

MARTIN, J. W., M.D., Honorary Physician to the Sheffield Public Hospital for Skin Diseases.

OLIPHANT, J., M.D., Public Vaccinator to the Western District of the Leicester Union.

ROOME, H. A., M.B., C.M., Honorary Assistant Medical Officer to the Royal Surrey County Hospital.

ROSS, Mr. T., Assistant to the Extra Physicians of the Royal Hospital for Sick Children, Edinburgh.

SHEARS, C. H. B., L.R.C.P.L., M.R.C.S.E., House Physician to the Liverpool Northern Hospital.

SYKES, W. J., M.D., Medical Officer of Health for the Portsmouth Urban Sanitary District.

TAYLOR, Mr. T. P., House Surgeon to the Colchester Hospital.

Births.

GREENE.—Dec. 22, at Moira House, Peckham Rye, S.E., the wife of W. T. Greene, M.A., M.D. Dub., of a son (Chas. Frederic William).

Marriages.

FOWLER—WATSON.—Dec. 18, at St. James's, Piccadilly, W., Robert Fowler, M.D., to Judith, second daughter of the late John Watson, formerly of Putney Heath.

GODFRAY—BERTRAM.—Dec. 19, at Grouville Parish Church, Alfred Charles Godfray, M.B., L.R.C.P., of St. Helier's, to Edith Elsie, second daughter of H. C. Bertram, of Grouville, Jersey.

Deaths.

DITCHETT.—Dec. 16, at his residence, Upgate, Louth, Lincolnshire W. D. Ditchett, J.P., M.R.C.S.E., in his 75th year.

GAYE.—Dec. 24, at Newton Abbott, Devon, Elizabeth Emily, wife of Henry S. Gaye, M.D., aged 42.

KER.—Dec. 23, at Hadley House, Cheltenham, Isabella, wife of C. Buchanan Ker, M.D., aged 47.

PARKINSON.—Dec. 23, at Tiptree Rectory, Essex, Alice Frances, wife of E. Wollaston Parkinson, M.R.C.S., of Melbourn, Cambs.

WEBB.—Dec. 5, from enteric fever, at Shrewsbury, John Rheese Wynn Webb, F.R.C.S.E., L.R.C.P.L., of Coln, St. Aldwyn's, Gloucestershire, aged 28.

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END OF THE THIRTIETH VOLUME.

IRISH POOR-LAW INTELLIGENCE.

ASSESSMENT OF SUPERANNUATION.

WITH reference to the recent decision of the Irish Local Government Board not to allow sanitary salaries or lunacy fees to be included in assessment for superannuation, the following important correspondence has taken place between the Irish Medical Association and the Local Government Board. We understand that the Association has not accepted the answer of the Board as final, but has replied to it, and contemplates testing the legality of the decision of the Board :—

No. I.

Irish Medical Association,
Royal College of Surgeons, Dublin.
8th May, 1880.

SIR,—I am direeted by the Council of the Irish Medical Association to acquaint you, for the information of the Local Government Board, that they have had under consideration the recent decision of the Board with regard to the superannuation allowances voted by the guardians of Navan and Rathdown Unions to Dr. McGusty of Slane, and Dr. Whistler of Bray, respectively.

In both of these instances it appears that the amount voted by the guardians was reduced by direction of the Local Government Board on the ground that the additional salary paid to a dispensary medical officer for his services as "medical officer of health," under the 11th section of the Public Health (Ireland) Act, 1878, and the fees received by him for examining and certifying as to the condition of alleged dangerous lunatics, cannot be taken into account in calculating superannuation allowances.

The Council being strongly of opinion that the advice upon which the Local Government Board so decided is not in accordance with the law, submitted a case—comprising the correspondence of the Local Government Board on the subject—for the opinion of Mr. Purcell, Q.C. ; and I have the honour now to append the questions put to Mr. Purcell, and his replies thereto given by him, from which it will be seen that his view of the law does not coincide with that upon which the Local Government Board acted.

The Council therefore trust that the Local Goverment Board will reconsider their decisions with regard to the superannuation allowances made to Drs. McGusty and Whistler, and sanction the full amount voted by the guardians to those gentlemen ; and in all future instances (as invariably for many years in those preceding the two now cited), sanction the full amount of the suprrannuation allowance voted by the guardians, all the sources of official income of the medical officers being taken into consideration in the computation of such allowances.

In the event, however, of the Local Government Board adhering to the view already expressed by them on the subject, the Council hope that they will obtain the opinion of the law officers on this point, as the Council have no reason to think the Local Government Board desire to diminish the well-earned but very modest retiring allowances of the medical officers.

I have the honour to be, Sir,
Your obedient servant,
J. W. MOORE, M.D., Hon. Sec. to Council.

The Secretary, Local Government Board.

Case on behalf of the Irish Medical Association.

Queries put to Counsel.

1. Council will please advise whether the guardians of a Poor-law union have not free power to take into consideration in assessing the superannuation allowance of a medical union officer all his income (both salary, additional salary, and fees) to which he is entitled as *medical union officer* at the time of his resignation ?

2. Council will also please advise whether the remuneration (which is not a separate salary, but an addition to his salary as medical union officer) under the 11th Sec. of the Public Health Act, 1878, and the fees for examing and certifying in the cases of dangerous lunatics are not part of his emoluments as a union officer, and as such can be taken into account by the board of guardians in assessing his pension ?

Counsel's Replies.

1. I am clearly of opinion that in assessing the superannuation of a medical union officer, the guardians have full power to take into consideration all the income to which at the time of his resignation such officer was entitled by *virtue of his office.*

2. I am, therefore, of opinion that the additional salary to which the medical officer of a dispensary district is entitled (under 14 and 15 Vic., c. 52, s. 11) for discharging the duties of medical officer of health, imposed on him by virtue of his office as dispensary medical officer, and also the fees payable to him as such officer for certifying in the cases of dangerous lunatics, constitute "emoluments of his office," which may be taken into calculation by the guardians in assessing the amount of superannuation awarded to him. This construction of the term "emoluments," is in accordance with the decision of the Queen's Bench, and subsequently of the Court of Appeal, in the case of the Queen *v.* Postmaster-General (L. R. Q. B. Div. 658, and on appeal L. R. 3d. Q. B. Div. 429), where it is declared to mean, "what the office was worth," "the value of the appointment," and also, "the profit or advantage which the prosecutor has derived from the office."

(Signed), T. A. PURCELL.

No. II.

Local Government Board.

No. 14,433, 1880. Dublin, 20th May, 1880.

Navan and Rathdown Unions.
(Miscellaneous).

SIR,—The Local Government Board for Ireland have nad before them your letter of the 8th inst., relating to the superannuation allowances to medical offices of dispensary districts, in which the Local Government Board are requested to reconsider their decisions in the two cases referred to, and in future instances to sanction the full amount voted, all sources of remuneration being taken into account; and in reference thereto the Board desire to state that the Council of the Irish Medical Association are perfectly right in assuming that the Local Government Board have no desire to diminish the retiring allowances of medical officers of dispensary districts, and the Board have again given the question careful consideration.

The Board are now advised that there is not any reason to alter the opinion which has been already formed on the subject, and that they are submitted to them does not touch the ground of that opinion, which is, that the the two offices, "medical officer of a dispensary district," and "medical officer of health of a sanitary district," are distinct offices; though held by the same person, the salary of the one is paid out of the poor-rates; that of the other, out of such local fund as the Local Government Board shall indicate as properly chargeable therewith, in pursuance of the provisions of the 11th section of the Public Health Act, 1878.

The Local Government Board think that it is clear that the additional salary given by the 11th section of the Public Health Act cannot be taken into account in calculating the superannuation allowance granted under the provisions of the Superannuation Acts of 1869 and 1872, and they see no necessity to obtain the opinion of the law officers on the subject.

By Order of the Board,

B. BANKS, Secretary.

To J. W. Moore, Esq., M.D.

No. III.

Irish Medical Association,

Royal College of Surgeons, Dublin.
27th May, 1880.

Sir,—I am directed by the Council of the Irish Medical Association to acknowledge the receipt of your letter No. 14,443 of the 20th inst., and to repeat the request contained in my letter of the 8th inst., that the matter therein referred to may be submitted for the law advisers.

The Council consider that this request is very reasonable, inasmuch as the view of the law expressed by the Local Government Board is a departure from precedent, and is disputed on sufficiently eminent authority to at least admit of the possibility of error in the advice upon which the Local Government Board have recently acted with reference to the superannuation allowances of Drs. McGusty and Whistler already referred to, as well as in the case of Dr. Adrien, of Oldtown, Balrothery Union, of which the Council have since become cognisant.

The Council consider that it is neither right nor desirable in any interest, that an important matter of this kind should be allowed to remain in an unsatisfactory and incompletely determined state, and especially so, as the Council are advised by eminent Counsel, who quoted precedents in support of his opinion that the late ruling of the Local Government Board is not in accordance with the law.

The repudiation by the Local Government Board of any desire to diminish the superannuation allowances voted to medical officers contained in your letter, of which the Council have desired me to express their appreciation, affords another reason why the Local Government Board should not object to submit the point of law in question for the opinion of the law advisers.

I have the honour to be, Sir,

Your obedient servant,

J. W. MOORE, M.D., Hon. Sec. to Council.

The Secretary, Local Government Board.

No. IV.

No. 1642. 1880. (Miscellaneous.)

Local Government Board, Dublin.
1st June, 1880.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 27th ult., in which, by direction of the Council of the Irish Medical Association, you repeat the request contained in your letter of the 8th ult., that the matter therein referred to may be submitted to the law advisers; and with reference to this request the Board desire to state that they are not prepared to ask the Irish Government to obtain the opinion of the law officers of the Crown, upon a question on which the Board do not entertain any doubt.

By order of the Board,

B. BANKS, Secretary.

To Wm. Moore, Esq., M.D.

ABUSES OF MEDICAL RELIEF.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—As a remedy for some of the abuses of medical relief, I would suggest that in forming a committee of management of every dispensary district a member should be elected from among the residents in each electoral division, who, together with the Poor-law guardian of that division, could issue tickets only to poor persons dwelling in it. This would prevent shopkeepers who are members of committee granting tickets to their customers except those who reside in their immediate neighbourhood.

As to the difficulty of getting tickets cancelled under the present system, I give you a case in point. Some time ago I, with a good deal of trouble, got two members of the committee to attend on the regular day of meeting, and, having brought forward two cases which I thought were able to pay for medical advice, one of the members present being the issuer of both tickets, I need hardly say I did not succeed in getting them cancelled.

As a medical officer of an Irish dispensary, I most heartily thank the working members of the Irish Medical Association, and more particularly the President, for the great benefits we have received from their exertions.

I am, Sir, yours, &c.,

P. L. M. O.

ABUSES OF RED TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Acting on your suggestion, I had eight tickets cancelled by my dispensary committee, which met this day, and enclose you particulars.

Believe me,

Yours faithfully,

J. R.

No. 852.—T. W., stonecutter and farmer, 20 acres of land. No. 911.—M. C., farmer, 10 acres of land. No. 922.—J. K., farmer, 30 acres. No. 924.—M. C., farmer, 20 acres. No. 936.—J. D., pawnbroker's child. No. 937.—P. F., farmer, 20 acres. No. 945.—E. B., farmer, 20 acres. No. 952.—J. D., coachfactor.

Although I got these cancelled, I dare not take any further action as it would give me further unpleasantness. Three of them are *scarlet-runners*. These are for the month of June.

SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of 16th June is a letter signed "Red Ticket Worker," which draws attention to the above subject in a manner which ought to call forth a response from the whole fraternity. (And here let me respectfully ask "R. T. W.," and all others who advocate just legislation, to append their names to their letters, as they will then carry more weight.) I can bear ample testimony to the truth of what "R. T. W." asserts, viz., that many old and infirm medical officers are working on "because they cannot depend on their boards" to do the just thing. Events often turn out so differently from what might *reasonably* be expected, when a number of human beings each have an equal voice in the result. "Many men, many minds;" and although some guardians have a sense of justice and honour, no doubt others (possibly the majority) are liable to be actuated by very different motives. So the worn-out doctor (as in the case adduced by your correspondent) prefers to work on, and, almost literally, to "die in the harness" rather than trust himself to an uncertainty. There are at present *two* ways of getting superannuation. *First*, out of the *compassion* of the guardians, which is not a way that you, Sir, should like to adopt, unless under the pressure of "that cruel necessity which has no law." *Secondly*, by assiduously currying favour with the guardians, which some can do successfully; but, unfortunately, many have not the qualities necessary for this process, however faithful and efficient they may be in the discharge of their official duties. It is, therefore, very evident that the present system of superannuation is not only unjust to the honest and conscientious medical officer, but also to the sick poor (for whose benefit the whole system is maintained), in its tendency to turn medical officers into eye servants, *i.e.*, flatterers and panderers to those in whose hands their fortunes are placed. I do not say that in many instances it actually *has* this effect, but I do say that such is its tendency. Excuse my saying, Sir, that you yourself do not seem to speak strongly enough in deprecating the continuance of the present state of the superannuation law, which even the Irish Medical Association admits to be "a fertile source of corruption and unfaithfulness." Better to make one's son a bank, or commercial clerk, where little learning is required, or any other calling in which he will be honestly treated, than bring him up with the education of a gentleman, to be eventually turned into a dispensary hack under the present system.

The fault does not lie entirely with the ratepayers, nor yet with the Government, but partly with ourselves, who, instead of agitating for reasonable things, ask for the redress of imaginary and sentimental grievances, or for unreasonable benefits, and thereby impair our chance of getting what is reasonable and just. And lest, Sir, you might demur to this last statement, allow me, with all due respect, to ask what reasonable or just ground is there for the demand to have "premiums" for excellence of cicatrices in vaccination, when already we are bound to do the operation "successfully" under the penalty of "no pay?" or the claim to give registrars an additional "bonus' on so many cases in each quarter? the registration charges being already considered with some justice as an unjust burthen by the ratepayers. I do not think the fact that a thing "is done in England" a sufficient reason why it should be done in Ireland, as it has yet to be proved that *everything* done in England is right. Was our dissatisfaction with the title of "sanitary officer" anything but a sentimental (I would say almost a childish) grievance.

Let me not be understood as intending to derogate from credit due to the executive of the "Association." To their efforts, since first formed, medical officers owe most of the advantages of their position; those who never contributed a penny to its funds, as well as those who have loyally supported it from the beginning. More shame for those who still keep aloof, those are they who are really a discredit to the profession, men who quietly hug themselves in the enjoyment of advantages got by the labours and energies of their brethren. If any such should happen to see this, I ask them, how can they reconcile such a course with their sense of honour and honesty? And I beg of them at once to enrol themselves, and give the benefit of their contributions, their countenance, and advice to the common cause.

I will not take up more of your space at present, but, if spared health and leisure, will return to it, nor cease until medical Poor-law officers are placed on a footing of justice and self-respect. In this I will not get credit for being disinterested, nor do I look for it.

I am, yours &c.,

S. T. HASLETT, M.D., &c.

Donegal, 1st July, 1880.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF MAY, 1880.

MAY 3RD.—Ewing, Alfred; 3 Terenure Road, Rathgar, co. Dublin; Lic. R. Coll. Surg. Irel. 1879, Lic. R. Coll. Phys. Edin. 1880.

4th.—Taylor, Thos. Cathcart; Clover Hill, Drumclones, co. Monaghan; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

6th.—Thompson, Samuel Malenoir; 8 Lower Pembroke Street, Dublin; Lic. Apoth. Hall, Dub. 1879.

8th.—Moore, Edward Erskine; Royal School, Cavan; M.B. Univ. Dub. 1880, Lic. Mid. K. Q. Coll. Phys. Irel. 1880.

10th.—Geoghegan, Edward Thomas; 3 Leeson Park Avenue, Dublin; Lic. R. Coll. Surg. Irel. 1880.

11th.—Blood, Fitzgerald Neptune; Ballykilty, Quin, Co. Clare; M.B. 1879 and B.Ch. 1879 Univ. Dub.

15th.—McKey, David; Ballynahinch, co. Down; Lic. R. Coll. Surg. Irel. 1869, Lic. R. Coll. Phys. Edin. 1869.

21st.—Ferguson, Henry Lindo; Marine Terrace, Ballybrack, co. Dublin; Lic. R. Coll. Surg. Irel. 1880, Lic. K. Q. Coll. Phys. Irel. 1880.

24th.—Donnelan, Patrick; Ballinalough, co. Roscommon; Lic. R. Coll. Surg. Irel. 1880.

24th.—Snow, Wm. C. White; St. Clement's, Ipswich, Suffolk; Lic. Apoth. Hall, Dub. 1880.

24th.—Boyd, Henry Johnston; Hillsborough, co. Down; Lic. R. Coll. Surg. Edin. 1880, Lic. R. Coll. Phys. Edin. 1880.

27th.—Fraser, Archibald Henry; 18 Bath Avenue, Sandymount, co. Dublin; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880, Lic. Apoth. Hall Dub. 1880.

27th.—Payton, Thomas; High Street, Smithwick in Birmingham; Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

The following names have been erased from the Register of the Branch Medical Council (Ireland) during the month of May, 1880, pursuant to the 14th section of the Medical Act, no reply having been received to several letters of application:—

Fetherston, H. Wm.; Medical Department, R.N.
McClure, Allen Andrew; Nassau, Bahamas, W. Indies.
McNeely, Hugh; Killybegs, co. Dublin.
Nolan, James Matthew; Mudgee, N. South Wales.
O'Neill, Charles; Montebello, Bray, co. Wicklow.
Laird, John George; Ballybofey, co. Donegal.
Kennelly, Michael; 11 Rutland Street, Limerick.

Name erased as having ceased to practise.

Walsh, Albert Jasper, Larch Hill, Whitechurch, co. Dublin.

IRISH SANITATION.

Excerpts from the Registrars' Notes.

BALLYCASTLE.—Typhoid fever has been very prevalent in a village (Armoy) in the district owing to the progress of sanitary improvements being very slow. Measles is still very prevalent, but the form is mild. Whooping-cough still prevails.

BALLYMENA.—Typhoid fever has also been rather prevalent. Sanitary state of town is still imperfect, owing to want of water and proper sewerage.

CLOGH.—There have been some eighteen cases of small-pox; four persons have died from it. The infection was imported on clothes which were brought from Ballymena. In this house an old woman died of this disease; afterwards was the usual dangerous practice of holding a wake, and on that day fortnight the rash

appeared on no less than six who were present that night.

BALLYMONEY.—An epidemic of typhoid has occurred at Milltown, a cluster of houses on the outskirts of Ballymoney, but separated from it by a stream. The insanitary state of Milltown has been the subject of frequent complaints.

DERVOCK.—A few cases of typhoid fever have made their appearance in three different and pretty widely separated parts of the district, but no fatality has yet occurred. Two families have been visited by typhus, causing one death; as yet it is not spreading.

BELFAST.—Typhoid fever, generally of a mild character, has been very prevalent during past quarter. I was able to trace accurately the origin of about a dozen of cases to milk vending; and I am now perfectly satisfied that this business is one of the greatest means of spreading diseases.

BALLYNURE.—During the greater part of the last six months enteric fever has been prevalent in one portion of this district. The sanitary arrangements are not altogether satisfactory, and many of the people are accustomed to use the water of streams and wells, which, especially in wet weather, must often be contaminated with impurities.

LARNE.—The mortality for the quarter in this district is very high, being thirty over the average for the corresponding quarters of the last three years. Diphtheria has shown itself in three or four independent centres.

LIMAVADY.—Some years since this district was seldom without a case or cases of fever (one portion of the town seeming to serve as generator and storehouse to that terrible disease). I am very pleased to be able to report the district free from epidemic disease. I feel perfectly convinced that these very happy results are attributable to the Sanitary Acts, the hearty co-operation of our very intelligent Board of Guardians in putting these laws in force, and the determined course pursued by the magistrates in cases where these laws were attempted to be resisted.

DUNMURRY.—The people complain very much that they have not a proper supply of pure water.

LISBURN.—I have to remark in relation to the sanitary state of this district, that I find at present a great want of attention in various places adjoining the town. The town I consider satisfactory.

AGHALEE.—Sanitary matters in a backward state. Have attended two cases of typhoid fever, and have reason to believe there are a good many more in addition to cases mentioned. There has also been one death from typhus fever

WARINGSTOWN.—There was no epidemic except whooping-cough, which caused four deaths, the usual complication being bronchitis.

BELLAGHY.—The well of water I have written so often about is still in the same state, if not worse than when first reported. So much for sanitary work here.

BALLYSHANNON, W.—Some parts of the town have been improved by constructing and renewing the sewerage, but there is still much to be done to improve the sanitary state of the district.

DONEGAL.—Typhus fever of a mild type has broken out in a portion of the district, the sanitary condition of which is very imperfect. An order is about being made for the improvement of the locality.

DUNKINEELY.—Scarlatina of a very malignant type has broken out in my district. Considering the condition of things, as opposed to sanitation, which obtains, and the difficulty and uphill work of their improvement, it should not be a matter of surprise, but on the contrary.

HOLYWELL.—Deaths considerably above average. Sanitary state of the district not as good as could be wished for; it will take some time to teach the people cleanliness.

BALLYMOTE.—The sanitary state of the district is not as could be wished.

COLLOONEY.—One death from typhus and one from traumatic tetanus this quarter, not yet registered. Acute rheumatism very prevalent. Enteric fever scattered through the district, perhaps due to the manure heaps being disturbed for agricultural purposes; three cases at present in Collooney. The drinking water at present in use in this village was condemned some years ago by Dr. Cameron.

HOLMPATRICK.—The sanitary works in the district are not carried out as they ought to be.

DONAGHMOYNE.—I would think it very desirable as having a sure tendency in promoting the public health, if the reading of some elementary treatise on sanitary science were made compulsory, and encouraged in the National schools, the medical officers of health to have control over same in their respective districts.

CARLINGFORD.—The sanitary arrangements of this district, though very defective in a few places, seemed to be nowhere so perfect as in the very locality where the worst cases of typhoid fever occurred. In one house the four members of the family were attacked with this fever, and two died in forty-eight hours, one on the fifteenth day after the attack, and the fourth, a boy aged 18 years, is now convalescent. There could not be much doubt of the nature of the fever, as I took two other doctors to see the cases. Now, in this house there was no overcrowding, no open drains or cesspools near it. The water supply was derived from a spring from a limestone rock, and was used by all the people about the neighbourhood. I was unable to arrive at any conclusion as to the cause of this fever in this locality.

CAMOLIN.—A supply of pure water required for the inhabitants of Camolin.

CAPPAGHDUFF.—I have registered the death of a man at the almost incredible age of 116 years, and have been pretty fairly satisfied as to the authenticity of the statements about his age. He continued in the enjoyment of his faculties to a marvellous degree up to his death. When I first came here seven years ago, I soon heard of this extraordinary old man, visited him, and found him assisting at the making of a stack of oats, when he told me he was then in his 109th year. Several people from time to time went to visit him through curiosity. He was always a most remarkably early riser and smoked his pipe up to the last, and enjoyed it. I visited him a short time before his death, when he declared and insisted in Irish he spoke nothing else) that he would be116 on May day next.

FRENCHPARK.—The privation of the poor is something awful. I have known men to stand working knee-deep in water a whole day, and their only food was Indian meal, and not enough of that same, without milk or sugar, and water even. Some of these have families of seven and eight, and in some cases an aged father and mother. I have visited patients who were actually lying on peat, without any covering but their clothes. (The registrar here gives the particulars of one case; a young man in fever whose mother and three sisters had no bed to lie on, as a specimen of the hardships endured for want of proper bedding accommodation.) I think the people ought to have the oatmeal substituted for the Indian, and in cases of sickness money to be given so as to enable the people to buy nourishment, not Indian meal, as it proves injurious to the aged and sick.

INISHBOFIN.—Several of the people would have died were it not for the aid given them by the Dublin Relief Committees. A woman died, and her death was due to the want of the necessaries of life; at least accelerated by such want.

ACHILL.—The sanitary state of this district is still very defective, notwithstanding the great exertions made by the sub-sanitary officers and myself for the past quarter, owing to the people persisting in keeping cattle of all descriptions in their houses, and the great want of lime. There has been a general epidemic of scarlatina through this district for the first six weeks of the quarter, and of measles for the past seven. The latter is still prevalent.

IRISH POOR-LAW INTELLIGENCE.

ABUSES OF MEDICAL RELIEF.

It is obvious that the effort which the Irish Medical Association is making to put an end to the monstrous abuses of Poor-law Medical Relief in Ireland will be vigorously opposed by those who desire that all comers shall get such relief, but who object to pay the doctor a proper salary for affording it. It therefore becomes very important that the Irish Medical Association shall take in hand a series of typical cases, in which persons who were manifestly competent to pay were attended for nothing, either at dispensary or on red ticket. Every Poor-law medical officer in Ireland has many such cases, and we would urge those officers—for their own advantage—to put on paper from this day forward a brief note of time, place, name of recipient of relief, valuation of his holding (if possible), and other reasons for supposing such recipient to be capable of paying. The information thus got together should be exact but brief, and it would be considered confidential by the Association—names being not disclosed unless it becomes necessary to verify before Parliament some particular case. We invite our readers to send us their notes of such cases as they occur, which will relieve them of the trouble of keeping a list of them, and will enable us to show up the existing system in its true light. We would also urge the Poor-law medical officers of Ireland to avail themselves of every strong case for obtaining the cancelling of the ticket. It will be urged against the proposals of the Irish Medical Association that—as the cancelling of tickets is so infrequent—the abuses of medical relief are rare. It rests with the Poor-law medical officers to throw off the yoke of the red ticket, and we certainly expect that they will give themselves the trouble to aid those who are trying to relieve them of it.

HEALTHY CHILDREN IN A SMALL-POX HOSPITAL.

At the South Dublin Union a report was read stating it appeared that two children—aged 20 months and 10 years respectively—had been admitted to the Kilmainham small-pox hospital on a certificate of the relieving officer that they were destitute. They were also returned by Mr. Evans as "acute" cases of small-pox, although it appeared they were not suffering from the disease at all. It was stated that not only had the children not been suffering from small-pox when admitted to the hospital, but they were still free from it.

When the guardian asked Mr. Evans why he classed them as acute cases, he replied that he should have classed them as convalescent. (Laughter.) That certainly would be quite as odd a classification, as the children had not been sick at all. In accordance with the recommendation of the committee he thought that it would be highly advisable that there should be an observation or quarantine ward in connection with the hospital. Of course Entwistle did what he thought best in removing the children when he found that their parents were suffering from small-pox.

Mr. Hearne asked if the medical officer had endorsed the classification of Mr. Evans.

Dr. M'Cabe said he had no doubt the medical officer did not return the children as "acute."

Mr. Hearne—Then how did he class them?

Dr. M'Cabe—I presume he passed them over altogether.

Moved "That the visiting committee be requested to examine all the documents and registers in connection with the admission of the two children now in the small-pox hospital, Kilmainham, and report whether they have been erroneously included in the list of acute or convalescent patients in the hospital, Kilmainham."

CORRESPONDENCE.

ABUSES OF RED TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The following three cases may help to illustrate the abuse of the present system of giving dispensary tickets:—

No 1.—Mr. Mc—— left a ticket with me to visit his father, an old man, on Tuesday. I promised to go on the following morning and see him. On looking at the ticket after he left I found it was not written by the guardian. Mr. Mc——, impressed with his own importance, returned soon afterwards on his own horse, a very good one, fully mounted, and did not then find mind me at home. But not fully satisfied with hearing so from my servant and sister, he searched part of the house and stables, and was most impertinent. About two hours later I saw him, when I explained that he had no legal order for me to visit his father, and that he was no dispensary patient. I however went with him on Tuesday night, and found the old man suffering from constipation and general debility. I should mention that before I went with him I told him that I would visit his father on conditions that he would pay me. I however got the ticket cancelled at the next meeting of dispensary committee (nearly a month after), and decreed Mr. Mc—— at the City Sessions in £1 19s. 11d., thanks to the presiding magistrate, who told me he

was very glad I brought the case up, and told the guardian who was present that he was quite too liberal with tickets, and gave them to persons not deserving them. One of the guardian's family filled the tickets under his direction, as it is with trouble that he can write his own name. There are some of the dispensary committee, this man in particular, who will give a ticket to the best farmer in the district who applies for it. By this means he is returned every year, and an honest conscientious man will only get three or four votes in the whole electoral division.

No. 2.—A red ticket was presented me; I attended on it. Before I left the place I informed the father, who is a comfortable farmer, with a good horse and stock, that his son was no dispensary patient, and that I would get the ticket cancelled; but when I asked the committee to do so, one of the guardians, "a value out of the doctor man," proposed that the secretary write to the Local Government Board *to know* if the ticket was to be cancelled! I believe the secretary never wrote, as I heard nothing more of the ticket. Any *independent* body would at once have cancelled the ticket, but such liberality of an elected guardian is quite sure to secure his election next year.

No. 3.—I got a red ticket to visit a farmer's son. With a glance at the premises I diagnosed him no "poor person." A month later I heard his father had money deposited in the bank. I spoke to a local gentleman, who told me that he came to him with a stocking of sovereigns, asking him to keep them for him, and he advised him to put it in the bank. This ticket I did not try to get cancelled, as the elected part of the committee would object. I may mention that the rich "poor persons" will travel five or six miles to an elected guardian, who can't and won't refuse, for a ticket, although an ex-officio guardian, the agent for the property, does not live a quarter of a mile off.

Any of the three cases described gives the dispensary medical officer more trouble than half-a-dozen of "poor persons." They are most impudent and insulting, and are quite sure to tell the doctor that "we are paying you, and we may as well have you as another." I know one dispensary medical officer who was told by one of this set, "you are our paid *servant*."

These three cases are only a sample of many which occur during the year, and I trust, for the sake of justice to the dispensary medical officer and ratepayers, that there may soon be some legislation which will place such liberality with "scarlet runners" out of the reach of interested guardians.

A YOUNG DISPENSARY MEDICAL OFFICER.

RED TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am anxious to know as a hard-worked dispensary medical officer if there is any hope for redress under the following circumstances:—

I receive a red ticket to visit a child three miles distant, and on seeing her I find she has the commencement of a small axillary abscess. On remonstrating with the mother for not bringing her into the Dispensary she replies, "Och! yer honour, shure she wasn't able after walking to the bone-setter's yesterday."

I know the issuer of ticket, who lives near, was fully aware of the facts of the case. This is only one of many tickets I have had to go long distances to visit patients who sent for me to avoid the trouble of coming to the dispensary.

What can I do in such cases? If I bring it before my committee the issuer of the ticket will deny knowing particulars, but, I ask you, is it not his duty to do so before giving a ticket?

I think it very necessary that the Local Government Board should have a set of rules issued, to be sent to each dispensary committee-man for his guidance in the giving of tickets, as at present—at least, in my district—the object most in view being to give the unfortunate doctor as much work as possible. Pray excuse me troubling you with my grievances; and, hoping you can give me some help of checking them,

I am, yours very truly,

18th June, 1880. RED TICKET.

THE GRIEVANCES OF POOR-LAW MEDICAL OFFICERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—To remedy the abuse of red tickets, and define a margin where relief should, and should not be given, will, with the varying circumstances of individual cases, be a subject which must, in my opinion, remain unsettled for a considerable time.

The common belief in many dispensary districts is, that a red ticket is five shillings to the doctor, a black, or dispensary ticket, ninepence. A woman returned to me to the dispensary on yesterday two miles, apologising for having forgotten to give me her ticket, and when she saw how carelessly I took it, in telling her it made no matter, she replied, "Ah! sir, sure its ninepence to you!"

Now, sir, the wording of the ticket is mandatory enough on the medical officer; but what I would suggest is, that there should be written on the back of the ticket "No one but a poor person unable to pay a small fee to the medical officer shall apply for, or is entitled to this ticket." Something, such as the above, would go a great way towards remedying the present system, and disabuse the minds of most people in country districts, that because they are ratepayers they are entitled to get a red ticket. One of my visiting tickets on yesterday was to see a child of three years. I went to visit the child, who was running about, and found nothing wrong with her; but just as I was leaving the house, the mother ran after me with a baby in her arms, and pointing to the child's arm, requested me to look at it, and asked "if I thought it did." This was a child that was vaccinated the previous week, but of course the mother thought it more convenient on the day for inspection to bring the doctor to the house (a distance of over four miles) than to be dragging the child in her arms to the dispensary; and of course she was quite right!

Just one instance more. A short time since I was presented at the dispensary with a visiting ticket, to see a man who was represented as having been badly beaten the previous night by one of my dispensary committee. I told the messenger that I would go at once. She replied I need not, as her brother was not at home, that he went to the master (walked), a distance of over twelve miles, to complain to Mr. ——, and that she did not know when he would be back!

But, Sir, I am sure all your readers must agree with the able letter of Dr. Haslett, contained in your last issue, that the subject of paramount importance to the profession at the present time is that of superannuation, and why such a grievance should remain unredressed so long, will doubtless afterwards appear a mystery to many. Surely the necessity and justness of such a measure cannot be denied? What class of public officials devote as much time to their duties as dispensary medical officers? Can they in point of fact count five minutes their own? Are they not liable to be called at any hour of the day or night, while other officials (amongst them non-national teachers) can earn a handsome sum outside their official salaries after 4 o'clock in the day? Then, Sir, I ask what class, other than the Poor-law medical officers of Ireland, are harder worked, or render more benefit to the State? Superannuation, as it exists at present, is a mockery, a sham. Does it not depend on a man's interest, a man's politics, a man's religion? Yes, Sir, such is the case, and I regret to say there are many members of our profession to-day in the Poor-law service, worn out by age, and wholly incapacitated from discharging their duties towards the poor, but still holding on, well knowing that

should they resign, both their politics and religion will be weighed in the scales when their application for superannuation comes to be considered by the board of guardians under which they serve. Though it may be many years before I apply for superannuation, being comparatively young, still for the sake of those who require it, in justice to them, and to the sick poor of this country, I would respectfully ask the executive of the Irish Medical Association, who have already done so much for the profession, to throw everything else overboard for the present, and obtain for the Poor-law medical officers of Ireland the great boon of superannuation after a certain service, when pronounced by a competent medical board unfit for the discharge of their duties from age, infirmity, or other cause.

I remain, your obedient servant,

RICHARD O'KELLY.

Ahascragh, July 9th, 1880.

WATERFORD UNION.

CERTIFICATES FOR ADMISSION TO HOSPITAL.

ALD. MACKESY asked what was the regulation as to sending people from outside into the house hospital. There appeared to be a hitch in the matter between the dispensary doctors and the relieving officer as to the necessary certificate.

The Clerk said the duty of sending people into the hospital rested with the relieving officer, in doing which he had to take the entire responsibility. If he removed a sick person he was bound to get a medical certificate of the fitness for removal, as if he acted otherwise, and anything happened to the person so removed within forty-eight hours after entering the house, the relieving officer might be convicted of manslaughter by a coroner's jury.

Ald. Mackesy wanted to know was it the duty of the relieving officer or of the ratepayer recommending a person for admission to go to the doctor for a certificate?

The Clerk—The doctor is the person to give a certificate for removal to the hospital, but not to the house.

Ald. Mackesy said it was a very hard case. A man with a sore leg went to him and said the doctor would not give him a certificate for the hospital, and sent him to the relieving officer, who refused to give him a ticket without the certificate.

The Clerk—No person can be admitted to the house hospital, except by the permission of the medical officer of the house. When hospital cases come here they are sent to the probationary ward till seen by the house doctor.

Mr. Newell—I think there is a great deal of abuse in the hospital, as tradesmen and others are often sent in here who are fit subjects for dispensary treatment outside to qualify their wives to get outdoor relief.

Mr. Allen—There is a pensioner with £40 a year in hospital here (oh!).

The Master—That is a fact.

The Clerk—All I can do is to refer them to the articles in which their duties are clearly laid down.

The matter then dropped.

LIMERICK UNION.

A QUESTION arose in reference to the irregular manner in which persons are admitted as hospital patients, on the tickets of dispensary doctors.

Mr. Studdert gave the present system his entire disapproval, and proposed that persons who were refused admittance by the Admission Board should not be admitted until a consultation of the medical officers was held.

Ald. Myles said that persons who are refused admittance by the Admission Board as hospital patients go to the dispensary doctors and obtain a certificate to show that they are fit subjects for hospital treatment.

Mr. Frost held that the medical officer was not a fit person to give relief in such a sense as they do not take the trouble to make the necessary inquiries into the nature of the individual cases.

Ald. Myles pointed out that there was a standing order to the effect that persons should be admitted as hospital patients when the certificate of a dispensary doctor is produced. He saw the name of a man on the books who was receiving hospital treatment although he was refused admission by the Admission Board.

Dr. Russell explained that a man came to him and stated that he was suffering from illness, which statement was true, he then took the responsibility on his shoulders of admitting him.

Mr. Nolan considered the explanation quite satisfactory.

BALLINA GUARDIANS.

THE MEDICAL OFFICERSHIP.

Mr. McGuinness—Now that you are about to make the appointment of medical officer you should fix the salary so that no gratuity or any additional sum may be claimed for extra work or anything else. I would say that £80 a year would be quite sufficient, and that should be for both offices.

Mr. Crean proposed, and Mr. Mostyn seconded, that the salary be named as that given to Dr. Nolan, namely—as medical officer of workhouse, £110, and as consulting sanitary officer, £15, and that no additional sum be given in the case of illness.

Agreed to.

DISPENSARY MEDICAL OFFICERS AND ASSESSMENT FOR SUPERANNUATION.

THE following correspondence has passed on the above subject:—

Irish Medical Association,
Royal College of Surgeons,
Dublin, 3rd July, 1880.

SIR,—I am desired by the Council of the Irish Medical Association to acknowledge the receipt of your letter of 1st June (No. 16,402, Miscellaneous), and to express the regret which the Council feel at the determination of the Local Government Board "not to ask the Government to obtain the opinion of the law officers of the Crown" as to the right of dispensary medical officers to have their salaries as medical officers of health included in the assessment for their superannuation.

The Council cannot but feel surprise that the Local Government Board should now "not entertain any doubt" respecting the alleged illegality of taking into account such salary in the computation of retiring allowances, considering that from the year 1874, when the Public Health (Ireland) Act became law, and up to the early part of this present year, your Board appear to have held a directly opposite opinion to that recently expressed by them, and have acted upon that opinion by sanctioning, without exception, the pensions voted by boards of guardians in respect of such salaries. The Council desire to remind your Board that during the whole of that period the law and precedent stood exactly as they do now, and that no change whatever has been made in the law which might justify the recent alteration of opinion and of practice by your Board.

The Council regard these circumstances as naturally suggesting a doubt as to the legality of the course recently pursued by the Board, and submit that—even if the Board feel no such doubt—a responsibility rests upon them to remove from the minds of the medical officers of health throughout Ireland the strong feeling which now exists that they have been, by the uncorroborated decision of the Board, illegally and unjustly deprived of the superannuation rights conveyed to them by the Acts of Parliament.

Such feeling is the reasonable outcome of the unexpected and apparently causeless change in the practice of your Board with respect to the sanctioning of pensions recently voted, and it is very naturally intensified by the fact that the change of practice has been declared by eminent Queen's Counsel—whose opinion thereon has been already submitted to your Board—to be an absolute violation of the law, and by the fact to which the Council pledge themselves that it is a distinct violation of the expressed and implied understanding with Parliament and the Government of the day.

The Council, in the hope that the question in dispute may be at once settled by the independent opinion of the highest legal authorities, venture again to urge your Board to submit it to the decision of the law officers of the Crown, for the Council cannot regard it as their duty to allow the dispensary medical officers to be deprived of any right to which they have been hitherto entitled, without having satisfied themselves by appeal to the competent legal tribunals that such deprivation is in conformity with the law.

I am, Sir, your obedient servant,

ROBERT BROWNE,
Honorary Secretary to the Council.

B. Banks, Esq., Secretary.
The Local Government Board for Ireland.

(COPY.)

No. 20,796, 1880.
Miscellaneous. Local Government Board.
Dublin, 8th July, 1880.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 3rd inst. relating to the question of whether the salaries paid to dispensary medical officers as medical officers of health ought to be included in the assessement for their superannuation, in which you state that the Council of the Irish Medical Association venture again to urge the Board to submit the question to the decision of the law officers of the Crown, and in reference thereto the Board desire to state that after due consideration they must adhere to the decision which they have already arrived at on the subject.

The Local Government Board are informed that a movement has been set on foot by persons interested, with the view of obtaining an amendment of the Superannuation Act, allowing all salaries and allowances to be taken into account in computiug the superannuation allowance of officers of Poor-law unions in Ireland, and the Board desire to observe that they think this is the proper mode of dealing with the question referred to in your letter.

By order of the Board,
B. BANKS, Secretary.

Robert Browne, Esq., M.D., Hon. Secretary,
Council, Irish Medical Association,
Royal College of Surgeons, Dublin.

THE VACCINATION ACT IN DANGER.

THE following is a copy of a memorial against the proposal of the Government to abolish the penalties for non-compliance with the Vaccination Act :—

[COPY.]

"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

"The Petition of the Committee of Council of the Irish Medical Association humbly sheweth,

"That your petitioners are the executive officers of an association which numbers in membership more than one-third of the medical practitioners of Ireland, of whom a large proportion are, in their capacity of public vaccinators, charged with the execution of the law of Compulsory Vaccination.

"That your petitioners have learned with alarm and dissatisfaction that a Bill has been introduced into your honourable House which, if passed into law, will enable any person to purchase exemption from the operation of that law at the cost of appearing at a police-court and paying an insignificant fine.

"That your petitioners are profoundly convinced that the effect of said Bill, if passed into an Act, would be to afford great inducement to violate the law of vaccination, to increase at once the number of persons who, being unvaccinated, and therefore always liable to small-pox infection, are *foci* of disease and danger to those around them, and to render more difficult and less effective the functions of the public vaccinators throughout the kingdom.

"Your petitioners humbly submit that the facility which said Bill offers for the neglect of vaccination is likely to be availed of not only by the limited number of persons who entertain doubts as to its protective efficacy, but by the great mass of the lower orders of the population, to many of whom a police-court summons is no deterrent, and amongst whom it is always most difficult to enforce vaccination or the isolation of infected persons. And your petitioners furthermore submit that it is highly inexpedient that in order to satisfy the prejudices of a comparatively small number of persons the vast majority of the population should be placed in great peril of an invasion of unmodified small-pox.

"Your petitioners humbly beg leave to state their strong opinion that the law of Compulsory Vaccination stands in need of being made more stringent, and that there is in Ireland no demand worthy of consideration for its relaxation.

"And your petitioners therefore humbly pray that your honourable House will not pass said Bill."

IRISH UNION DRUGS.

REPORT OF THE COUNTY ANALYST TO THE GUARDIANS OF THE CARRICKMACROSS UNION.

GENTLEMEN,—I have to report very unfavourably upon the drugs which you have sent to me for analysis :—

The quinine, so called, did not contain any quinine at all, but was composed of a substance about one-eighth the price of sulphate of quinine, termed sulphate of cinchonine. The other articles were sent in quantities quite insufficient for a complete analysis. I do not, however, hesitate to say that the results of my analysis show that all of them were not of proper quality. Tincture of catechu : This article contained about one-half of the amount of extract yielded by properly prepared tincture, which no doubt was caused by deficiency in the strength of the spirit of wine used in preparing the article. Tincture of cinchona (bark) compound : This article was deficient in spirit, and contained about three-fourths the amount of extract which it ought to include. The costly article, saffron, prescribed by the Pharmacopœia to be used in preparing this tincture, is wholly absent from it. Ammoniacal tincture of guaiacum : This tincture contains more extract than is usually found in the preparation, probably owing to its excess of ammonia. There is a deficiency of spirit. Etherial tincture of lobelia : The extract is deficient to the extent of about one-fourth the proper quantity ; the ether used was the cheap kind termed "methylated." Tincture of perchloride of iron : The amount of perchloride of iron in this article is correct, but there appears to be no spirit of wine at all in it ; the term tincture is a misnomer in this case. Tincture of belladonna : This tincture contains about three-fourths the proper amount of extract, and it is deficient in spirit. Aromatic spirit of ammonia : The ammonia is in excess, but the far more costly aromatic oils are in a great deficiency in this tincture. Aromatic sulphuric acid : This article contains two-thirds only of the amount of sulphuric acid prescribed by the Pharmacopœia ; it contains very little spirit of wine and very little bark—it is a very inferior article.

CHARLES A. CAMERON.
Public Analyst for the Co. of Monaghan.

IRISH POOR-LAW INTELLIGENCE.

THE GRATITUDE OF GUARDIANS.

SUPERANNUATION.

BANBRIDGE UNION.

I.

THE Clerk read a letter from Dr. Davison, lately the medical officer of Crossgar Dispensary District, in which he expressed a hope that the guardians would grant him a suitable superannuation allowance.

Mr. Middleton—Is he a fit subject for out-door relief? I wonder who would certify for him?

Mr. Skelly—He does not say how many thousands he is worth.

Mr. Middleton—Perhaps that may come out.

Chairman—What is to be done about this letter?

Mr. Skelly—I would say it should be marked "read."

Mr. Martin—Mark it "read," and throw it aside.

Mr. Johnston—I think it should be treated with more respect than that. As an old officer of the Board he should get justice.

Mr. Skelly—The three electoral divisions of the dispensary district are scheduled as distressed districts; and and for a wealthy man to ask superannuation from ratepayers in that state, bears condemnation on the face of it.

Mr. J. Smyth—He has been the officer of this Board for forty years.

Mr. Skelly—And during all that period he was well paid for his work. He had not half the amount of duty that Dr. Weir, of Dromore, has.

Chairman—That is not the point. I want to know what we will do about this application.

Mr. Johnston—We should fix a time to consider it.

Mr. Martin—I would not discuss the application at all. He was forty years under a good salary, and has plenty of money. There are people reported to be starving, and would you take the rates and give them to a man like that?

Chairman—I suppose there are not two members here who would give superannuation, but it would be courteous to an old officer to consider his application fairly.

Mr. Martin—Then if you wouldn't give it to him, say so, and not have two faces about it.

Mr. Kennedy—The doctor was not dismissed. He resigned after long service, and though I don't say you should give superannuation, he should get a hearing.

Mr. Skelly—If any superannuation is given, the ratepayers will turn out. This man was for many years well paid. He had very little to do, and has plenty of money. To take the money that belongs to the poor and give it to him would be a great hardship.

Mr. Johnston—I take very different ground from that. This is not a question of charity; it is a question of justice. An officer who has held office for forty years is entitled to be treated with courtesy. I think this is a matter not to be settled in an off-hand way at this meeting.

Mr. Skelly proposed that the application be marked "read."

Mr. Johnston proposed, as an amendment, that the application should be considered on this day five weeks.

On the roll being called, six guardians voted for, and six against the amendment. It was consequently declared to be lost, and the original motion carried.

II.

The following letter was read:—

The Committee of the Crossgar Dispensary having observed in the *Banbridge Chronicle* some remarks reported to be made by part of the Board of Guardians at the meeting on the 7th inst., in reference to Dr. Davison's application to have his claim for superannuation brought before the Board at a proper time and in a proper manner, if reported correctly we, the members of Committee of Crossgar Dispensary, without reference to the merits of Dr. Davison's claim, beg to protest against such remarks as uncivil, uncalled for, and insulting to the oldest officer connected with the Banbridge Workhouse. We most respectfully request that your Board will re-consider the matter and appoint a day, and give Dr. Davison's case a fair hearing at a full Board.

ANDREW COWAN, J.P.

15th June, 1880.

Full Committee in attendance, 14 in number.

Mr. Skelly moved that this letter should be marked read and put aside.

Mr. Pringle seconded the motion.

A lengthened discussion ensued.

Mr. Middleton appealed to Mr. Skelly to withdraw the motion; but he declined.

The Chairman, Mr. Johnston, Mr. Mulligan, spoke in favour of the letter being considered.

Mr. Waddell moved an amendment that the matter should be taken into consideration on this day five weeks.

Mr. Johnston seconded the amendment.

On the roll being called the amendment was lost by 6 votes against 5; and the motion was declared carried.

III.

DR. DAVISON'S APPLICATION FOR SUPERANNUATION.

The Chairman, referring to the discussions which have taken place at the Board relative to the application put forward by Dr. Davison, late medical officer of Crossgar Dispensary District, said he thought it would have been more courteous to an old officer, and more dignified on the part of the Board, if they had treated his claim with some consideration. A gentleman who has been connected with the Board for a period of forty years is en-

titled to a fair hearing. I beg to give notice of the following motion :—I, or a guardian named by me, will move on the first Monday in August that Dr. Davison's application for superannuation be considered by the board on that day, when the following resolution will be proposed, viz. :—The Guardians regret that the state of Dr. Davison's health no longer permits him to fulfil the duties of medical officer of Crossgar Dispensary District, and they record on the minutes their approval of the manner in which he filled such office for a period of forty years. This board, however, cannot under the present circumstances of the country, add to the rates by granting a retiring allowance to Dr. Davison.

Mr. M'Calister—I would second that.

Chairman—Oh, it doesn't require to be seconded now. It is a notice of motion.

Mr. Reilly said the application should be fairly considered.

[After reading of the foregoing display of vulgar rowdyism by certain members of this Board, it seems necessary to inform our readers that Dr. Davison has been for over forty-one years in the service of this ungrateful and mean knot of squireens, that during all that time his performance of duty has been in all respects exemplary, and that he is deservedly esteemed by every respectable person in his vicinity. We admire the character of the Poor-law guardian, who can speak of "out-door relief" when a gentleman in Dr. Davison's position comes to demand his equitable rights, and we can conceive how blest and honoured the Union must be by the services of persons whose sense of decency does them so much honour.—Ed. M. P. & C.]

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF JUNE, 1880.

June 3rd.—Crampton, Thomas Hobbs ; Athy, co. Kildare ; Lic. R. Coll. Surg. Irel. 1880.

14th.—Greene, Arthur ; Ennis, co. Clare ; Lic. R. Coll. Surg. Irel. 1879, Lic. R. Coll. Phys. Edin. 1880.

10th.—Tanner, Charles Kearns Deane ; Lapp's Island, Cork ; M.D. 1876 and M.Ch. 1876 Q. Univ. Irel., Lic. R. Coll. Surg. Irel. 1875.

17th.—O'Dwyer, James ; Cashel, co. Tipperary ; Lic. R. Coll. Surg. Irel. 1878 ; Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

21st.—Warnock, John ; Skelgagh, Fintona, co. Tyrone ; Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel., Lic. 1880 and Lic. Mid. 1880 R. Coll. Surg. Irel.

28th.—Gault, David ; Clogher, co. Tyrone ; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

23rd.—Curran, Thos. John ; Ennistymon, co. Clare ; Lic. 1877 and Lic. Mid. 1878 R. Coll. Surg. Irel., Lic. K. Q. Coll. Phys. Irel. 1878.

24th.—Sawyer, Richard Henry Stewart ; 59 Wellington Road, Dublin ; M.B. Univ. Dub. 1879, Lic. R. Coll. Surg. Irel. 1880.

25th.—Barney, Richard Winter ; 13 Garville Avenue, Rathnew, co. Dublin ; Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

25th.—Harris, Hugh ; Prospect House, Stewartstown, co. Tyrone ; Lic. R. Coll. Surg. Irel. 1878, Lic. 1879 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

28th.—O'Donnell, Thos. Joseph ; Ashford, co. Limerick ; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

Restored per Order of Council dated 16th June, 1880.

Dec. 30, 1858.—Kelly, John ; Glenties, co. Donegal ; Lic. R. Coll. Surg. Irel. 1857.

The following names have been erased from the Register of the Branch Medical Council (Ireland) during the month of June, 1880, pursuant to the 14th section of the Medical Act, no reply having been received to several letters of application :—

Spence, Robert ; 16 Talbot Street, Dublin.
Parker Francis ; Cork.
Kelly, Patrick Alexander ; Coleshill, Warwickshire.
Long, Bourke ; Cork.
Harrison, Thos. Wm. ; Doneraile.

OBITUARY.

DR. NOLAN, BALLINA.

With regret we announce the death of Dr. James J. Nolan, surgeon of the North Mayo Regiment, which took place in this town on the 2nd inst., after an illness of some months' duration. Dr. Nolan did not spare himself in discharging the duties of a most arduous profession ; the severity of his labours told upon his naturally strong constitution, and he died, worn out, at a comparatively early age. For several years his professional services were in something like universal requisition in this part of the country, and his skill was depended on to bring persons through every kind of disease with which they might be attacked. He was skilful as a surgeon, and as medical officer of the Ballina workhouse he was very successful. Dr. Nolan was held in great favour by the poor, and he was deservedly called the poor man's doctor, as he was his friend. Not only did he give advice and medicine without charge in very many cases, but in not a few instances was his advice and medicine accompanied by gifts of money and food. He was charitable and generous to a fault—anything he had he placed freely at the disposal of others requiring it. As surgeon of the North Mayo Regiment he was beloved by his brother officers and was most popular with the men. His death is regretted by all classes and ranks alike.

The following "Regimental Order" has been issued from head-quarters :—"It is with much regret the Commanding Officer announces to the Regiment the death of Surgeon Nolan on the 2nd inst. By his decease the officers and men of the Regiment have lost a most efficient officer and a kind-hearted friend, who combined, with great professional abilities, a genial manner and a practical generosity and hospitality which endeared him to all who knew him. In offering the sympathy of the Regiment to Mrs. Nolan in her great affliction, the Commanding Officer feels he is but carrying out the heartfelt wishes of all under his command."—*Ballina Herald.*

ENNISKILLEN UNION.

DR. FLOOD'S SUPERANNUATION.

The Clerk said the next item on the day's programme was Dr. Flood's superannuation, and he had ascertained that the two-thirds of Dr. Flood's annual salary and emoluments would be £118 10s.

Moved that Dr. Flood receive the full superannuation allowance of £118 10s.

Mr. Nixon seconded the motion, and said that it was with much regret the dispensary committee had parted from Dr. Flood, and that they had recommended him for the fullest allowance unanimously.

Mr. W. Carson (Enniskillen)—If you want a precedent for the full allowance we have one in the case of Dr. Wilkin, and he was deserving of it. And so far as Dr. Flood is concerned, there were none of your officers earned their money so well, so long, or so faithfully. There has not been a single complaint of him during his thirty-five years of office. He has been a faithful public officer, and I think we cannot fairly give him less than the law permits us to give.

Mr. Kenny—I think he had more to do than any two doctors about the town.

Mr. Carson—The fact of the committee being unanimou in their recommendation is a strong point in its favour.

The motion was then passed unanimously.

SLIGO ASSIZES.

PROPOSAL TO PLACE THE LUNATIC ASYLUMS ON THE CONSOLIDATED FUND.

The secretary next brought under the notice of the grand jury a copy of a petition he received from the secretary to the Londonderry grand jury, which had been prepared by a committee of that body, to be adopted at the present assizes. The petition was addressed to Mr. Gladstone, and was divided into four parts. It first set forth that the maintenance of the insane in county asylums formed oppressive and increasing taxation and expenditure. Secondly.—That if considerations of treatment, classification, and economy required the transfer of county gaols and prisoners to the care of the Imperial Government, the same reasons applied to pauper lunatics, a vast proportion of whom were incurable, and required special treatment, which could not be well given in the same building. Thirdly.—The principles were already established by 4s. per head being paid out of the Consolidated Fund. Fourthly.—That the payment of the cost of county asylums out of the surplus arising from the disendowment of the Irish Church would be of equal benefit to every part of Ireland, and in strict accordance with the spirit and intention of the Irish Church Act.

CORRESPONDENCE.

ABUSES OF RED TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following seven cases will contribute to show the abuse of the present system of giving dispensary and visiting tickets :—

No. 1.—Scarlet-runner to Mrs. R.; suffering from whitlow of the index finger of the left hand. The woman was well able to walk to the dispensary, which is only one mile from her house. The Poor-law valuation of her farm is £5 5s.; and I am informed on reliable authority she is in comfortable circumstances.

No. 2.—A dispensary ticket to Miss N. Her mother accompanied her to the dispensary; and when I asked her why she got a ticket, she said as it was only a trifling thing was the matter with her daughter she thought it better to get a ticket. This is a most glaring case, and loudly calls for immediate change in the issuing of tickets, as from my own knowledge I know the woman to be very comfortably circumstanced. Her valuation is £10.

No. 3.—A red ticket to the children of Mr. M., a comfortable farmer. His valuation is £9 10s. This ticket was unanimously cancelled by the committee at their last meeting.

No. 4.—A red ticket to attend the child of Mr. N., and afterwards a second one to attend Mr. N. himself. A few weeks after my attendance on Mr. N., Mrs. N. took sick with labour. The next dispensary doctor was sent for, a distance of five miles, though I am living within fifteen minutes' drive of the woman's house; the medical gentleman sent for was not at home, and Mrs. N. sent for another gentleman, a distance of eight miles, and paid him two guineas. The Poor-law valuation of her farm is £13 15s.

No. 5.—A letter received by the morning post, marked "immediate." The contents, a scarlet-runner, a distance of nine miles. The patient, a man, after returning from America with lots of money, when I had examined him, and after giving him some advice, he said, "If you do me any good I will pay you well." The parents of this man are very comfortable.

No. 6.—A red ticket to attend the wife of Mr. M. in her confinement. When I arrived at the house I found a midwife, "as she is styled," though she has no right to the title in any sense of the word, possessing neither qualification nor certificate from any licensing body. However, the country people will have her. I had to remain in this house for the night, the case being tedious. In the morning I got into conversation with the midwife, and to my great surprise she told me she was paid £1 for coming there. This man's valuation is £7 15s.

No. 7 is similar to No. 6, both as to the nature of the case and valuation, except there was no nurse in attendance.

The cases 5, 6, and 7 have not come before the committee of management yet. At their next meeting I expect some, if not all three, will be cancelled. And now, Sir, as I have troubled you so much, would you kindly inform me in your next issue, if the tickets are cancelled, can I take legal steps to recover my fee in each of the above cases from the issuers or the persons holding the tickets? or if the Irish Medical Association (who have done so much good, and is still at work for the Poor-law medical officers of Ireland) would assist or advise me how to act? Dispensary medical officers have been silent too long on their many grievances, and it is now time they should steadily assert their rights.

A DISPENSARY DOCTOR FOR EIGHT YEARS.

SUPERANNUATION WITHOUT RESIGNATION.

UPON this question we give below the substance of a letter from an astute and experienced official on this subject :—

Can a medical officer resign on condition that he shall be awarded a fair superannuation?

The Local Government Board have held that no superannuation application can be granted till after the resignation of the officer, upon which day, or any time after, a written notice for five weeks must be given. (Five weeks because it must "be given in writing to every guardian" at least one month before consideration.)

Now the Local Government Board can make regulations to carry out Acts of Parliament, and these regulations have all the force in law of the original Act itself, with this single proviso, that they must be in accordance with the Act, and not clash with it in any way. If they do their regulations can, and have several times been, overturned.

We may therefore put aside the circular, and see the Act itself, 28 Vic. cap. 26, 1865.

Clause 4.—Provides for one month's written notice (five weeks practically to comply with law), but it does not in this clause state that the officer must have resigned. Does any other?

Clause 1.—Says guardians may grant, upon his "resigning, or otherwise ceasing to hold his office, an annual allowance, &c.," to be charged to the same account as his salary.

Now I myself have always considered that the words "guardians may at their discretion grant *upon his resigning*," meant that the superannuation should be given previous to the resignation, and I could never see why the officer should resign first, as it is evident by doing so he is (and guardians also) not in a condition, "on resigning," to receive (or they to pay) the superannuation allowance.

This opinion confirms in great measure the view which we have already put forward, and we would counsel medical officers not in future to relinquish their offices until the question of their superannuation had been, at least, brought to a settlement.—ED.

TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin office of this paper.

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IRISH POOR-LAW INTELLIGENCE.

IRISH POOR-LAW SUPERANNUATION.

At the instance of the Irish Medical Association, Mr. Meldon, M.P., has obtained from Government the order for a return which we anticipate will prove most valuable as a means of proving—next session—our case for compulsory superannuation in the Irish Poor-law medical service. The return ordered was of the names of all medical officers of workhouses and dispensaries in Ireland, who, since the passing of the Medical Officers Superannuation Act, 32 and 33 Vic., c. 50, have resigned their offices and applied to their boards of guardians for superannuation allowances under that Act, with the causes for such resignation; the ages and length of service as Poor-law medical officers of each person at date of resignation; the result of such application to the guardians; and the reason, if any, given by the said guardians for refusing the application.

We expect that when the return is presented it will afford conclusive evidence—1. That almost all superannuations are sought for in consequence of sheer physical incapacity for Poor-law work; 2. That the pensions have not been, as a rule, asked for except at advanced age and after very long service; 3. That, notwithstanding the strong claims of officers, many applications have been refused by boards of guardians without any assignable reason. We ask those of our readers who are connected with the Irish Poor-law medical service to fortify the Irish Medical Association in its approaching contest for superannuation, by giving us details of instances in which pensions have been asked, and either refused or granted unwillingly.

ABUSES OF MEDICAL RELIEF.

It is obvious that the effort which the Irish Medical Association is making to put an end to the monstrous abuses of Poor-law Medical Relief in Ireland will be vigorously opposed by those who desire that all comers shall get such relief, but who object to pay the doctor a proper salary for affording it. It therefore becomes very important that the Irish Medical Association shall take in hand a series of typical cases, in which persons who were manifestly competent to pay were attended for nothing, either at dispensary or on red ticket. Every Poor-law medical officer in Ireland has many such cases, and we would urge those officers—for their own advantage—to put on paper from this day forward a brief note of time, place name of recipient of relief, valuation of his holding (if possible), and other reasons for supposing such recipient to be capable of paying. The information thus got together, should be exact but brief, and it would be considered confidential by the Association—names being not disclosed unless it becomes necessary to verify before Parliament some particular case. We invite our readers to send us their notes of such cases as they occur, which will relieve them of the trouble of keeping a list of them, and will enable us to show up the existing system in its true light. We would also urge the Poor-law medical officers of Ireland to avail themselves of every strong case for obtaining the cancelling of the ticket. It will be urged against the proposals of the Irish Medical Association that—as the cancelling of tickets is so infrequent—the abuses of medical relief are rare. It rests with the Poor-law medical officer to throw off the yoke of the red ticket, and we certainly expect that they will give themselves the trouble to aid those who are trying to relieve them of it.

CORRESPONDENCE.

ABUSES OF RED TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I desire to add a small share to the mass of reasonable complaints anent the abuse of Poor-law medical relief in this country. I select two cases. I paid six visits on one ticket to a *poor* man living in a very remote part of my district. The patient recovered, and I paid my final visit and gave my last instructions while he sat by his fireside and smoked his pipe. However, he committed some irregularity in diet a few days afterwards; and because I refused to satisfy the impertinent curiosity of a clique, whether he was suffering from slow poison, they engaged the services of a neighbouring practitioner, to whom they gave a fee, or at least got into his books, and I believe he paid a second visit. I was quite certain that reasonable grounds existed for having the ticket cancelled, so I applied for that purpose at a recent meeting of the dispensary committee, but I did not succeed, one of the

members, also a guardian, assigning as his reason for not voting for the cancelling of the ticket "that the times were hard, and perhaps the man had to borrow the money," very charitable from a money-lender who charges any rate of interest he wishes. My second cause of complaint, as explained to the committee, is that a certain number of tickets are left signed by a real guardian, to be filled up by, in this case, some female member of his family, and handed away when asked for. My argument to the committee was that as a matter of fact these tickets were filled in by a young and inexperienced girl not expected to know who were entitled to free medical aid, and abuse must necessarily follow. No. 1.—The young person above mentioned issued a ticket to visit, &c., a patient suffering from toothache, and when I got to the house I found that she travelled four miles to another doctor and consulted him as his private patient, at the same time accusing me of neglect of duty. This gentleman guardian of irregular tendency met the difficulty by announcing his intention of applying next board meeting to have a warden appointed "at his door" to act for him when he is away from home; in other words he wants a secretary. I should wish to know how I could prevent this being carried into operation, for I feel that the new warden will be even more reckless than the guardian. I shall, with your kind permission, supply from time to time any harsh treatment which may be offered; and above all I will work earnestly to overthrow a system which makes the life of a dispensary doctor simply intolerable.

Yours faithfully,

S.

UNQUALIFIED ASSISTANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Please state in your next number whether the Local Government Board sanctions the appointment of an unqualified assistant by a dispensary medical officer, in aiding him to discharge the duties of his office, as the visiting and treating of the sick? May such assistant act as *locum tenens* in the dispensary district if left under the partial supervision of a qualified medical practitioner.

Your reply will, I hope, solve the puzzle for

DUBITANS.

[Certainly not. The Local Government Board is forbidden by the Medical Act, as well as by its own regulations, to recognise an unqualified person as *locum tenens*, and it has recently refused to recognise a *locum tenens*, although qualified, because he was not registered; but a dispensary medical officer may occasionally, when on duty himself, have the help of an unqualified person, the medical officer being solely responsible, and the arrangement not being recognised by the Local Government Board.—ED. M. P. & C.]

DROGHEDA UNION.

INFECTED MILK.

A REPORT was read from Dr. J. B. Kelly, reporting that it is the practice amongst certain dairy proprietors to keep milk stored in crocks in their bedrooms, even where some members of their family may be lying sick suffering from infectious disease, and as it has been proved by incontrovertible facts that there is no more prolific agency for the conveyance of infectious disease, I beg to recommend that no dairy be registered which is directly connected with the dwelling, and that manure be not allowed to accumulate in the yard for a longer period than one fortnight.

Mr. Whitworth—Some steps should be taken to prevent this practice, for I look upon it as most improper.

Chairman—I have no doubt at all but they do it.

Mr. Mathews—If they did not, the doctor would not report upon it.

Mr. M'Kenna contended that the dairy people handled the milk in the cleanest possible way. They put it into clean crocks as bright as silver, they cover it with a bright shining cover, and altogether handled it in a nice clean way. It was wrong to say that there was disease in dairy people's houses. There was not; for dairy people were the healthiest in the whole community. Doctors don't know what the origin of disease was. It was thought at one time that the laying down of pipes through the town would do an immensity in the way of improving the public health, and the experiment was tried and had failed, as they all very well knew. It was simply nonsense to say that milk should not be kept in private houses. There was a certain temperature required to make milk fit for churning, and that could alone be secured in a private house. The doctor knew nothing whatever about the origin or causes of these epidemics or infectious diseases that now prevail so extensively throughout the town, and the enormous death rate amongst children of the rich as well as the poor, proved conclusively that they scarcely knew the remedy. To assert that the mere putting of a milk-can outside one's door in order to prevent disease, would be about as logical as to say that the same result could be secured by putting a looking-glass outside. He proceeded to further deny Dr. Kelly's report, and said that medical men were completely wrong in their notions of the origin of disease. Theologians, he said, had a better knowledge of things in this respect, for they say that death came by sin, and sickness produces death. (Laughter.) To blame a milk-crock for causing sickness is a new idea.

Mr. Halligan—He doesn't blame the crock, but he says that milk is kept in bedrooms where contagious disease exists. Is that right or not?

Mr. M'Kenna—I cannot say.

Mr. Mathews—Do you mean to assert he reports what is not the fact?

Mr. M'Kenna—I do not.

Mr. Mathews—What, then, are you talking about, or what does it amount to?

Mr. Halligan—Then Dr. Kelly must be right.

Mr. M'Kenna—Why doesn't he report about the filthy condition of some parts of the town?

It was ultimately decided to send a copy of the report to the inspector.

BOYLE UNION.

AN APOLOGY.

CLERK—I may mention that Capt. Spaight called on me on Sunday, and handed me a letter from Dr. Kisby to the Local Government Board wanting me to make a public apology for insulting him and injuring his character in this and adjoining counties. I am not aware that I have injured him or insulted him in any way. If I have insulted him, I withdraw it; but I am not aware that I have done so.

TRALEE UNION.

VISITING TICKETS.

A LETTER was read from the relieving officer, requesting to be informed if tradesmen and others were entitled to get dispensary visiting tickets. He would like to have the matter cleared up, as he was continually annoyed from persons applying for those tickets.

Chairman—I think what the Act says is, that you should give them to all destitute persons.

Relieving Officer—Myself and the doctor are at loggerheads about the matter (laughter), and I would like to know how I am to act.

Chairman (looking at the Act)—It says that you should give them "to any poor person." That is the expression used here.

Relieving Officer—Very well, sir, I will attend to that.

Chairman—If you consider the applicants poor persons you should give them a ticket, and I think if you have any doubt about it you should give the benefit of it.

The Relieving officer said he would act according to the instructions.

COMPULSORY VACCINATION IN IRELAND.

An excerpt from the report of Mr. Ernest Hart to the Parliamentary Bills Committee of the British Medical Association:

II.—Ireland.

Progress of Legislation.—Before vaccination was made compulsory in Ireland, the neglect of infantile vaccination in that country had been extreme. At the time that the Epidemiological Society made its report in 1853, 79 per cent. of the small-pox mortality in Ireland occurred in children under five years of age, and although there had been, under the Acts immediately to be referred to, an increase since then in the number of vaccinations performed, this had not been sufficient to reduce the proportion of small-pox deaths under five years of age below 75 per cent. up to the time when the Compulsory Act of 1863 came into operation. The English Vaccination Act of 1840 (3 and 4 Vict., c. 29), directing the appointment of public vaccinators by Poor-law guardians, had applied also to Ireland. It seems, however, to have been virtually a dead letter, and was in effect repealed by an Act of 1851 (14 and 15 Vict., c. 68), under which the medical officer of every district was required to vaccinate all persons coming to him for that purpose. By a subsequent Act (21 and 22 Vict., c. 64), it was provided that the committee of management of every dispensary district should divide such dispensary district into as many vaccination districts as they deemed proper, and should appoint vaccination stations. It was not, however, until 1863 (the year that vaccination was made compulsory in Scotland), that a compulsory law for Ireland was also passed. Under the Act of 1863 (26 and 27 Vict., c. 52), which is still in force, every child born after January 1st, 1864, was to be brought, within six calendar months of birth, for vaccination by the medical officer of the dispensary district, unless vaccinated previously by some other medical practitioner (section 1). At the registration of every birth, the registrar was to give a notice of the requirement of vaccination; and if, after such notice, the parent "shall not cause such child to be vaccinated.....without any reasonable excuse for such failure or omission, then such father or mother, or person having the care, nature, or custody of such child as aforesaid, so offending, shall forfeit a sum not exceeding ten shillings" (section 8). Section 13 enabled the guardians to direct proceedings for the purpose of enforcing obedience to the Act; "and such proceedings on account of neglect to have a child vaccinated may be taken at any time during the continuance of the neglect." By another Act passed in 1868 (31 and 31 Vict., c. 87), it was provided that public vaccination was not to be considered as of the nature of parochial relief, alms, or charitable allowance.

Repeated Penalties Sanctioned by Parliament for Ireland.—No further "vaccination" legislation was made for Ireland until last year, but a very important alteration was made with regard to the particular subject of penalties now under our consideration, by the Public Health (Ireland) Act of 1874 (37 and 38 Vic., c. 93). It is a curious specimen of the haphazard method of our existing legislation, that a clause affecting very importantly the vaccination laws of the country should have strayed into a Public Health Act, containing nothing whatever else about vaccination, which is indeed a matter not coming within the cognisance of the authorities who have to work the Act. Section 58, however, of this Act of 1874 virtually repeated the exact wording of Section 31 of our English Vaccination Act of 1867, in providing that, upon information given by a registrar or officer appointed by the guardians to enforce the Vaccination Acts, a justice might order a child under the age of fourteen years to be vaccinated within a given time, and in imposing penalties on the parent for omission to comply with such order. It is under Section 31 of the Act of 1867, as detailed in my previous report, that repeated proceedings can be taken against the parent; and Section 58 of the Irish Act of 1874, therefore, introduced into Ireland the principle of cumulative penalties for neglect of vaccination. The Act of 1874 was repealed by the Consolidated Public Health Act of 1878, but this particular clause was reproduced in Section 147 of the new Act.

The Vaccination (Ireland) Act of 1879.—Meanwhile, the attention of the Irish Medical Association had been drawn to the inefficiency, in certain of its aspects, of the Act of 1863; and, so long ago as February 1877, the Association addressed Sir Michael Hicks-Beach, the then Irish Secretary, on the unsatisfactory state of the law. Two draft Bills were prepared by the Council of the Association, and were presented to the Government, accompanied by a series of observations most carefully drawn up by Dr. Speedy. In 1879 the Government introduced a Bill dealing with the subject, and this, with alterations made through the exertions of Mr. Meldon and Mr. Mitchell-Henry was passed into law last session as the Vaccination Amendment (Ireland) Act, 1879 (43 and 44 Vic., c. 70). By Section 2 of this Act, the maximum limit of age at which vaccination becomes compulsory was altered from six months (as prescribed by Section 1 of the Act of 1863) to three months, and provision was made for the cases of children born elsewhere than in Ireland, but brought into it after the passing of the Act without being vaccinated. It will be observed that the law of Ireland is, as regards the limit of age, more stringent than that of England, where the parents of children living in districts where the public vaccination is appointed at intervals of more than three months, do not become liable until the opportunity of public vaccination has been afforded to them. Section 7 enacts that when any parent or other person having the custody of a child fails to produce such child when required so to do by any summons under the Vaccination Acts, such parent or other person shall be liable, on summary conviction, to a penalty not exceeding twenty shillings. Every parent or person having the custody of a child who neglects to take such child or cause it to be taken to be vaccinated, or after vaccination to be inspected, and does not render a reasonable excuse for his neglect, is guilty of an offence, and is liable to be proceeded against in a summary manner, and, upon conviction, to pay a penalty not exceeding twenty shillings. By Section 10 the guardians of any union in Ireland may direct proceedings to be instituted for the purpose of enforcing obedience to the Acts, "and such proceedings, on account of neglect to have a child vaccinated, may be taken at any time during the continuance of the neglect." Other sections of interest are No. 5, which provides that the vaccinator is to give a certificate of successful vaccination to the parent (apparently contemplating that this shall be permanently kept by him), and to send a duplicate of it to the registrar; and No. 10, which enacts that the registrar is to transmit to the dispensary medical officer at least once a month, a return of all births and deaths of infants under twelve months of age which have been registered in the district of the dispensary medical officer to whom the return is sent.

Law of Ireland as to Penalties.—It will be observed that this particular Act does not materially alter the procedure as regards prosecutions which was laid down in the Act of 1863. The law of Ireland as regards penalties seems to me, therefore, to be, that any parent who, after the notice of requirement has been sent to him by the registrar, neglects to have his child vaccinated within the statutory period, is guilty of an offence for which he may be proceeded against and fined twenty shillings (Section 8 of Act of 1863, and Section 7 of Act of 1879).

This offence is complete at the end of three months, and only one penalty can be inflicted on account of it. But, under Section 147 of the Public Health Act of 1878, an order for the vaccination of a child under fourteen years of age may be made by a justice of the peace, if he think fit, upon the application of the registrar, and such order may be renewed or repeated, again and again as often as may be necessary, until the vaccination of the child is effected. I have already given Lord Chief Justice Cockburn's decision upon this point in the case of Allen *v.* Worthy. I would add, as showing that this clause of the Act of 1878 must be regarded in Ireland as sanctioning repeated prosecutions, that in the *British Medical Journal* for January 10th, 1880 (p. 63), is the report of the case of a man at Limerick who was fined for the fifth time for refusing to have his child vaccinated. The proceedings against this man can only have been legally taken under Section 147 of the Act of 1878.

General Assent of the Irish Nation to Vaccination.—Notwithstanding the defects of the Act of 1863, it seems to have worked extremely well. This may be partly accounted for by the general assent of the population to vaccination, very little opposition to the performance of the operation being experienced. The late Sir Dominic Corrigan, M.D., in his evidence before the Select Committee of 1871, said (Q. 4002) that in Ireland "the people are most favourably disposed to vaccination." Asked (Q. 4003) whether "there is any agitation against vaccination, or any large number of people who object to vaccination being carried out," he replied "No; the feeling of the whole country is in favour of it." Mr. Meldon, M.P., speaking in the House of Commons on the occasion of the second reading of the Bill of last year, stated that "it was a fact that all the anti-vaccination leaguers in England, however much they had tried, had never been able to stir up the slightest feeling in Ireland against vaccination." He said that he knew no one in Ireland against the Bill, "for in that country the popular feeling was decidedly in favour of vaccination; and he did not think they would be able to get one person in Ireland to corroborate any of the statements" made by Mr. Hopwood, in his usual reckless fashion, against vaccination. Mr. Mitchell Henry "could not support the second reading of the Bill without congratulating the country that there was no prejudice in Ireland against vaccination." "To his own certain knowledge, in the western part of Ireland, the people had flocked in hundreds of thousands from all parts to be re-vaccinated. Their enthusiasm for the operation was extraordinary. The epidemic in the West of Ireland had been stamped out, he believed, entirely by the enthusiasm of the people in favour of vaccination."

Defects of the Irish Act: Action of the Poor-Law Commissioners.—Whilst making all due allowance, however, for the enthusiasm of the people, it cannot be doubted that a large share of the successful result has been due to the energy of the Irish Poor-law Commissioners. Had these gentlemen been content, like their English colleagues, to let the law drift on without taking any steps to insure its effectual working, the manifold defects of the Act would have proved fatal to its success. But by the issue of circulars and the exercise of supervision, the Commissioners succeeded in getting the Act very energetically administered. The Irish Act of 1863 (which, it must be remembered, is still the "principal" Vaccination Act for Ireland, only a few of its sections having been repealed), is virtually the same as the English Act of 1853, supplemented by the Act of 1861, which gave powers to guardians to prosecute. It is open, therefore, to the same objections as I have already pointed out in my previous report, as attaching to the Act of 1853. Whilst it imposes upon all parents the obligation of having their children vaccinated, it does not specifically impose upon any authority the duty of seeing that this obligation is complied with. The guardians are empowered, indeed, to take proceedings, but no more, The Act makes provision in a very imperfect way for a registration of vaccination by providing that the registrar shall keep "a register of the persons of whose successful vaccination a certificate shall have been transmitted to him" (Section 7); but it makes no provision for systematically reporting defaulters, as in England and Scotland. The Irish Poor-Law Commissioners have clearly recognised the mischief thence arising in permitting of escape from the requirements of the law. Commenting on the number of cases which of necessity evaded the administrative machinery appointed by the Act, they observed in their Annual Report for 1870:—"To prevent the addition of successive cases year by year to the fuel thus provided for small-pox.....affords a powerful motive to use every effort to render the vaccination of all liable to the Compulsory Vaccination Act as complete as possible." Further, when in some parts of Ireland the magistrates were inclined to deal with the offenders brought before them by imposing penalties that were nothing more than nominal, the Commissioners thought it their duty to make a representation on the subject to the Lord Lieutenant, who thereupon sent out a circular to the magistrates throughout Ireland, calling their attention to the extremely small penalties, sometimes not exceeding a penny, occasionally inflicted by the magistrates at petty sessions, on defaulting parents prosecuted by the Irish boards of guardians, whereby the people were led, he said, to believe that the authorities were indifferent to the enforcement of the law. The circular contained the following passage:—"I am directed by his Excellency to draw your particular attention to this subject, as the Government attach great importance to the necessity of the statute being fully enforced, and that every means should be taken to oblige people to take advantage of the legislative enactments as to vaccination gratuitously provided for the protection of young people."

Returns of Defaulters to Boards of Guardians.—With the view of surmounting the difficulty (to which I have just referred) arising from the absence of any periodical list of defaulters, the Local Government for Ireland (who had meanwhile succeeded the old Poor-law Commissioners) required, by Paragraph 11 of the twenty-first article of their Rules and Regulations for the management of dispensary districts, that the medical officer should forward to the board of guardians, on June 30th and December 31st in each year, a report containing the names of all children registered as born in the district who were over six months of age and who did not appear to be vaccinated. This return was introduced by the Local Government Board "to enable the board of guardians to exercise a more effectual control in regard to the provisions of the Compulsory Vaccination Act, by taking proceedings against any person responsible for having a child vaccinated who shall be found to have wilfully neglected to do so." In circulars dated August 20th, 1878, and January 14th, 1879, the Local Government Board drew attention to this requirement, and asked for a summary of the particulars in the returns, and of the results of the relieving officers, inquiries (which they suggested should be made) in the case of default. With a view to the necessary steps being taken to obtain, or, when required, to compel, compliance with the provisions of the Vaccination Acts, the Board added: "Each case of default should be closely and systematically followed up until the child has been vaccinated, or the non-performance of vaccination has been satisfactorily accounted for;" with the further addition, in their second circular, that "the clerk of the union should report on the subject every week to the board of guardians. By regular and systematic proceedings in this way, the board of guardians will be kept duly informed of what is going on, and readily enabled to see that the law is obeyed in their union." Only one return in response to this circular has as yet been published. It shows that, out of a total of 16,489 "defaulters" returned in the whole of Ireland for the half-year ended June 30th, 1878, 11,230 were found vaccinated, 2,341 had left or could not be found, 1,148 were unfit, and 2,918 were still unvaccinated.

IRISH POOR-LAW INTELLIGENCE.

ABSTRACT OF THE ANNUAL REPORT OF THE LOCAL GOVERNMENT BOARD FOR IRELAND.

Issued July 1, 1880. Dated Dublin, 17 April, 1880.

(*Concluded from page* 20.)

Artisans and Labourers' Dwellings Improvement Act, 1875.

The Act is legally applicable to only six places in Ireland—namely, Dublin, Belfast, Cork, Limerick, Londonderry, and Waterford.

We have now to report, in continuation of the account given already, that in Belfast the Improvement Scheme has been carried out, and the street authorised thereby opened up for public traffic.

The loan of £12,000 for this scheme has been obtained from the Commissioners of Public Works since our last report.

With respect to the two unhealthy areas in Dublin, with which the Corporation are dealing, the arbitrator has, in one case, that of the Coombe area, made his final award, and titles are being investigated.

As regards the other, or Boyne Street area, no steps have yet been taken to acquire the interests therein, but some of the dilapidated houses have been closed under the provisions of the Public Health Act as uninhabitable.

£18,000 out of the loan of £20,000 estimated for the purpose of carrying out the scheme in the Coombe and Boyne Street areas has been applied for and advanced.

In Cork there were seven areas with respect to which representations were made. Maps, plans, and schedules have been prepared and duly deposited for taking compulsory possession of No. 1 area, and the arbitrator has been appointed by the Board of Works who was to hold his first inquiry on the 12th of April. The sanitary authority have resolved to proceed with No. 2 and No. 5 areas, immediately afterwards, but they think it more prudent to finish No. 1 before taking up the others, as there may be some difficulty in providing accommodation for persons who may be disturbed. The mortgage for £35,000 to be borrowed from the Commissioners of Public Works has been executed, and £500 paid on account of that loan.

No application has been made as yet by the Corporation of Londonderry to make use of the powers given by the Act.

As regards Waterford, the Act has not been applied as yet, but the Corporation have erected labourers' dwellings under the provisions of the Act 29 and 30 Vict., cap. 44 (the Labouring Classes' Lodging-houses and Dwellings Act).

The Corporation of Limerick have taken no action as yet under the provisions of the Act; but the question has been under their consideration.

Sanitary Orders under the Public Health Act, 1878.

It appears to us to be advisable and necessary to revise the sanitary orders which were in force since the year 1874, and accordingly, on the 8th of August last, we made new sanitary orders under the Public Health Act, 1870.

ABSTRACT REPORT ON THE LUNATIC ASYLUMS OF IRELAND.

Statistical Summary.

The patients on the 1st Jan., 1879, amounted,

In district asylums	8,407
In central or criminal asylums	177
In the Stewart Institution, Palmerstown, maintained by the Government	22
In private asylums	642
In 163 union poorhouses	3,337
Total	12,585

The distribution of the insane on the opening of the present year was as follows:—

In district asylums	8,490
In central asylum	187
Palmerstown, supported by Government	21
In private asylums	630
In 163 unions	3,491
Total	12,819

Nature of Accommodation.

From the preceding data it appears that there has been a registered increase of 234 inmates within the past twelve months, but principally in workhouses—viz., by 154—while in public asylums the increase, mainly referable to tranfers from unions, was limited to 83. Bearing in mind the fact that from the unbroken severity of last winter, and the destitute condition of whole counties throughout Ireland for many months, most of the imbecile and idiotic were forced to seek shelter in workhouses, it is but reasonable to infer that the above total supplies a fair estimate, not only of the actual amount of insanity in this country in its varied forms, but affords a certain evidence that the disease cannot be regarded as really on the increase. So far from admissions into district asylums being restricted, it would seem that a more lax system in their regard than is desirable obtains in various modes; but particularly through magisterial warrants under the Dangerous Lunacy Act; to obviate the inconveniences arising from which requires our constant interference. It

is not, however, to be assumed from this observation, that we mean to convey the non-expediency of an increased and better provision for the insane poor of Ireland under the provisions of the statute. Quite the reverse; for though as already stated in the above summary there are 8,490 in district asylums, many are simply located in them, as it were, out of harm's way; but not as being adequately or suitably accommodated, some of these institutions being overcrowded in the proportion of from 20 even to 40 per cent.

Mental affections, the most melancholy of visitations, but providentially for mankind limited in a certain ratio to the community at large, can, by judicious management and precautions, be still more restricted, and the afflicted restored to society and their families, while from their comparative scarcity no great abuse in the expenditure needed for their treatment in public establishments can result. Whatever objections might have been advanced previously on the score of increased taxation are now met by the "Treasury Rate in Aid," for the maintenance of asylum patients, which practically lowers it to the cost of support for ordinary paupers in workhouses. In our capacity of inspectors and commissioners of control the obligation for obvious reasons of leaving nothing disregarded which can benefit the insane poor, no less than those in the better classes of life, entails an unceasing responsibility.

The annual publication of Reports consecutively for over thirty years on the state of insanity in Ireland taxes the ingenuity of the compiler, particularly as these Reports from time to time embody very minute details, so as to avoid simple repetitions of the same or very nearly identical facts in a somewhat different phraseology, a circumstance to which we, on a recent occasion, adverted. Looking to the conditions of the Department in a comparative point of view, as regards the years 1878 and 1879, very little difference, indeed, is noticeable. No special event worthy of parliamentary consideration has taken place. To dwell on particular asylums is practically uncalled for when nothing whatever of legislative interest attaches to them.

On the 1st January, 1879, there was, as already enumerated, a total of 8,407 patients in district asylums. During the year 2,392 were admitted between both sexes, of whom 1,955 were cases of first attack, and 438 relapses —the comparatively large number of the latter indicating a marked difference between the liability of a recurrence of disease in mental and physical affections. As regards the aggregate of 10,800, 1,004 were sent out recovered, being at the rate of 42 on admissions and not quite 10 on the whole number under treatment.

The deaths, of which two were accidental, and one from suicide, amounted to 949, constituting a percentage of mortality of 8¾ on the entire number in asylums, or nearly one more than in 1878—an excess which can be very fairly accounted for by the unprecedented harshness of the season, and with it the prevalence of bronchial diseases. Hitherto deaths in Irish asylums have been, as a rule, below par.

Mode of Admission.

Reverting to the subject of admissions, it would appear that between the years of puberty and forty, lunacy, in the great majority of cases, developes itself; fully three-fourths of those received being within that period, while the recoveries stand in a somewhat similar ratio. But a far more important and satisfactory conclusion can be arrived at from the above fact, and which, pointing out the advantage or rather the expediency of treating mental disease efficiently from its incubation, illustrates the necessity of public and well-organised asylums; for not only from the statistics of insanity before us, but from those under our notice, for a long and consecutive series of years, we find that proportionably to an early treatment, are its beneficial results. Taking, for example, the duration of disease as existing under three months before reception in 599 registered cases, and looking to the table in which recoveries are given, 390 are recorded as having taken place under a four months' residence. In receptions of from three to eight months' prior duration of disease, and in recoveries between four and eight months, 140 and 278 are respectively enumerated—thus 668 cures would stand against 739 calculated admissions.

In Ireland we have no parochial machinery similar to that in England; but though our system is not so definite and so satisfactory with respect to the chargeability of the insane poor, still so far as affording prompt facilities for placing lunatics in safe keeping, it may be fairly sustained—the chief abuses arising from it being referable to the fact that justices of the peace do not at all times exercise due precautions, and we must also add to a want of judgment, or at least an occasional hastiness on the part of medical men in signing certificates, when the parties are perhaps only weak-minded, or of an irritable temperament, and now and then simply ill-conducted malingerers.

Conditions of Residence in Asylums.

Of the 8,490 resident in district asylums at the beginning of this year, the probably incurable stood as nearly as possible to the curable as three and a-half to one—a proportion more favourable to recovery than generally obtains; but the subject is involved everywhere in a certain obscurity—one fact, however, is manifest that it would be quite fallacious to regard the mental contingencies of the insane in respect to their recovery as the grounds on which to establish distinctions in their management or allocation; the most hopeless as to intellectual manifestations, and the most tranquil apparently in conduct for indefinite periods, needing quite as much care and judicious treatment for their own safety and that of others, as the worst or wildest in demeanour.

Investigating the antecedents of the above aggregate, 3,697 belong to the farming and labouring classes—2,594 men, 1,103 women; next in number come domestic servants, no less than 906, of whom the remarkable excess, 839, is constituted of females, against 67 males. It is difficult to discover a reason for this disproportion, unless it is to be found in the disappointments, hardships, and isolation of women when removed from their families and friends without protection, and then perhaps having recourse to dissipation.

Seamstresses, too, as a class, would seem to be largely affected by mental diseases, and, relatively speaking, tradesmen working within doors and at sedentary occupations, more than those employed in the open air. Discharged soldiers and policemen number 266, which appears a percentage disproportionate to the respective forces in this country.

As in the development of physical disease localities would seem to exercise some *occult* influence, or at least one not admitting a definite explanation, so a not unlike analogy obtains in regard to mental disorders of which some notable instances may be adduced. The Clonmel district asylum contained at the close of the year 394 lunatic inmates, of whom 94, or all but a fourth, were within the degree of second cousinship.

The Kilkenny, or adjoining asylum, had a seventh of its inmates similarly circumstanced. While the Waterford district, in close proximity to them at one side, and seabound for the most part on the other, in a population of 256 insane, had only 10 under treatment at the same date, and Cork, similarly, with 800 inmates, only 17. In the Ulster district asylums, with the exception of that at Omagh, there is, on an average, less of an insane relationship between their inmates, than in the other provinces, but particularly in the Down, when only 6 patients out of 345 are so closely connected by kindred.

The marked disproportion alluded to as on previous occasions between the married and unmarried in Irish asylums, especially when contrasted with what occurs in those of other countries, is noticeable in the statistics of the present appendix. Elsewhere the married exceed the un-

married in a nearly two-fold degree, here the latter, but principally the female portion, are fully three times more numerous.

(To be continued.)

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF JULY, 1880.

JULY 3rd.—Cashin, John; Clogheen, co. Tipperary; Lic. R. Coll. Surg. Irel. 1878, Lic. Apoth. Hall Dub. 1880.

3rd.—Hayes, James Bennett; Kilcully House, co. Cork; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

5th.—Walsh, Michael; Derrynahinch, Thomastown, co. Kilkenny; Lic. K. Q. Coll. Phys. Irel. 1880, Lic. R. Coll. Surg. Irel. 1880.

5th.—Cuppaidge, John Loftus; Tamnagarric House, Warrenpoint, co. Down; M.B. 1880 and B.Ch. 1880 Univ. Dub.

5th.—Denham, John K.; 30 Merrion Square N., Dublin; Lic. K. Q. Coll. Phys. Irel. 1880, Lic. R. Coll. Surg. Irel. 1880.

5th.—Creery, John Tate; Kilmore, Lisburn, co. Down; M.B. 1880 and B.Ch. 1880 Univ. Dub.

6th.—Clare, Henry Lewis; 14 Warrington Place, Dublin; M.B. Univ. Dub. 1880.

6th.—Isdell, L'Estrange; 46 Belgrave Square, Rathmines, co. Dublin; Lic. R.Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

6th.—Polden, Robert James; 10 Leinster Square, Rathmines, co. Dublin; M.B. 1880 and B.Ch. 1880 Univ. Dub.

7th.—Passanha, Vincent Adolphe; Portarlington, Queen's co.; Lic. Fac. Phys. and Surg. Glag. 1880, Lic. R. Coll. Phys. Edin. 1880.

7th.—Lingard, Thomas Robert; Cooga, Corofin, co. Clare; M.B. 1880 and B.Ch. 1880 Univ. Dub.

8th.—Buggy, Kyran Thomas; Cantwell's Court, Kilkenny; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

10th.—McLaughlin, Francis; Clonmany, Buncrana, co. Donegal; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

10th.—Flanagan, Hubert; Cartron, Elphin, co. Roscommon; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

13th.—O'Keefe, Thomas Wm.; Mallow, co. Cork; M.D. 1880 and M.Ch. 1880 Q. Univ. Irel.

13th.—Beattie, Robert Ettingsall; Mount Blaquire, Royal Canal, Dublin; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

14th.—McCullagh, John; 12 Great Denmark Street; Dublin; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

14th.—Creagh, George Brazier; Woodville, Buttevant, co. Cork; Lic. Med. 1880 and Lic. Surg. 1880 Univ. Dub.

14th.—Elliott, George Phillip; Killaloe, co. Clare; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

15th.—McArdle, John Stephen; Dundalk, co. Louth; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

19th.—Hickman, Arthur; 42 Robert Street, London; M.D. Q. Univ. Irel. 1880. Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

19th.—Dixon, Charles Hampden; Clogherny Temple, Biragh, co. Tyrone; M.B. 1880 and B.Ch. 1880 Univ. Dub.

19th.—Lucas, Thomas John Rashleigh; Ballinadee House, Bandon, co. Cork; M.B. 1880 and B.Ch. 1880 Univ. Dub.

21st.—Mullane, Patrick; Ballinora, Waterfall, co. Cork; M.D. 1880 and M.Ch. 1880 Q. Univ. Irel.

21st.—Townsend, Samuel; 57 South Mall, Cork; M.D. 1880 and M.Ch. 1880 Q. Univ. Irel.

23rd.—Daly, John Joseph; Monasterevan, co. Kildare; Lic. R. Coll. Surg. Irel. 1879, Lic. K. Q. Coll. Phys. Irel. 1880.

24th.—Osburne, John; Lindville, Cork; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

24th.—McCormick, John J.; 92 Great Howard Street, Liverpool; M.D. Q. Univ. Irel. 1878.

24th.—Coates, George John; Portumna, co. Galway; M.D. 1880 and B.Ch. Q. Univ. Irel. 1880.

24th.—Adams, Charles; Terraquin, Omagh, co. Tyrone; M.B. 1880 and B.Ch. 1880 Univ. Dub.

24th.—Morgan, Anthony Hickman; Benalim House, Skibbereen, co. Cork; Lic. R. Coll. Surg. Irel. 1880, Lic. R. Coll. Phys. Irel. 1880.

26th.—Keating, James; 44 Lower Glanmire Road, Cork; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

26th.—Davies, Jesse Conway; The Fens, Betteos-y-Coed, N. Wales; Lic. Fac. Phys. and Surg. Glas. 1880.

26th.—Moyse, Charles George Drummond; Rutland House, Carlow; Lic. R. Coll. Surg. Irel. 1876, Lic. K. Q. Coll. Phys. Irel 1880.

29th.—Skerrit, Frederick Thomas; 21 Mountjoy Square, Dublin; Lic. K. Coll. Phys. Irel. 1879, Lic. R. Coll. Surg. 1879.

29th.—Tate, John Whittaker; Castlemoyle, Manorhamilton, co. Leitrim; Lic. 1879 and Lic. Mid. 1800 R. Coll. Surg. Irel., Lic. K. Q. Coll. Phys. Irel. 1880.

30th.—Beattie, James Henry; Gillycooley, Omagh, co. Tyrone; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 Lic. Mid. K. Q. Coll. Phys. Irel.

31st.—White, George Burbidge; 21 Upper Merrion Street, Dublin; Lic. R. Coll. Surg. Irel. 1879, Lic. Apoth. Hall Dub. 1880.

31st.—McKee, Alexander Baillie; Wesley College, Stephen's Green, Dublin; M.B. 1880 and B.Ch. 1880 Univ. Dub.

The following names have been erased from the Register of Branch Medical Council, Ireland, during the month of July, 1880, pursuant to the 14th Section of the Medical Act, no reply having been received to several letters of application, viz.:—

Carey, Samuel Orby; Adelaide, S. Australia.
Bodkin, Thomas; Quam, co. Galway.
Birney, George; Nenagh, co. Tipperary.
Mullins, Edmund Alexander; Balycroy, co. Mayo.
Molloy, Matthew Henry; Manorhamilton, co. Leitrim.

The following names have been restored to the Register of the Branch Medical Council, Ireland, during the month of July, 1880, pursuant to orders of General Council, viz.:—

July 15th, 1871.—Riddell, Robert; 51 Donegal Pass, Belfast; M.D. 1871 and M.Ch. 1871 Q. Univ. Irel.

Dec. 29th, 1858.—Sutcliffe, George Gilbert Angell; Kilbawn, Lowthorpe, Hull, Yorkshire; Memb. R. Coll. Surg. Eng. 1858, Lic. R. Coll. Phys. Edin. 1865.

BALLINA UNION.

ELECTION FOR MEDICAL OFFICER.

THE Chairman said the only application was from Dr. Macaulay, which he read.

Mr. Walsh proposed Dr. Macaulay as a candidate for the office.

The Chairman put the resolution, and declared it carried unanimously.

PAYMENT OF SUBSTITUTES.

Mr. Knox spoke in reference to the adoption of a rule requiring the medical officer to pay his substitute in all cases of absence save in that caused by illness. If such a rule was advisable this was the time to adopt it.

Mr. Daly—The thing is already fixed by Act of Parliament. The Act of Parliament requires the guardians to pay a doctor's substitute in the case of illness, but not otherwise, and the board cannot do more or less than the Act prescribes, so that a resolution on the subject would be useless.

The Chairman believed it was competent for the board to make any special arrangements now if they believed such were necessary.

Mr. Daly—We have made an appointment on the terms

of the advertisement ; and to import any new conditions into the bargain we have made would be wrong.

Chairman—It is better to arrange such matters at the time of the election than at a later period.

Mr. Daly—The election is made, and the conditions of the appointment can only be altered on a fortnight's notice being given. If the doctor has to go off duty owing to illness the guardians will pay his substitute ; if he leaves on pleasure, he pays his own substitute.

Mr. Walsh supposed the case of the doctor being required to give evidence in a court of justice, and being necessarily absent for some days—who should pay his substitute in that case.

Mr. Pery—The doctor would be paid for his time, and could afford to pay his substitute.

Mr. Boyd asked was it the ruling of the board that no matter how long a doctor's illness continued the board should pay his substitute ?

Chairman—We must rule every case of the kind on its own merits.

The subject then dropped.

KILLESHANDRA DISPENSARY DISTRICT.

A MEETING of the committee of this district took place on the 18th inst. to elect a medical officer in the room of Dr. Randal Y. Kenny, deceased, when Dr. J. B. Kenny, son of the late medical officer, was proposed and unanimously elected.

CROSSMAGLEN DISPENSARY DISTRICT.

ON the 6th inst. an extraordinary meeting of this dispensary committee was held for the purpose of appointing a successor to the late Dr. Coyne, when Dr. Benjamin A. Palmer was appointed medical officer of the district ; there being no other candidate the election was unanimous.

ENNISKILLEN UNION.

THE following letter was read :—

SIR,—The Local Government Board for Ireland have had before them the minutes of proceedings of the Board of Guardians of Enniskillen Union on the 3rd inst., from which it appears that a report in the Form H., was received from Dr. Gamble, Medical Officer of the Enniskillen Dispensary District, certifying that between the 1st of January and the 30th of June last he had suceessfully vaccinated 1,163 persons in his district, and in reply to the resolution adopted on the subject the Local Government Board desire to state that a medical officer of a dispensary is bound under section 13 of the Medical Charities Act to vaccinate all persons who may come to him for that purpose, and that he is entitled to payment for the successful vaccinatiou of persons within his district. It would appear that payment must be made to the medical officer if the guardians are satisfied as to the correctness of the return.

SLIGO BOARD OF GUARDIANS.

THE LATE LEAVE OF ABSENCE GIVEN TO DR. LAIRD.

THE Chairman read the following letter :—

To the Chairman of the Sligo Board of Guardians.

Wine Street, Sligo, August 10th, 1880.

SIR,—I beg permission to correct a mis-statement reported to have been made with reference to me at the meeting of your board on Tuesday, when the matter of Dr. Laird's leave of absence was being discussed. One of the guardians present stated that Dr. Laird "paid the gentleman who did the duty for him last year." Allow me to say that such is not the fact. I acted for Dr. Laird las vear, as I am actin this year, through friendship and esteem, without fee or reward, that he might enjoy well-earned and necessary rest after a year's incessant work, and as a silent protest against the ungenerous treatment accorded to the "most attentive" and "very deserving officer." It was, I know, "for the benefit of his health," as stated by your chairman of last week's meeting, that Dr. Laird applied for leave of absence, and he needed no certificate to "make assurance doubly sure" to himself, that he required a brief rest and change, no more than I shall need one on his return to convince me of the desirability of a fortnight's vacation. Had Dr. Laird asked me for a medical certificate, I should have no hesitation whatever in giving it to him, and then you would be compelled to pay me on my own certificate. Does not the position seem rather ridiculous ? Yet, because Dr. Laird is too independent and honest to act thus, you *would* mulct him, so far as you can, to pay a substitute. No one treats his servant in this manner. So far as I am concerned, I am glad your board has refused to pay me the £2 2s. per week, which, although it may proportionately represent an adequate yearly salary, is quite inadequate for the work that has to be done on many an inclement day and night. Apologising for the length to which the letter has run,

I have the honour to remain, sir,

Your obedient servant,

MICHAEL F. COX, M.R.I.A.

Mr. Rowlett—I do not think the statement was made that Dr. Laird paid his substitute last year. The statement was that Dr. Laird did not ask the guardians to pay his substitute.

Chairman—It is all right now—he is not asking us to pay his substitute.

Mr. Rowlett—We would not agree to pay it. If the resolution which prevents us doing it was rescinded a more stringent one would be passed. We were often mulcted in this way, and we have not forgotten last year's transaction.

Mr. Cogan—If any exception was ever made it should be in favour of Dr. Laird.

Mr. Rowlett—The only exception is when a medical man gets a certificate that he is ill, and doctors will get certificates to enable them to go and enjoy themselves at the sea-side, not for a fortnight, but for a month or six weeks.

Chairman—The matter is settled now. Dr. Laird has gone on leave, and has not asked us to pay a substitute, and Dr. Cox has given us his opinion upon the matter.

Mr. Rowlett said that on the last day Mr. O'Connor as chairman, contended that Dr. Laird was deserving of having his substitute paid for him, but the board could not do so.

Mr. Walker—A resolution prevents us.

The matter was not disscussed further.

DR. FARRAR, of Brooklyn, is responsible for the following curious calculation in dentistry. He says that in the United States alone not less than half a ton of pure gold is annually packed into decayed teeth by dentists, and that if the consumption continues at this rate all the gold at present in circulation will be reburied in the earth in about 300 years.

TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin office of this paper.

IRISH POOR-LAW INTELLIGENCE.

THE CLERK OF THE BOYLE UNION.

Our readers are aware, from perusal of frequent reports of proceedings of Boyle Union, that Dr. Kisby, of Ballyfarnon, and other medical officers of the Union have been made, from time to time, the subject of discourteous observations by the clerk of that union in presence of the Board and the newssaper reporters, and in his official capacity. We learn with satisfaction from the following correspondence that this gentleman has brought upon himself the rebuke both of the Registrar-General and the Local Government Board, and we trust we may congratulate ourselves on having heard the last of his officious rudeness.

From the Registrar-General to Dr. Kisby,

In reply to a complaint that the clerk had addressed him by post card in an impertinent manner :—

General Register Office, Charlemont House,
Dublin, 12th May, 1880.

Sir,—With further references to your letter of 6th inst., I enclosed for your explanation copy of an extract from a commnnication received from Supt. Registrar, who has been instructed to be more careful in future in arranging at an early day, after the termination of the quarter, for the attendance of the registrars, with certified copies in accordance with paragraph 41 of the regulations. He has also been directed not to address registrars by post cards, and to be more courteous in his communications in future.

I am, sir,
Your obedient servant,
T. W. Grimshaw,
Registrar-General.

Dr. Kisby, Registrar.

From Dr. Kisby to the Local Government Board :—

I.

Ballyfarnon, 29th April, 1880.

Gentlemen,—I venture to appeal for the protection to which I feel myself entitled as a public officer in the discharge of my duty against the habitual discourtesy of the clerk of the Boyle Union. Ever since I have held my Poor-law medical appointment, I have with other medical officers been the subject of insulting expressions and discourteous treatment by the clerk whose influence and interference has been on many occasions exercised with the board of guardians to prevent my recommendations being complied with, and my requests granted. I beg now to enclose an extract from *Roscommon Herald* by which you will observe that in the simple and inoffensive discharge of my duty as medical officer of health, I have been thwarted and insulted publicly in the hearing of the board of guardians. I respectfully submit that such conduct on the part of a public officer of the guardians merits the disapproval of your Board, and ask that I shall be afforded such protection as may enable me to discharge my duty in future without apprehension of public insult.

I am, gentlemen,
Respectfully yours,
Wm. J. Kisby, Med. Officer.

To this communication the Local Government Board did not vouchsafe any reply.

II.

Further letter from Dr. Kisby to the Local Government Board :—

Sir,—Referring to a letter addressed to you by me on the 29th inst., I beg that you will have the goodness to inform me whether such letter was ever received by you, whether my appeal for protection from the continual interference and studied discourtesy of the clerk of the Boyle Union, has reeeived full consideration and, if so, whether the L. G. B. proposes to express its opinion upon the circumstances and letters which I have submitted to them. I have again, most respectfully to submit that it is impossible for me ro discharge my public duty with satisfaction to myself or advantage to the sick poor, if an officer of the board of guardians is permitted, in his official capacity, to libel and insult me, his remarks to my disparagement being immediately published in the local newspapers, and I would again ask that means be adopted by your Board to prevent a repetition of the proceedings to which I have directed attention.

I am, gentlemen,
Yours, &c.,
W. J. Kisby,
Med. Officer, Ballyfarnon Disp.

In response to this letter the Local Government Board forwarded the correspondence to the Board of Guardians for their comment. At the meeting of the Board, a letter of the clerk's, still more insulting in tone was read, and, he being present, the guardians voted his "explanation satisfactory.

Letter of the Local Government Board to Dr. Kisby :—

Local Government Board,
Dublin, 26th May, 1880.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 29th ultimo, and of its enclosure, complaining of proceedings on the part of the clerk of the Boyle Union, and the Board desire me to inform you that they have been in communication with the clerk on the subject, and have received an explanation from him in reference to the matter.

The Local Government Board communicated your letter and the clerk's reply to the Board of Guardians of Boyle Union, who took the matter into consideration at their meeting on the 18th instant, and expressed themselves satisfied with the clerk's explanation.

By order of the Board,
B. BANKS, Secretary.

To Dr. Kisby, Medical Officer,
Ballyfarnan Dispensary District, Boyle.

Further letter of Dr. Kisby to the Local Government Board :—

To the Local Government Board.

SIR,—Referring to my letter of the 29th of April, in which I appealed to your Board for protection against the hindrances to the fulfilment of my public duty, and against the public insults to which I am submitted by the clerk of the Boyle Union, I ask your attention to the letter of the clerk printed in the enclosed newspaper report, and I earnestly and respectfully protest against the statement therein made, that he (the clerk) "would be very sorry to class Dr. Kisby with" those "who are gentlemen and a credit to their profession." I beg also to enclose a letter addressed by the clerk to me, from which you will observe that he uncivilly declares he intenttion to withold the cheque for my salary until I send him receipt beforehand, or call upon him for it. Since my previous letter to you the Registrar-General has found it necessary to reprimand the clerk for his discourtesy to me in connection with registration business, and I now again respectfully ask your Board to take such steps as may relieve me from the difficulties and annoyances to which I am subjected by the clerk.

I am very sorry to trouble your Board with this personal matter, but I feel that the frequent newspaper publication of insulting expressions towards me, and the constant influence exercised by him to prevent the adoption of my suggestions to the guardians, is calculated to seriously impede the effective discharge of my duty, and to bring me and my advice to the patients into contempt.

I am, Sir, yours respectfully,
W. J. KISBY,
Medical Officer Ballyfarnan Dispensary.

From the Local Government Board to Dr. Kisby :—

Local Government Board,
Dublin, 2nd July, 1880.

SIR,—The L. G. B. for Ireland acknowledge the receipt of your letters of the 31st May and 25th June relating to the proceedings complained of by you on the part of the Boyle Union, and in reply the Board desire to inform you that on referring the matter to their Inspector, Captain Spyight, they understand from him that the clerk of the union will not again interfere with you, and will refrain from making comments on you or on the manner in which you discharge your duties; and the L. G. B. are disposed to anticipate that under those circumstances your future relations with the clerk of the union will be of a harmonious character.

By order of the Board,
B. BANKS, Secretary.

Dr. Kisby, Registrar.

We cannot fail to notice the fact that it was only when the Local Government Board had been written to three times that—for simple decency's sake—it administered its reprimand to the clerk, and we much regret to see that its apparent sympathies were with the clerk, whom it could not defend but tried to shield, rather than with medical officer, whom it was bound to protect in the discharge of his duty.

ABSTRACT REPORT ON THE LUNATIC ASYLUMS OF IRELAND.

(Concluded.)

Maintenance.

We would next proceed to notice the current maintenance of asylums. The last audit embraced a total expenditure for the year 1878 of £207,977. The daily average number of patients during the twelvemonth being 8,317—the capitation cost of each was £24 12s. 10d. The grant in aid from the Treasury £82,054, and some minor items are included in the receipts above adverted to. As on preceding like annual investigations, it may be said no disallowances were substantially made, though some few, altogether not exceeding £30, were recorded as questions for reference to the inspectors. They were, however, subsequently passed, on explanations made by us, with the sanction of the Lord Lieutenant, and thus, from disallowances, the public has not suffered by the loss of a single shilling.

It should, however, be observed that on a legal question in regard to surcharges, on account of deficiencies in stores, from the minute issue of provisions, the Government counsel advised on cause shown that no liability was incurred by the sureties.

In the present report we cannot supply an audited record of the receipts and expenditure of district asylums. According to them the outlay in 1879 was about £7,000 less on the gross than in the preceding year, and inasmuch as the daily average number of lunatics under treatment was 83 in excess of 1878, virtually the comparative outlay was smaller, and the cost individually reduced from £24 12s. 10d. to nearly £23 10s.

Before closing the financial portion of this Report we would observe that from the £207,977 16s. 3d. as above given for current expenditure during the year 1878, a sum of £13,361 17s. 6d. may be fairly deducted, inasmuch as it was laid out on permanent works or structural alterations and additions.

Adverting to the social organisation and domestic management of district asylums, it affords us much gratification to report to your Excellency that the subordinate staffs of these institutions, numbering a total community of over 800, have fulfilled their duties, and it may be said, almost without an exception, in a praiseworthy manner.

Workhouses.

We have to record no particular change in the condition or number of the mentally affected in union workhouses during the period which this Report embraces.

At the close of 1879, there were 154 more inmates in them than in the preceding year, in other words, numerically speaking, not one patient on an average in excess in each—there being 163 of these institutions. Under ordinary circumstances this annual increase might appear somewhat large, but taking into account the destitute condition of many parts of the country in the autumn and winter months, it is but reasonable to infer there must have been a marked influx of individuals of the afflicted class in question into poorhouses, their relatives not having means wherewith to maintain them at home.

Analysing the minutely collated tables as inserted in the appendix, and the distribution of the insane themselves as made out under different denominations, it would appear that out of a total of 3,491 lunatics, so called under a *generic* name, 1,382 males and 2,109 females were located in poorhouses on the 31st December last. Of the above total, and comprised within the idiotic

and imbecile classes—457 belonged to the province of Ulster—651 to Munster—524 to Leinster—and 241 to Connaught, constituting an aggregate of 1,873 individuals.

Taking the relative ages of the whole into consideration, a distinct and progressive contrast is noticeable, one too of a satisfactory character, for enumerating on the one hand the simply idiotic, and the idiotic or imbecile labouring under epilepsy, those under thirty years amount only to 560 between both sexes, while those over that age reach 1,198. Hence, a natural inference, that in the present generation the recurrence of idiocy is on the decline, a fact, no doubt explicable in great measure by the safe harbouring of the afflicted in early life through the instrumentality of asylums and poorhouses, with a *consequent* check to its propagation.

Under the head of lunatics (proper), that is of persons at one period of their existence possessed of intellect, though in some instances not of clear mind, and more or less affected with epilepsy, we find 1,618—602 men, and 1,016 women incapable for the most part of participating in the enjoyments of life, and almost indifferent to its comforts, aged and utterly demented, not unfrequently too infirm and bed-ridden. Hopeless, however, as such cases may be, and not demanding any special system of treatment, or the more expensive accessories employed in the management of ordinary patients in district asylums, they require due personal attention in regard to food, clothing, and cleanliness.

In these particulars a certain progressive amelioration is being carried out, particularly in workhouses largely tenanted by the insane, and where facilities exist for out-door recreation. The limited quantity of land attached to some workhouses necessitates, too frequently, very small and walled-in airing yards.

Cost of Maintenance.

We have little information as to the exact outlay on the insane domiciled in unions, and we apprehend there exists no definite data on which to fix it. The charges incidental to the maintenance of the poor being so complex, and embracing so many varied items of outlay, that however accurately made out it would be all but impossible to apportion the cost to a nicety of any individual group. From what we are enabled to gather through inquiries made in different localities we believe that about £12 10s., one poorhouse with another, would cover all the union expenses of each lunatic, while the cost of a patient in a district asylum, every item included, as may be seen from the receipt and expenditure tables in the appendix, was £24 12s. 10d., in 1878, or £12 2s. 10d. in excess beyond that of an insane poorhouse inmate.

CORRESPONDENCE.

IRISH DISPENSARY MIDWIVES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Would you kindly inform me if it is possible for a woman to become a *properly-qualified midwife*, and to be appointed to a dispensary district, who can neither read nor write?

I am, &c.,

MEDICAL OFFICER.

[No woman can be remotely fit for the office of midwife who can neither read nor write, and we don't believe that if they were aware of the fact, the Local Government Board would sanction such an appointment; but there is no definite regulation as to midwives' qualifications, and if sanctioned, such an appointment would be legal.—ED.]

REGISTRATION—ABSENCE FROM DUTY.

A CORRESPONDENT writes:—"My predecessor in this dispensary (a short time previous to his resignation of the appointment of medical officer) was dismissed from the office of local registrar of deaths, births, and marriages, owing to neglect on his part to keep the books, or give the usual returns. The Registrar-General thereupon called on the Board of Guardians (in accordance with the Act of Parliament) to make another appointment. Acting on this order they appointed the one applicant, who was the relieving officer, and who still continues to hold that office, what steps should I take to obtain the registration, being willing to accept the office, and doing so with the unanimous wish of my dispensary committee? Can I absent myself on urgent private affairs from my district for a period of from one dispensary day to the other without leaving a duly qualified substitute 'in the district,' resident, in my stead, and requiring leave of absence, how should I obtain it? &c."

Yours truly,

LEX.

[The dispensary medical officer has a right to the office of Registrar, *when vacant;* but we do not believe that the law requires the office to be vacated in order that the medical officer may have it. In any case we imagine that it would not be considered fair or reasonable that the holder of the office should be ousted for the benefit of the doctor. A dispensary medical officer should not absent himself on any grounds whatsoever for any period without leaving his district in charge of a fully qualified and registered substitute, and he should inform the Chairman or Hon. Sec. of the Committee of his absence, and the cause and duration of it, as well as the name and address of his substitute, and if time admits the Hon. Sec. should have a special meeting of the dispensary committee convened to appoint the substitute.]

NAVAN UNION.

A SPECIMEN OF SANITARY GUARDIANSHIP IN IRELAND.

Two tenders for erecting a wall to enclose the churchyard.

Chairman—Is it all decided that a wall shall be built? I saw something about a child's body being exposed.

Mr. Shields—The people that are buried in it are very well pleased with it; what more would you require? Very well pleased with it they are. This sanitary business is all nonsense, humbug, the people had better health before we heard anything about it; it is all the doctors and humbug. There is Dr. Siegerson, and he says the same. He says that it is proved that wherever there was a dunghill before the door there was no fever. There is nothing wholesomer; and he says there's no wholesomer smell than cattle; he says a man to get good health he should spend three or four hours a day with the cattle in the shed. Here nothing will do but to hunt them out of the house—the ass or the goat. The people of Navan are quite satisfied with it as it is. Dr. Nicholls says you cannot put a corpse in it without disturbing another. Sure that's the case in every old churchyard in the country. He says they are burying there this thousand years. In that case it would be just as reasonable to object to it one hundred years ago. I never yet heard of any man getting sickness out of a corpse interred in it—never. It is all nonsense, I tell ye again.

Chairman—I remember the time the churchyard of Kells was so full that there wasn't room to put a spade in it.

BOYLE UNION.

The following correspondence was read :—

Ballyfarnon, August 16th, 1880.

GENTLEMEN,—I beg leave to state that Dr. Walsh having got Frenchpark Dispensary District, called on me a few days past asking if I would accept the pro tem. duty in Keadue district, pending the appointment of a permanent medical officer. I having attended he sent in his resignation to Committee, and named me in accordance with Article 22 Dispensary Regulations, as his substitute. However at meeting of Committee the hon. secretary, Mr. Owen Martin, was of opinion £3 per week was a large sum, and thought fit to appoint a Dr. O'Flyn, who is the medical officer of Drumshambo, belonging to another union, and residing nearly five miles from Keadue village. As I believe there is no precedent for such an act, while a doctor of the same union can be procured who lives but two and a-half miles of Keadue, besides a good portion of that district comes within a quarter of a mile of my residence—I trust the guardians should not sanction the appointment simply because a doctor hires to accept £1 less in the week than your humble servant. I performed the duties for two months and the Committee expressed their entire satisfaction with the way said duties were performed. It was no part of the duty of the Committee to arrange the doctor's pay. It is entirely in the guardians' hands. I feel sure, gentlemen, your board would not ask me to do the duty less than what is the usual scale given throughout Boyle Union, and hope under the circumstances the guardians shall not ignore Dr. Walsh's recommendation, who acted according to printed instructions. As regards Mr. O'Flynn's low scale of fees and his most unusual conduct in this case, I am certain he will receive attention from those whose duty it is to see that no breach of professional etiquette shall take place among its members.—I am, gentlemen, your obedient servant,

W. J. KISBY
Medical Officer, Ballyfarnon.

Mr. J. Devine—It was not right to pass over Dr. Kisby, who is living in the district, and to appoint a man that is ten miles from the farthest end of it.

Clerk—Dr. Kisby would not take less than £3 a week.

Mr. J. Devine—If it was legal he should get £3 rather than £1 to the other man, because a patient would be dead before a doctor could be got from Drumshambo.

Clerk—Dr. O'Flynn had it on two occasions, and there were no complaints.

Mr. Gardiner, Mr. MacManus, and Mr. F. Devine also said they were members of the Committee, and had not heard of the meeting.

Clerk—It is the duty of the hon. secretary, when he got the resignation, to call a meeting of as many members as are convenient, if not a full meeting.

Mr. Johnston said he had no fault to find with Dr. O'Flynn, except the distance he lived from the district.

KILDARE ASSIZES.

IMPORTANT TO INFIRMARY SURGEONS.

THE INFIRMARY.

BEFORE the Grand Jury retired, the foreman, addressing his lordship, said: We wish to bring to your lordship's attention a remark that appeared in the auditor's report, in which he calls into question the legality of the appropriation of part of the money for the maintenance of the County Infirmary which has been devoted to increasing the salary of the surgeon, Dr. Chaplin. The auditor seems to think that it is a question whether it is legal or not, and a committee of the Grand Jury were appointed to confer with your lordship, if you would allow them, with regard to the matter, involving, as it does, considerations of importance to the gentleman holding the office.

Subsequently Mr. F. L. Dames, Q.C., appeared before his lordship, stating that he represented both Dr. Chaplin and the Grand Jury in the matter. Dr. Chaplin had, as his lordship was aware, been surgeon of the Kildare Infirmary for twenty-four or twenty-five years. I believe that presentment is for the maintenance and support of the County Infirmary. Sec. 85 of the 6th and 7th Wm. IV. provides "that it shall be lawful for the Grand Jury of any county at each assizes to present or raise off such county a sum not exceeding £700, to be paid to the treasurer of the infirmary of such county, and applied to the support and maintenance of such infirmary." And the next section, 86, provides "that it shall and may be lawful for the Grand Jury of any county to present at each assizes any sum not exceeding £47 to be raised off such county and paid to the surgeon of the infirmary thereof." Now, my lord, it appears that the auditor in looking over the accounts of the governors of the infirmary called attention to the fact that a larger sum was received by Dr. Chaplin than the sum of £47 half-yearly. What the governors did was this: they applied out of the fund raised under the 85th sec. a sum in addition to the sum which he got as salary under the 86th sec., and it is the legality of this payment that the auditor calls into account.

His Lordship—Let me see Mr. Finlay's objection.

Mr. Dames read the auditor's remarks from his report to the Local Government Board, as follows :—

"On looking over a copy of the accounts of the County Infirmary for the last year, I was struck with the fact that out of the funds provided for the maintenance of that institution, a sum of £56 a-year is paid as salary to the surgeon, in addition to the sum of £94 presented by the Grand Jury. This is irrespective of the salary paid to the surgeon for discharging the duties of secretary to the board of governors.

"The grounds on which this additional salary is paid do not appear, but if the Medical Charities Act, 14 and 15 Vic., cap. 68, sec. 10, be relied on, as it has been in another county in my district, as justifying the payment of additional salary, it does not appear to me to confer any such authority. It directs that the parliamentary grant of salary to the surgeon which has been made under the statute 5 and 6 George III., cap. 20, shall cease "as soon as the person holding such office at the time of the passing of this Act (1851) shall wholly cease to hold the said office," but it does not provide any substitute salary for his successor.

"It has been contended elsewhere in support of the claim to salary for the surgeon to the County Infirmary beyond the amount presented by the Grand Jury, and which is limited by the 86th section of the Act 6 and 7 Wm. IV. to £94 per annum, that the Parliamentary grant having ceased, there is nothing in the Act of Wm. IV. to prevent the governors of the County Infirmary from supplying its place out of the funds provided by the county, and supplementing the surgeon's salary of £94 when they considered that sum insufficient for his services.

"I could not think this view to be in accordance with the intentions of the Legislature, as it would practically remove the limitation placed by the 6th and 7th of Wm. IV. on the amount of salary payable by the county, and take the control in regard to the surgeon's salary out of the hands of the Grand Jury.

"This appears to me to be a question of importance to the cesspayers, and one which the Grand Jury will, no doubt, take into consideration, and if necessary take the opinion of the court thereon."

His Lordship—It does not appear to me that any question can arise upon this presentment at all. If the presentment is legal, upon the face of it there is an obligation thrown upon the treasurer of the County Kildare Infirmary to apply that money according to law, and if he declines to do so that the law will provide a proper remedy. My opinion is that this presentment is legal.

It was accordingly fiated.

IRISH POOR-LAW INTELLIGENCE.

CORRESPONDENCE.

SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—*Apropos* of the order of the House of Commons to the effect that "boards of guardians shall furnish them with the number of cases in which applications for superannuation have been made to them, and the number of instances of refusal by them to grant such, together with the causes of such refusal," I beg to say that such a return would not convey a just impression of the disposition of boards in respect to the subject of superannuation, because: 1st. Some boards, not being so wealthy, so just, or so generous as others, are known by their officers to be opposed to it, and therefore are not troubled by applications, which are judged *a priori* to be useless. The unfortunate officer, knowing he has to resign before making it, holds on (like the late Dr. Leeper), till death releases him, rather than trust himself to the discretion, the justice, or generosity of his board. 2nd. In other cases the worn-out medical officer may not be a favourite, or may have incurred the dislike of some ex-officio member, or members, who will *per fas et nefas* oppose his application.

Your present correspondent knows of one or two such cases as the following:—A gentleman of 30 years' service as dispensary doctor, æt. 65, and a fit subject for superannuation in every sense, cannot apply for the following reasons: He has in his time had occasion to bring to light some defects in the administration of the law for the relief of the poor, which resulted in *certain gentlemen* getting some blame, and which led to certain sworn investigations and reforms, but left an amount of ill-feeling behind not yet entirely got rid of. More instances of this kind might be given. Surely cases of this kind should be taken into account by the House of Commons when collecting data on which to form an estimate of the dispositions of boards in respect to superannuation. So long as the law is that a doctor *must resign* before applying for superannuation, such cases will of necessity be more numerous than those in which he resigns *on choice*.

Can you, sir, or is there any way to, bring this aspect of the case before the Legislative body?

I am, sir, yours, &c.,

A. M. O.

Who has made his duty to the poor his first.

ENNISKILLEN GUARDIANS.

DRUG CONTRACT.

When the Clerk suggested the appointment of a committee to act with the medical officers in examining the drug contract,

The Chairman (Dr. Weir) said that a change should be made in the medicine contract. The bond contained a proviso for a referee to be appointed by the Local Government Board in the case of an analysis, and he thought the Board should deal with the analysis of medicines the same as in any other case.

The Clerk said he would be obliged to ask the contractor to perfect the bond unless an order was made on the subject to relieve him of the responsibility.

The Guardians said they would have no referee—they would send drugs to be analysed as they would send milk, or any food.

Mr. Carson—I don't like any difference. And I don't like men to be going about canvassing guardians for their votes on this contract.

Chairman (Mr. Weir)—Canvassing in such a case is a very low thing.

The Clerk said that if a resolution were passed saying that the contractor was not to be called upon to enter into his bond, it would relieve him. Otherwise he would be obliged to do it.

Dr. Walsh—The contractor contracts to supply medicines of the best quality, and if you find he does not it will be a breach of contract.

It was then resolved:—"That the Local Government Board be asked to name a referee whose decision shall be appealed to in all cases where the medical officers think it desirable to have the drugs supplied by the contractors for this union analysed, and suggest that Dr. Cameron, the official paid analyst for the county, be the person named.

Dr. Walsh—I made a statement a few days ago that the whole system of tenders for medicines was a system of thimblerigging—that it is a system of producing the lowest results. For instance, here in one tender is an article set down as 3s. 10d. per lb., as 2s. 6d. in another, and 4d. in the third.

Mr. Jordan—I suppose that the article is not much wanted.

Dr. Walsh—Not much wanted! Here again is one item at 17s. and another at £1 4s., so that really good medicines could not be given. The County Hospital get their medicines from the Apothecaries' Hall, who could not tender at the workhouse where such low prices are given.

Mr. Jordan—Well, I think it would be better to get good medicines, and if at a higher price to get what was pure.

Dr. Walsh—It is a bad policy to pay medical officers for curing diseases and put into their hands things that will produce the very opposite results, where life and death is attendant upon it.

Mr. Carson—This seems a very grave subject.

Mr. Weir—We have our remedy. Let us analyse every article.

Mr. Jordan—I would much prefer to go to the Apothe-

caries' Hall and pay a good price for the best and purest medicines where the matter is one of life and death.

Mr. Jordan referred to the sending of letters to guardians asking votes by Messrs. Leslie, and condemned such a proceedure.

Mr. Collins's tender was then aceepted.

KILDARE DISPENSARY.

A SPECIAL meeting of the committee for the purpose of electing a medical officer to fill the vacancy caused by the death of the late Dr. Kehoe, was held on Tuesday week. There were only three candidates present.

Drs. Daly and Hillary, with Dr. Watson, were the candidates referred to by the chairman.

On the vote being taken the following was the result:—

For Dr. Watson 11, for Dr. Daly 2. There were no votes for Dr. Hillary.

OMAGH UNION.

VACCINATION.

The following letter received by Dr. Robinson was read :—

Local Government Board,
Dublin, 7th September, 1880.

SIR,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of your letter of the 30th ult., and in reply I am to state for the information of the Committee of Management of the Fintona Dispensary District of Omagh Union that under section 6 of the Vaccination Amendment Act, 42 and 43 Vic., cap. 70, a medical officer is entitled to a fee of 2s for each person successfully vaccinated or re-vaccinated by him being resident in his district, provided that he shall have made the report of persons successfully vaccinated required by the Vaccination Act, 21 and 22 Vic., chap. 64. I am at the same time to state that it is not the usual practice for a medical officer to charge the public for the vaccination or re-vaccination of persons where he has already been remunerated for performing the operation.

By order of the Board,
B. BANKS, Secretary.

The following letter from Dr. Duncan was read :—

Flintona Dispensary,
8th September, 1880.

To the Board of Guardians of Omagh Union,

GENTLEMEN,—I see it is stated in the report of the proceedings of your board on Saturday last as given in the *Derry Sentinel* of the 7th inst., that some of the parties vaccinated by me were treated at their own houses as private patients. I beg to say that such a statement is incorrect. In not a single case of vaccination or re-vaccination was I asked to perform the operation at their own residence, which is the only thing would make them private patients. In a few instances I did voluntarily, and for my own convenience, go to the residences of two or three families in the town of Flintona and re-vaccinated them, they having volunteered to come to the dispensary, and a number of them did come for examination on the eighth day. As to the statement that some of the cases of vaccination were unsuccessful, I have only to state that I never included in my report (form H) made to the dispensary committee any such cases, which would be a gross violation of my duty ; no doubt some of the cases of re-vaccination were not successful. That was to be expected, and I am entitled to payment for these whether successful or not.

I am, gentlemen, your obedient servant,
THOMAS DUNCAN, Medical Officer.

Mr. Moore thought that the whole matter should be postponed until next board day.

Dr. Duncan, who was present, said he wished to offer some observations. The public, from reading the speeches delivered last board day, were likely to come to the conclusion that he (Dr. Duncan) was charging for non-successful vaccination cases, and also charging the guardians with vaccination cases where the patients were private. That was entirely incorrect. He charged the guardians with no private patients. One or two persons whose names appear on the register came to him afterwards and paid, and those cases will be deducted. In respect of the re-vaccination cases the confusion arose from using the word "non-successful" as applied to vaccination cases. The word to be used is "non-susceptible." As might be expected, a large number of re-vaccinations would be non-susceptible through previous vaccinations, but whether the re-vaccination cases were successful or non-susceptible, he was entitled to be paid for every operation. He was not to be paid, nor would he charge non-successful vaccination cases.

Mr. Moore called attention of the guardians to a phrase in the Local Government Board's letter to Dr. Robinson, stating it was not usual for medical officers to charge for vaccination or re-vaccination cases for which he has already been remunerated.

Dr. Duncan—That would not apply to me, as the re-vaccinations performed by me were previously performed by my predecessor as vaccinations, and he was paid for the operation.

Mr. Henry Owens said it was very strange that this great number of vaccinations only occurred in Dr. Duncan's district.

A letter from the Local Government Board was read in reply to two queries of the guardians. In answer the Local Government Board intimated that (1st) it is necessary that a case of re-vaccination should be successful to entitle the medical officer to payment of the prescribed fee, and (2nd) that if the operation be successful, and that the person on whom the operation is performed is resident in the dispensary district, it is not necessary, in order to entitle the medical officer to payment of the fee, that the operation should be performed at the dispensary or at a vaccination station.

Mr. Moore said the present letter from the Local Government Board settled the matter.

Mr. Clements moved that an amended return be made by the doctor of his successful re-vaccinations.

The motion passed unanimously.

NAAS PETTY SESSIONS.

FAILING TO REGISTER A MARRIAGE.

Dr. R. S. Hayes, registrar of births, marriages, and deaths, by direction of the Registrar-General, summoned John Nolan for having neglected to register his marriage, which had taken place lately in Kill. Dr. Hayes said he was instructed to appear as a witness.

The certificate having been produced and handed to the chairman,

The Chairman said he did not think the document was valid, as it had not been signed by either of the parties.

Dr. Hayes—It cannot be received, then, for it is not legal unless signed in the regular manner.

The Clerk—The Act of Parliament states that the person who solemnised the marriage is bound to give up the certificate ; and that when the parties get the certificate they are bound to deliver it within three days. She says she only got it this morning.

The Chairman (to Dr. Hayes)—Did you not observe that this document in its present state is not legal ?

Dr. Hayes—I could not receive such a document as that at all. It is not signed by the husband or wife.

The Chairman—Have you any objection to let the bench see the letter under which you are acting, Dr. Hayes ?

Dr. Hayes—Certainly not. It is as follows :—"Registrar-General's Office. I request you to summon John Nolan under the provisions of the 26th and 27th Vic., c. 9, sec. 11, and report the result of the evidence to this office in due course."

The Chairman—Have you any obection to allow the case to be postponed till this day week, and this document (the certificate) can be perfected, and the bench can consider the case.

Dr. Hayes having consented, the case was adjourned accordingly.

NAAS UNION.

OVERCROWDED LODGING HOUSES.

The guardians charged one Halpin, a lodging-house keeper, under the Public Health Act, with having received as lodgers males and females in the lodging-house kept by him, and registered for the accommodation of four males only.

The Clerk of Petty Sessions explained that under the Act no guardian present at a meeting of the board of guardians when an order of prosecution was issued could assist as a magistrate at the trial of the case in which the said order had been granted. In consequence one magistrate vacated the chair.

The Constable stated that he had visited Halpin's lodging-house. In the room off the kitchen he found four parties in bed—two in each bed. One bed was occupied by a woman and a boy sixteen years of age, and the other bed by two men between 35 and 40 years of age.

The Clerk of the Union read the bye-law for the regulation of lodging-houses, from which it appeared that a lodging-house in which there is only one sleeping apartment should be registered either for males only, or females only, or for married couples, according as the keeper of the lodging-house should select, and that the keeper should not take in any more than the number for which the house was registered. Every person offending against the bye-laws should be liable in a penalty not exceeding £5, and a further penalty not exceeding 40s. for every day during which the offence continues.

Fined 5s. and costs, or in default to be imprisoned for forty eight hours.

DUNGARVAN GUARDIANS.

SENDING DISPENSARY CASES TO THE WORKHOUSE.

Some time ago Dr. Holland, the workhouse medical officer, reported that cases were sent into the hospital by the dispensary medical officers, which could be treated with equal advantage at the dispensaries. The Clerk was directed to write to the medical officers of the several dispensary districts, pointing out to them the chronic pressure upon the hospital accommodation, and requesting them to treat as dispensary patients as many as possible of those who present themselves for treatment, and thereby contribute, as far as in them lay, in seconding the efforts of the guardians to avoid unnecessary hospital buildings.

The following was read from the dispensary medical officers on the subject :—

Dungarvan, September 22, 1880.

The undersigned dispensary medical officers of the union beg to acknowledge receipt of an order of the board of guardians, to the effect that they will treat as many patients as they possibly can in their several dispensaries, so as to avoid undue pressure upon the union hospital, and thereby second the efforts of the guardians in avoiding the necessity of providing additional hospital accommodation. While paying respectful attention to the order, and desirous to meet the economical views of the guardians as much as possible, the dispensary medical officers beg to observe that it would be unwise to fetter or place restrictions upon them in the conscientious discharge of their duties, as the cases they think necessary or proper to have removed to hospital, more particularly cases of a contagious or infectious character, or cases which, under peculiar circumstances, could not be properly treated at their own houses; and they beg further to say they express their regret that the medical officer of the workhouse did not communicate with them before he made his report to the board, as mutual satisfactory explanation could be entered into which would have spared unpleasant feelings. (Signed)

Henry Anthony, M.O., Dungarvan Dispensary.
Richard Graves, M.O., Ringville Dispensary.
Michael Flynn, M.O., Siskinane Dispensary.
John F. Hartland, M.D., M.O., Whitechurch.

To John F. Boyle, Esq., Clerk.

The following was also read from Dr. Hartland :—

Curraheen, Villierstown, 19th September, 1880.

Sir,—I have to acknowledge the receipt of your letter of the 15th inst., the purport of which is the board of guardians, at the suggestion of the medical officer of the workhouse, request each dispensary medical officer to discontinue, if possible, the practice of sending in many cases to the infirmary, which the medical officer of the workhouse is of opinion could be treated with equal advantage at house; and in reply I beg to give my entire concurrence with this statement of the medical officer, and if sanctioned by the board of guardians will henceforth recommend none for removal to hospital, except those suffering from infectious disease, or those whose sanitary surroundings would be prejudicial to their restoration to health, provided the board give me power to order the relieving officer to supply my patients, even though fit to be removed, with a diet similar to what they would receive in hospital. If the board grant us the power referred to, I am confident the workhouse medical officer will in future find ample room for his patients in the accommodation which the hospital building at present affords.—I am, Sir, your obedient servant,

J. F. Hartland, M.D.

Dr. Holland—With reference to the portion of the letter where the dispensary medical officers say "that they express their regret that the medical officer of the workhouse did not communicate with them before he made his report to the board, as mutual satisfactory explanation could be entered into which have spared unpleasant feelings," I made no report on the matter. A member of the board asked me a question, and I answered him. Another insinuation contained in that letter is that I recommended infectious or contagious cases to be treated outside. The guardians know well that I meant no such thing. I think it is most uncalled for that these gentlemen should threaten me with unpleasant feelings for merely doing my duty.

Mr. Anthony—That is simply a resolution passed on a conversation.

Chairman—It would be well to send a letter to each of the dispensary medical officers, stating that it was not the desire of the board to do this at all, but in cases which could be equally well treated outside.

Dr. Holland—It was a mistake of these gentlemen to take the matter up so warmly as they did, and to hold a special meeting in Dungarvan on yesterday, against me, because I came here a stranger.

The following order was placed on the minutes :—"Resolved—That the several medical officers of the dispensaries be informed that the board's resolution of the 9th of September arose simply upon a question having been put to the medical officer of the workhouse by a member, and not upon any complaint made to the board; that in passing such resolutions, the board had no desire to fetter the medical officers of the several dispensaries in the discharge of their duties, nor to induce them to keep out of hospital persons suffering from infectious disease, nor any other cases that they, the medical officers, consider could be more fitly treated in hospital, the object of the board being simply that people who could as fitly be treated outside should be treated outside, and not be sent into hospital; and the board consider the relieving officers have already sufficient powers to provide the sick with necessary nutriment."

MOUNTMELLICK UNION.

SUPERANNUATION.

Mr. Cobbe moved the following resolution :—

"That this Board respectfully ask the Local Government Board whether it is legal for boards of guardians, when granting superannuation allowances to dispensary or union medical officers, to make any allowance for any additional salary which such officer may have under the 11th sec. of the Public Health Act, 1878 from fees paid under coercive orders for examining lunatics."

Carried unanimously.

ENNISKILLEN UNION.

DR. FLOOD'S SUPERANNUATION.

The Clerk said that the next question was Dr. Flood's superannuation, and as Dr. Flood's salary was £130, the burial registry fees £16 17s. 4d., and vaccination fees £13 15s. 8d., that would leave the two-thirds to be £107 2s.

Mr. Magauran said that it was only 16 months since Dr. Flood came to Glan Dispensary, and it was hard to applot his superannuation on such a poor district; besides, Dr. Flood got an increase of £20 for Glan.

Mr. Faussett—He has been going to Glan on red tickets for 33 years.

Mr. Howe—That £20 was to pay car hire.

The Clerk—This superannuation comes off the entire Union.

Mr. Kenny—If so I will not object to the full superannuation.

Mr. Magauran still objected.

Mr. Wilson—Make it £100 when it comes off the Union.

Mr. Kenny—I must acknowledge my ignorance of the proceedings about the increase, but I don't think we should depart from our custom of giving the full retiring allowance to a good officer, and I will support the £107 2s.

Mr. Faussett—It is only £7 is the dispute.

Mr. J. Nixon—The committee of management were unanimous in giving Dr. Flood as much as possible.

Mr. Wilson proposed that £100 be given.

Mr. Porter—I hope for the good character of Enniskillen Union that Mr. Wilson will withdraw, as it would appear that the Guardians were willing to grant when he levied off a poor district what they would not when levied off a rich union.

Mr. Wilson then withdrew the motion.

The full sum was then unanimously passed.

MONASTERBOICE DISPENSARY.

Read, the following note :—

Duncany, Sept. 14th, 1880.

My dear Sir,—I request that you will be good enough to put my resignation as Medical Officer of the Monasterboice District in the hands of the committee. I find I would not be able to perform the duties of a rural district for some months.

I remain, dear Sir,
Yours very truly,
Chas. Segrave.

Mr. Egar—When does his salary cease?

Mr. Leech—It should cease when he left.

Mr. J. Moore—At least he should pay his assistant in the duties.

The following was also read :—

Drogheda, Sept. 16th, 1880.

Dear Sir,—I beg to decline to act as Madical Officer of the Monasterboice District to-morrow, and will thank you to send me name of medical officer taking up this duty so that I can send him the names of patients requiring continuous attendance.

I remain, dear Sir,
Yours very sincerely,
Edward J. Murtagh, M.D.

Mr. J. Moore—Dr. Segrave should have sent in his resignation at once in the first instance.

Mr. Dowdall—You passed a resolution in case he was ill £2 a week was to be paid to his substitute; if he was not ill, it will be for you to consider what you will do.

Mr. Dowdall—In any case the district cannot be left without a doctor; Dr. Supple was paid £3 3s. under similar circumstances.

Dr. Adrian—He met with an accident; he broke one of the small bones close to the ankle, and then Dr. Murtagh was appointed to his place; Dr. Segrave came in and I saw him before I left; he said it would take three or four months before he could do duty there; and, said he, "I'll resign," and he resigned and went back to England.

It was agreed on to leave the matter in the hands of the committee.

Mr. Dowdall—He'll not take £2.

The matter dropped.

DISPENSARY TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Would you kindly say in the next issue of the *Medical Press* whom I am to look to for my fee in a case where I received a "red ticket," visited the patient, and afterwards had the ticket cancelled by the dispensary committee, and oblige,

Yours, &c.,
Dispensary Doctor.

[Either to the grantor of the ticket, if it appears that it was issued to an improper recipient without sufficient inquiry, or to the recipient, if it appears that a misrepresentation as to his means was made for the purpose of obtaining it.—Ed. M. P. & C.]

SUPERANNUATED MEDICAL OFFICERS AS J.P.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I do not agree with your belief expressed in the reply given to "Nemo" on the above subject. I am aware of a case where a superannuated medical officer was nominated as an *elected* guardian. Allhough he did not come forward as a candidate, the question was put to the Local Government Board, "If elected, can he act as a guardian," and the answer was in the affirmative.

If, then, a superannuated medical officer can legally serve as an elected guardian, surely he can, if placed on the Commission of the Peace, legally serve as an ex-officer.

A superannuated medical officer does not "hold the office of medical officer" to a dispensary.

I am, sir, yours, &c.,
Aliquis.

[We shall be much obliged if our correspondent can refer us to this precedent, which, if established, is valuable.—Ed M. P. & C.]

RICHHILL DISPENSARY.

The paragraph which recently appeared in this Journal with reference to the election of a medical officer of the district was erroneous. The election was for the Mountmorris district.

TO READERS.

The Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. Jacob, at the Dublin office of this paper.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

DEPUTATION TO THE CHIEF SECRETARY.

On November 1st an influential deputation from the Irish Medical Association waited on the Chief Secretary, at the Castle, with reference to the existing limitation of salaries of medical officers of health, and also as to the including of public health salaries and lunacy fees in the computation of superannuation allowances. Mr. H. Robinson, C.B., Local Government Board inspector, was present at the interview. The deputation consisted of Dr. Chapman, President of the Association; Dr. J. W. Moore, Chairman of the Council of the Association; Dr. Hayes, Naas; Dr. Ridley, Tullamore; Dr. A. O. Speedy, hon. sec.; Dr. Pollock, Blackrock; Dr. Peele, Dr. Drapes, Enniscorthy; Dr. Browne, Rathmines; Dr. Thompson, Dr. J. R. Harvey, Dr. Jacob, Dr. G. F. Duffey, &c.

Mr. C. Meldon, M.P., introduced the deputation at one o'clock, and the interview lasted until three o'clock.

Mr. Moore mentioned that the deputation would have been more representative, only in consequence of its being Monday, practitioners found it impossible to leave their districts in different parts of the country.

Dr. Chapman, as President of the Association, explained at length the object of the interview. He said, on both points which they had come to urge—the scale of remuneration of medical officers under the Public Health Act, and the basis of superannuation allowances—a voluminous correspondence had passed between the Association and the Local Government Board. By the 10th section of the Public Health Act, 1874, it was rendered obligatory that each dispensary medical officer should be the medical sanitary officer for the district at such salary as was fixed by the local sanitary authority, subject to the approval of the Local Government Board, and regulated according to a scale to be approved of by the Treasury. In the third annual report of the Local Government Board it appeared that that Board proposed a scale of one-fourth of the salary of the dispensary medical officer as the maximum of remuneration which he should receive for his salary as medical sanitary officer. It was soon found that that scale would not afford sufficient remuneration for thoroughly discharging the duties, and as the salary was not increased, the work fell off. The return moved for by Dr. O'Leary, M.P., showed the number of reports sent in by the medical officers in 1875-6-7 to have been respectively—34,593, 17,232, and 13,639 from 802 medical officers in Ireland.

Chief Secretary—What were the reports on exactly?

Dr. Chapman said the reports were on some particular sanitary defect or the existence of a nuisance.

The Chief Secretary said it was natural to expect there would be much more the first year than in after years. On starting quite fresh they would be reporting on a state of things that probably would be very bad.

Dr. Chapman said the state of things had not improved. But the medical officers had been discouraged in the discharge of their duties, first by being improperly remunerated, and secondly by the odium the discharge of their duties involved. In 1877 a new Bill was brought in to amend the Public Health Act of 1876. A deputation from the Council of the Association went to London and waited on Sir M. H. Beach, then Chief Secretary, and expressed the great dissatisfaction that was felt by the sanitary medical officers at the fixing of a maximum scale; and 624 of the medical officers sent in a petition to the House of Commons, either to be placed in a different position or to be relieved of their duties. Sir M. H. Beach stated that the scale was tentative, and that he thought it very probable that the maximum ought to be raised, which he would be very willing to see done. Subsequently Sir M. H. Beach accepted the proposition made by Mr. Meldon to abolish the scale, if the Bill were allowed to pass; but the Bill was withdrawn for political reasons. In 1878 the Bill was again brought forward. Ultimately influence was brought to bear on the Treasury, and the scale being omitted and a definite understanding arrived at that the amount of salary in each case should be decided on its merits, all opposition was withdrawn on the part of the profession, and the Bill passed in the House of Commons as the Public Health Act, 1878.

Chief Secretary—Then you say the Act was passed making it as you wished.

Dr. Chapman said—Exactly. The present Public Health Act abolished the scale, repealed the Act of 1876, and appointed dispensary medical officers under a new title—medical officers of health. However, in October 1878, a correspondence with regard to the duties and remuneration of medical officers of health was commenced between the Irish Medical Association and the Local Government Board. The medical officers were anxious that the duties should be assigned in such a way that they should not be called upon to discharge unnecessary duties, or at variance with their position. Having read some correspondence which passed between the Association and the Local Government Board, Dr. Chapman observed that on receipt of a communication from the Board, dated 2nd April, 1879, the Association submitted a case to the opinion of an eminent Queen's Counsel, Mr. Purcell, Q.C., and had that gentleman's opinion, it being contrary to the views entertained by the Local Government Board.

The Chief Secretary observed that the gist of Mr.

Purcell's opinion lay in the last sentence—he was of opinion that "in determining the amount of additional salary to be paid to the respective medical officers of health, neither the sanitary authority nor the Local Government Board should have regard to any fixed or particular scales of remuneration, but only according to the extent and nature of the work to be performed by the medical officers of health in each particular case."

Dr. Chapman said that opinion was forwarded to the Local Government Board, who at the end of 1879 issued new orders, and afterwards a circular, asking what salaries the local authorities proposed to give to the new officers of health. Some difficulty on the part of the local authorities throughout the country to understand the meaning of the circular, caused the Local Government Board to issue a further one, explaining the term "additional salary" in their previous circular was not meant to imply a salary in excess of that given under the Act of 1874. The effect of that was that most of the local sanitary authorities endeavoured to reduce the salaries or let them stand as they had been, but certainly not to increase them. Some very strong letters were then addressed to the Local Government Board, protesting against the enforcement of the new scale, and calling the attention of the Board to the fact that the scale was omitted from the Act of 1878. In reply, the Board stated they did not enforce or recognise any scale whatever, but that the salaries could not exceed the scale enforced by the Commissioners of the Treasury.

Chief Secretary—The initiative of the salary depends on the local sanitary authority?

Dr. Chapman—On the local sanitary authority.

Chief Secretary—What power have the Local Government Board to make them pay a larger sum?

Dr. Chapman—They can send a sealed order to compel the local sanitary authority to increase the amount of remuneration offered. That was done in some few instances in which the local sanitary authority did not offer sufficient salary. In some instances they had offered so little as £2 and £3 a year where the district comprised several thousand inhabitants. In consequence of this one scale fixed by the Act of 1873 being still adhered to, the Local Government Board had been obliged to refuse their sanction, even where an adequate salary was fixed by the local sanitary authority. That occurred in four instances.

Dr. Pollock, of Blackrock, mentioned that it had occurred in his case, where he had been voted £50 a year by the local sanitary authority.

Dr. Chapman said it was most desirable that a liberal scale of salary should be given to medical officers of health.

The Chief Secretary said he learned from Mr. Robinson that the Local Government Board had taken legal advice on the matter. Looking at the clause as it stood, without reference to the past Act, it seemed to him it was a matter within the power of the Treasury.

Dr. Chapman said there was no similar clause in the English Act, and that fact was brought under the notice of Sir M. Hicks Beach when Chief Secretary for Ireland. He had promised that the case should be decided on its merits.

The Chief Secretary said the analogy did not apply to England, as the English sanitary officer was not appointed *ex-officio*, but it was a separate office in England.

Mr. Meldon said that was the important obstruction. In England they appointed their own sanitary officers, whereas in Ireland the law cast the duty on the dispensary medical officer. Sir Michael Hicks-Beach proposed to increase the scale to one-third, and pressed it strongly; but he (Mr. Meldon) could not accept that on behalf of the Irish Medical profession.

The Chief Secretary said it seemed to him it would be rather an advantage to the profession to have had a scale fixed than otherwise, inasmuch as he understood the local sanitary authorities often tried to give much less than one-fourth, whereas a fixed scale would screw them up to a certain point.

Mr. Meldon said the medical men preferred to have their salaries as sanitary officers left in the same way as their salaries as medical officers.

The Chief Secretary said if a minimum scale could be fixed by the Act most certainly a maximum scale could be fixed.

Mr. Meldon said in deference to the wish of the medical profession Sir Michael Hicks-Beach said he would abolish the scale altogether; but he having gone out of office, Mr. Lowther and Mr. Gibson were not satisfied, nor were the Treasury willing to abolish the scale altogether. Ultimately, however, the Treasury consented to abolish the scale, and the scale was abolished.

The Chief Secretary said if he were a member of the profession he would say there should be a minimum scale and a maximum scale. He did not see that they had power to prevent the Treasury fixing the scale, as the Treasury had clearly absolute discretion in the matter.

Dr. Chapman said the Treasury entered into a distinct compact to withdraw the scale.

Dr. J. W. Moore, Chairman of the Council of the Association, said the point they wished to bring out was that no proportion should be drawn between the salaries of medical officers of health and the salaries of dispensary medical officers. He would give two cases. In one of the South City Districts the dispensary medical officer was paid £125 a year for those duties, and £25 as medical officer of health, and he sent in 342 reports in one year. That was very small pay. In a suburban district a medical man was also paid £125 as dispensary medical officer, and £30 as medical officer of health, and he sent in three reports during the year. In Dublin the number of reports had fallen off considerably, and it was owing to the unsatisfactory footing on which the sanitary medical officers were placed.

The Chief Secretary said that as regards the law of the matter the Local Government Board believed the Treasury is justified in fixing the maximum, and that was a matter upon which he thought they ought to see the Treasury. As regards the other important question that they ought to be better paid than they are, he must say they had a strong case. Were he in their place, however, he should say very little about this maximum scale, but he should collect and prove cases of undoubted insufficient pay, and then say there ought to be some sort of arrangement by which better pay should be secured.

Dr. Chapman said the question regarding this subject, which they asked the Chief Secretary to consider, was whether the Treasury had any right or power to enforce the repealed scale. If it be intended that due effect should be given to the provisions of the Public Health Act, it would appear desirable that a liberal minimum scale of salary should be fixed, that proper and independent supervision should be provided, and that efficient officers should be equitably remunerated.

SUPERANNUATION OF MEDICAL OFFICERS.

Dr. Jacob, in introducing the second subject upon which the Association had waited upon the Chief Secretary—*i.e.*, the computation of superannuation allowances for poor-law medical officers—referred to three Acts of Parliament, by which the grant of pensions was ruled. By the first Act, passed in 1865—which was extended so as to include medical officers of 1869—union officers were entitled, at the discretion of the guardians, and subject to the sanction of the Local Government Board, to receive pensions not exceeding two-thirds of the salary enjoyed by them at the date of their ceasing to hold office. By the third Act, in 1872, the word "salary" was declared to include emoluments of all sorts. Under the Acts many pensions had been granted

by boards of guardians from 1869 to 1880, and these grants had been in all cases formally sanctioned by the Local Government Board. Very unexpectedly, therefore, there having been no change in the law, the Council of the Association learned in last May that that Board had refused sanction to a portion of the pension granted to two poor-law medical officers, stating as their reason for so doing that they had been advised that salaries payable under the Public Health Act and fees for examination of lunatics should not be included in the computation of pensions, inasmuch as they were emoluments which accrued under Acts passed after the latest Superannuation Act. Under this ruling of the Local Government Board, the Association had taken the advice of Mr. Purcell, Q.C., who had given it as his distinct opinion that "in assessing the superannuation the guardians have full power to take into consideration all the income to which such officer was entitled by virtue of his office." Mr. Purcell also expressed his opinion that the special emoluments which were excluded from computation by the decision of the Local Government Board should form part of the basis of assessment of pension. Acting upon this opinion, and contending that the words "his then salary," in the Superannuation Act, meant the salary and emoluments from every source enjoyed at date of ceasing to hold office, the Council of the Association had, in a long correspondence endeavoured to induce the Local Government Board to take the opinion of the law officers of the Crown on the subject, but they had declined to do so, and the Association, therefore, now appealed to the Chief Secretary against a decision which they believe to be illegal, and which, if persevered in, will deprive all superannuated medical officers of a part of their rightful pension. Dr. Jacob then proceeded to urge upon the Chief Secretary the necessity for a bill to be introduced by Government to give medical officers who have ceased to be capable of discharging their duties a right to a pension. He pointed out that a medical officer was not qualified for a pension until he is broken down in health, or is over 60 years of age, and has served over 20 years. If he be so qualified he must resign his office a month before the grant of his pension can be discussed, thus abandoning his means of livelihood for ever, and this in the hope that the Board of Guardians may deal justly with him. The Guardians, however, know that the pension must fall upon themselves and neighbours; they know that the doctor having resigned, is defenceless; and in very many instances they have shown themselves forgetful of his long and faithful service, and have refused any pension whatever, leaving the medical officer to semi-starvation, even in some cases to enter the workhouse as a pauper. Dr. Jacob quoted cases in which officers who have served over 40 years—admittedly well and truly—had been thus refused any superannuation, and instanced the case of a gentleman who was an officer under the Poor Law Board ever since that system was established, and had thus served under it for nearly 40 years. For 35 he did the red-ticket work of 35,000 acres, with a population of 18,000. He worked on with a gradually increaslng disease of the heart until within a few months of his death. During the past two years he was known to go out day after day visiting over this immense tract of country with his limbs swollen by dropsy; and on one occasion he tried to attend a poor woman in dangerous labour, but the house was situated across a bog on the face of a hill so difficult of approach that by reason of breathlessness he was unable to reach it, and had to turn back almost in a dying state with the exertion, and then send for and pay a substitute. There are many officers just like him, working on though enfeebled by age and disease; and the question arises, "Is there any other section of the public service where men are obliged to work on like this, doubtful of any retiring allowance?" It will be asked, why did he not resign long before? Simply because he disliked going before e guardians until it was evident he was utterly unfit for any more work. Well, the time comes when he cannot even ascend the dispensary stairs, his breathing becomes so laborious, and he is seized with increased dropsy, and is at last confined to that room from which he is destined never to go until carried to his long home. In pointing out the disastrous effects of this system on the sick poor, Dr. Jacob showed that its immediate result was to keep broken down and aged medical officers in office long after the time when they had been capable of effective dispensary duty. He had, he said, ascertained that of the 84 medical officers now receiving pensions, 31 were over 70 when they resigned, and the average age of the whole was 65½ years. Some of them were over 80 when they thought themselves safe in asking a pension, and he had in his hand the names of 5 officers who, though close upon 80 years of age, were continuing to attempt the dispensary duty of districts averaging 28,000 acres and 4,500 of population. He need hardly say that the idea of an old man of eighty being called perhaps at two o'clock of a stormy morning to go perhaps eight miles across country and over bog and mountain to save the life of a woman by a difficult surgical operation, was an absurdity, and yet he was aware there were many cases as extreme as this. And why? Because these men dare not trust themselves to the mercies of their boards of guardians, and because no law existed to give them a pension by other means. Dr. Jacob concluded by entreating the Chief Secretary to use the authority of Government for the passing of an Act to give broken-down officers, under proper supervision, the right to a pension, and, as regards the first question on which he had touched, to obtain an authoritative opinion by the law officers of the Crown upon the decision of the Local Government Board.

Mr. Meldon asked the Chief Secretary to introduce a Bill to give effect to the manifest intention of the Act, viz., that superannuation be given on the entire salaries.

The Chief Secretary said he thought the deputation had made out a *prima facie* case. He inquired how long the Medical Charities System Act had been in operation.

Mr. Meldon replied it had been in operation since 1851, and cases of great individual hardship had occurred in reference to practitioners who, on retiring, did not come within its operation. He mentioned the case of one gentleman who had been discharging his duties for a period of forty-three years, and was refused superannuation.

Dr. Jacob, in reply to the Chief Secretary, said the average period of retirement was seventy-five.

Chief Secretary—Supposing the superannuation were made compulsory, have you no fear it would diminish the amount of salary at present given?

Dr. Jacob said they had not looked at the question in that way, but they had every confidence the Local Government Board would not allow any excessive reduction of salary.

Mr. Meldon said the Act referred to made the superannuation compulsory, leaving it to the guardians to fix the scale.

Dr. Jacob said the law at present required amendment. It was at present open to poor law guardians to superannuate friends and to refuse superannuation to a medical officer who might not be popular.

The Chief Secretary said he was aware of the important position dispensary doctors held throughout Ireland, and the faithful and devoted manner in which they discharged their duties. As regarded the question of public health, it was hard to expect sanitary improvements to be carried out unless the sanitary medical officers were satisfied with their position, and felt they were fairly treated in the matter of remuneration. He felt a strong case had been made out. Individually his power was very limited, as it was a matter more for the Treasury, but he would promise the views of the deputation should be considered.

The deputation then withdrew.

MEDICAL ATTENDANCE ON FAMILIES OF SUPERIOR OFFICERS OF POLICE.

WE were recently interrogated by a correspondent as to his liability to attend to wife and children of a sub-inspector of constabulary, and although we were strongly of opinion that the regulations do not require from the medical officer any such attendance, we thought it well to ask the question of the constabulary authorities at Dublin Castle.

In accordance with the usual hoighty-toighty method of those officials a direct reply to our query was refused, but, as we had a recollection of an official ruling on the subject some years ago, we determined to search it out. In the *Medical Press* for Oct. 15, 1873, we find the following editorial remarks :—

The concession of an increased remuneration for medical attendance on the Royal Irish Constabulary, made in accordance with the recommendation of the Civil Service Commission, and promulgated by the Inspector-General's circular of the 30th of July, is, we are sorry to observe, being availed of to impose upon medical attendants a duty which is not in direct relation to their office—which was not recommended by the Commission, and which was, apparently, not contemplated in the original circular. According to the terms of that document the medical man was granted the increase of pay on the following conditions amongst others :—

1. That he attends all members of the Constabulary Force whether permanently stationed in the district or elsewhere.

2. That he attends the wives and families of *men* stationed in his district.

It is as plainly as possible inferred in these words that while the medical attendant was bound to visit the Inspector or Sub-Inspector as members of the Constabulary Force, he was not expected to attend the wives and children of any except "the men." This was the plain sense of the conditions on which the increase of pay was accepted, and it is as entirely unjustifiable for the authorities to add anything to such conditions as it would be for the medical attendant to go back from his assent to them. It seems, however, that the Inspector-General has thought fit to insist that the wives and families of the Sub-Inspectors shall be patients of the medical attendant in consideration of the 2s. paid for the Sub-Inspector himself. And accordingly a second circular was drawn up, which was kept as private as possible, and which medical attendants were pressed to sign as a sort of codicil to the former conditions.

The Inspector-General's office is evidently and naturally ashamed of this very unjustifiable breach of their contract, for they have not only endeavoured to conceal from public debate the means used by them to impose the increased duty, but they have treated with discourtesy and with the usual dog-in-office snarl, the polite inquiry for information on the subject which the public was entitled to get.

In the issue of our journal for Oct. 29, we find the following excerpt from the proceedings of the Irish Medical Association :—

The secretary read the following important letter from the Inspector-General of the Royal Irish Constabulary, received in reply to the question asked him, "whether by the recent circular it is intended that the wives and families of the married officers and head constables are to be attended by the medical officers of the constabulary gratuitously" :—

Dublin Castle, September 8, 1873.

SIR,—In reply to your letter of the 4th inst., I have to inform you that the conditions imposed on medical attendants in the circular referred to, include attendance on the sub-inspectors, but not on his family, and on the head and other constables in the district, as well as on their wives and families.

Your obedient servant,
GEORGE HILTON,
Deputy-Inspector-General.

The following resolution was then proposed by Dr. Davys, and seconded by Dr. Morrogh, and unanimously resolved :—

"That this Council is of opinion that the recent increase of pay made to the medical attendants of the Royal Irish Constabulary is satisfactory, and that it would not be judicious to make further remonstrance with the Government."

BALLINA GUARDIANS.

THE CROSSMOLINA DISPENSARY COMMITTEE AND DR. M'NUNN.

A MINUTE of last meeting of this committee was read, which stated that Dr. McNunn had refused to take over the temporary charge of the Crossmolina dispensary district at two guineas a week, and that Dr. O'Connor had been appointed at three guineas.

The Chairman thought there was something strange about the action of the committee in this matter, and asked if Dr. McNunn had been offered three guineas.

Mr. Bourke—We may assume the committee did their duty.

Mr. McGuinness—One gentleman should have been offered the higher remuneration before the other was appointed.

Mr. Pratt said that a meeting of the committee on yesterday, it was proposed that three guineas be offered Dr. McNunn, who had been in their service before ; but this was set aside, and Dr. O'Connor was appointed at three guineas.

Mr. Beatty thought the action of the committee was most offensive and ill-advised.

Mr. Pratt—And I think so to.

Chairman—We cannot now reverse the matter.

SKREEN DISPENSARY.

AT a meeting of Skreen Committee, held on the 21st, it was proposed that Dr. Daniel M'Guire be appointed to the vacant office. The motion was carried unanimously.

DUBLIN SANITARY IMPROVEMENT.

THE Corporation of Dublin has within the last week solemnised—if the expression be admissable—under the auspices of the Lord-Lieutenant of Ireland, a new *abattoir* for the city, which is to be situated close to the Metropolitan Cattle Market. The Town Council has had to contend with the inevitable—but somewhat unthinking—opposition of the people of the neighbourhood, but have prevailed, as a sanitary authority always prevails, when public propriety is on their side. The establishment of this *abattoir* is a very important step in the sanitary history of Dublin, and, in view of the terrible bill of health which we publish elsewhere, is a matter upon which we may congratulate the citizens. Obviously the Corporation is awakening to its sanitary duties, and, in the difficulties which it meets with in its efforts, has a right to expect the approval and support of the denizens of Dublin.

IRISH POOR-LAW INTELLIGENCE.

THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES.

A DEPUTATION from the Dublin branch of the British Medical Association waited on the Lord Mayor, at the Mansion House, last week, for the purpose of requesting his lordship to use his influence in procuring a local Act for the compulsory notification of infectious diseases in Dublin. The deputation consisted of—Dr. Robert M'Donnell, President of the Dublin branch of the Association; Dr. George F. Duffey, Hon. Sec.; Dr. George Johnston, President of the Royal College of Physicians; Dr. M'Clintock, President of the Royal College of Surgeons; Dr. Banks, Regius Professor of Physic in the University of Dublin; Dr. Grimshaw, Registrar-General; Rev. Dr. Haughton, F.R.S.; Dr. Cameron, Medical Officer of Health to the Corporation; Dr. Mapother, Consulting Medical Officer of Health; Dr. Atthill, Master of the Rotunda Hospital; Dr. Hayden, Catholic University; Dr. Bennett, Professor of Surgery, T.C.D; Dr. J. W. Moore, Mr. Stokes, Professor of Surgery, Royal College of Surgeons; Dr. J. W. Smith, Vice-President of the College of Physicians; Dr. T. M. Finny, Registrar of the College of Physicians; Dr. Robinson, Dr. Quinlan, and Dr. Chapman, President of the Irish Medical Association.

Dr. M'Donnell, in introducing the deputation, said the subject was one of the greatest importance, and one in which he, personally, had the warmest feeling, for it was a matter in which, by a few steps being taken, they would inaugurate a movement which would be productive of enormous good to the city. Every mother of a family was aware of the great risk and danger that was run by the carelessness of incautious people in allowing infectious disease to spread. Children from infected houses were not unfrequently sent to school; mothers of other families were found visiting houses where infectious disease had occurred. No attempt was made to isolate the disease; and laundresses and washerwomen were allowed to carry on their work in houses where infectious diseases of the most terrible kind were raging. Anyone connected with the hospitals knew how frequently it was through the laundress that the disease was spread—even in their own institutions it sometimes happened, in spite of all their efforts to guard against it. It was simply in order that the carelessness and ignorance of selfish people, who did not adopt certain precautions with regard to the spread of infectious disease, who omitted to do what careful people were anxious to do, should be prevented, that the deputation waited on his lordship to bring under his notice a scheme for the compulsory notification of infectious diseases. This subject, although in its infancy, had already received a good deal of attention in England and Scotland, where it had been tried in several large cities—Huddersfield, Greenock, Burton-on-Trent, Edinburgh, Leicester, Yarrow, Derby, and Gloucester—with a greater or less amount of success. The matter was brought under the notice of the Dublin Branch of the British Medical Association twelve months ago, and a resolution was passed to the effect that the compulsory and early notification of infectious diseases in a city like Dublin was of the utmost importance to the public health, and that the council be therefore directed with as little delay as possible to take such steps as might seem to them best to promote the attainment of that object. Subsequently, the Irish Medical Association, the Royal College of Surgeons, and the Royal College of Physicians adopted resolutions to a like effect; and, most important of all, the Public Health Committee of the Corporation, and the reports of its medical officers were completely in accord on this subject, and concurred in all that had gone before. The deputation had come there to request the Lord Mayor, as chief magistrate of the city, to use his influence as chairman of the Public Health Committee in the matter, and to bring it under the notice of the Corporation, so that they might obtain for Dublin the advantages which had been conferred on the places he had mentioned. To show the public the importance of this he might mention that in the month of October last 230 persons died in Dublin from zymotic diseases, including small-pox, whooping-cough, measles, scarlatina, and a very large number of these might have been prevented, and not only prevented, but if they had been reported in time they might have been prevented becoming foci or centres from which these diseases spread to other people. The powers of the sanitary officers were at present limited, but in the artisans' dwellings, and other places of the kind, the arrangement for notification of disease could be carried out with the very best possible results. If parents refused to send their children who had infectious diseases to hospital, they should at least be placed in a position of isolation, and there was not a single reasonable human being who would not consider it a legitimate case of—if he might use what was now a well-known term in Ireland—"Boycotting."

The President of the Royal College of Physicians read a resolution passed by the College in favour of the introduction of the system of compulsory notification of infectious diseases, and expressed his desire to assist in obtaining Parliamentary powers to procure that advantage for Dublin, provided the duty of notification was imposed only on the head of the family, or the owner of the house in which the disease had occurred.

The President of the Royal College of Surgeons said he was in hearty accordance with all Dr. M'Donnell had stated. The only matter on which there might be any difference of opinion was a matter of detail—whether the onus of notifying the authorities of the disease should rest on the physician or on the proprietor of the house in which the disease had occurred. Probably the medical bodies would much prefer that the onus should not rest on the medical attendant, but on the proprietor of the house, the medical man notifying to him that a case of infectious disease was on his premises.

Dr. Chapman, President of the Irish Medical Association, said the Council of the Association entirely approved of this project.

Rev. Dr. Haughton said while they were substantially agreed on the main question as to the desirability of this provision, he felt that any proposal to put police duty on the physician or surgeon in attendance would be sure to meet with the strong disapprobation of the whole medical profession. It would be a breach of the confidence which existed in the medical profession between the attendant and his patient, to an extent only second to that which existed amongst clergyman and the members of their flock, into whose confidence he was taken. The general plan they suggested was that the onus on

the medical man should be to inform the owner of the house in a more formal manner, and let the responsibility then rest on the owner of taking the necessary steps to acquaint the authorities. There was another matter which should not be lost sight of. During the late epidemic of small-pox the Public Health Committee, he believed, through the unions, considered the question of the danger of infected clothes, and an offer was made, amongst other hospitals, to Cork-street Hospital and Sir Patrick Dun's Hospital, that if they destroyed the infected clothes a decent suit would be provided for the patient when he was leaving the hospital. The governors of Sir Patrick Dun's Hospital found that worked so badly that they gave it up, for when a small-pox patient had a reasonably good suit of clothes he did not care to have them destroyed, and he accordingly came into the hospital with the oldest rags the family could find, leaving his own clothes at home to be worn by the next member of the family whom they fitted, and thus propagating the disease. This was a matter that should be considered in any Local Act that might be introduced.

Dr. Duffey said the principle that had been adopted by the British Medical Association as regarded notification was that which had been mentioned by Dr. Haughton.

Dr. Hayden thought the certificate of the medical man should be his last and only procedure in a case of infectious disease; there should be no power to force him into court to prove his own certificate.

Dr. Quinlan was of a similar opinion.

Dr. J. W. Moore referred to the great success which had attended the operation of the compulsory notification provision in Leicester, where an epidemic had been most successfully grappled with. He thought the onus of giving notice should be thrown on the medical man. In America and on the Continent the system had been found to work well.

Dr. Cameron agreed with Dr. Moore. He was afraid that if the onus were placed on the house-owner very few such notifications would be made. He could not help thinking that many of the medical corporations had perhaps looked altogether to themselves in this matter. Some of the speakers appeared to apprehend that unpleasantness would arise to themselves, but if there was to be any unpleasantness why should not the medical profession, who had always been forward in this movement——

Dr. M'Donnell said they did not at all object to the unpleasantness—they did a great many unpleasant things—but they objected to anything that might be supposed to be a breach of confidence.

Dr. Cameron said it was quite evident that that view did not hold good in the towns of England and on the Continent where the Act was in force. All they could say was that a medical man committed no breach of etiquette when he obeyed the law.

Dr. Haughton thought that the observations of Dr. Cameron should not be allowed to pass without an answer, particularly as, through the Press, they would reach the public ear. Dr. Cameron very much underrated the feeling of the profession when he called it unpleasantness. It was a very much higher feeling than that. It was a feeling of personal honour—a feeling a very litttle short, if at all short, of that which influenced clergymen who had become acquainted with family secrets—a sort of sacred confidence that was never abused. No Act, on that account, could work with the hearty co-operation of the medical profession. He could not say whether the *esprit de corps* of medical honour was higher in Dublin than elsewhere, but if what Dr. Cameron had said was true it must be so, and he was proud of it. He might ask his lordship to remember that it was not very long ago when a person entering on the medical profession was obliged to take the oath of Hippocrates, and part of that was that they swore by Hygeia and Appollo that they would not disclose any secret outside the family which would be disagreeable to any member of the household. Therefore, to ask medical men to act as spies or unpaid policemen was highly objectionable, and would never meet with the approval of the profession. He believed they were to get half-a-crown or something for making the notification; but no reward would induce the Dublin medical men to go behind the backs of the owners of houses and report on the fathers the sickness of their children. Dr. Cameron thought that this could be done with the poor with impunity——

Dr. Cameron—I said no such thing.

Dr. Haughton—You said in the tenement houses.

Dr. Cameron—No; I said we had the power to remove them from tenement houses.

Dr. Haughton apologised. He thought he meant the system could be carried out with impunity among the lower classes.

Dr. Cameron—No.

Dr. Haughton, in conclusion, said he felt persuaded that such a system would never be found to work well.

The Lord Mayor, in reply, said he had listened with deep interest to the views the members of the deputation had put before him, and he felt very much honoured by the attendance of a deputation which was, perhaps, one of the most thoroughly representative that could be found on any subject of the kind. He did not think he need tell them that the proposal they had made met with his hearty concurrence, both individually and as Chairman of the Public Health Committee, who, they were aware, had already passed a resolution to co-operate with them as far as possible. The feeling that then influenced him was equally strong now, and anything he could do to promote the movement would be done with all possible pleasure. It would seem strange, when they thought of it, that their laws were more careful to prevent the spread of disease among cattle and the lives of cattle than it was of human beings. If some superior being could look down on our social system, and investigate our peculiarities, he would be much puzzled by that; but the explanation is simple enough—they counted the lives of cattle more valuable than the lives of human beings. When they came to consider how this matter was to be carried out in practice, there was a difference that could be scarcely called one of detail, as to whom the notice should be given by. The members of the Public Health Committee had seen that difficulty at once, and when passing the resolution in support of the proposal they did not commit themselves to the mode of carrying out the notification that was laid before them, but confined themselves to simply approving of the principle without pledging themselves to the mode of carrying it out. He quite understood what was said by Professor Haughton that the medical profession would have a feeling of delicacy in carrying out a matter of this sort, which might be looked upon as a breach of duty—of a duty that he looked upon himself as approaching the nearest to that imposed on a priest. He also agreed in the practical observation of Dr. Hayden, that unless they had the hearty co-operation of the profession in carrying out this proposal, legislative action would be very little good. Therefore, he saw the difficulty that lay in the way of asking the medical men to serve the notices; but he observed, on looking through the list of towns in which this practice prevails, and especially the two alluded to by Dr. Moore—Edinburgh and Leicester—that the duty was cast on the medical attendant of giving the nctice, and that so far seemed to indicate that the medical attendant would be the best person to give the notice. It might be that the method which appeared to have the support of the majority of the deputation—that the onus should be cast upon the owner of the house—might possibly be the best. He for one, however, thought it would be best to cast it on the medical profession. If that duty were cast upon them by law there could be no breach of confidence or fear of being looked upon as having done the action of a spy. The law would be there, and the medical attendants could say they had to obey it by giving proper information for the public good. What they wanted was something that would work rapidly, but if they could not get the medical men to agree on this question, any Act they would get passed would tbe inoperative, and perhaps the best plan would be to adopt he suggestion of Dr. Haughton, to ask the medical adviser to notify to the owner of the house, and compel him then to inform the authorities of the outbreak of disease in the place. If they were to go the length of what Dr. Hayden said, it would be utterly useless to try and carry out the provisions of any Act, for then they would have no means of proving the ontbreak of disease in any house, or even that the proper notification had been given to the owner of the place. It was stated that day that some of the medical men at present give voluntary information to the Public Health Committee of the outbreak of infectious diseases; but he felt bound to say, when he had so many influential members of the medical profession before him, that they (the members of the Public Health Committee) found that the medical attendants on the higher classes were far more apathetic in giving notice or rendering any assistance in carrying out the sanitary laws than those who attend the lower classes, and he really thought that the heads of the profession ought to give them more assistance in this respect than they did, and might impress on those they attended in the wealthy squares and the best houses of the

city to prevent the spread of infectious diseases, as well as those who attended people in tenement houses. They were all agreed that it was necessary for the sanitary condition of Dublin, where the death-rate was so high, that something should be done. The condition of Dublin was such that they must deal in a very radical spirit if they were ever to get the city into a sanitary state. He would be prepared to bring this matter before the Corporation; but what he would suggest would be that, as there was such difficulty by the introduction of different local Acts for different places in Ireland, a general Permissive Act, similar to the clauses under the Public Health Act, should be introduced, and the different districts could then apply to have it put in force if they wished, so as to gradually spread the system throughout the country. If a Permissive Bill met with their approval, he would bring it before the Corporation, and then they might arrange a deputation to wait on the Chief Secretary and see if he would introduce a bill, or whether if it were introduced by some private members on the line laid down, it would meet with his support and co-operation. He would himself be very happy, with a few others, to prepare under their advice a bill of this kind, and introduce it next session.

Dr. M'Donnell thanked the Lord Mayor, and expressed the hearty co-operation of the deputation in the course he suggested.

The deputation then withdrew.

SUPERANNUATION.

THE grievances of the medical profession have been to a considerable extent remedied in deference to the strong expression of public opinion in favour of their removal. There are still some, however, which press heavily upon the profession, and we trust that the representations which were recently made to the Chief Secretary by the influential deputation who waited upon him will induce him to use his great influence in obtaining redress. Two points are acutely felt. The first is the scale of remuneration allowed to medical officers of health, and the second the mode of computing the claims for superannuation allowance. As regards the first, the Local Government Board have assumed a right to fix a scale, the practical effect of which is very unequal, although it seems to reduce all practitioners to a dead level, and on this account is objected to by the profession. It was plausibly argued by Mr. Forster that it is better for the interests of the profession that there should be a fixed scale, as otherwise the sanitary authorities might cut down the salaries to a still lower figure than the minimum. But the medical officers may be presumed to know their own interests best, and they object to a scale which has been enforced. The fact appears to be that the Treasury, who claim a right to override even Acts of Parliament, have disregarded the Public Health Act, which laid down no scale, but contemplated the giving of adequate remuneration to the medical officers for the special duties cast upon them by its provisions. The Treasury apply a scale to all officers, and the Local Government Board, acted upon, no doubt, by "my Lords," sent a circular through the country to the sanitary authority which was so vaguely worded as not to be thought quite intelligible. It asked the authorities what "additional salary" they proposed to give the medical officers. The question was a curious one for a local board, for the instances are rare, indeed, in which they propose to increase the salary of a doctor unless they are required by law to do so. They asked for an explanation, and, unfortunately for the medical officers, the first circular was elucidated in such a way as to convince the local sanitary authorities that "additional salary" did not mean that they should make any addition whatever to the doctor's salary, but rather reduce it if possible. This truly national interpretation has not been disputed by the Local Government Board, and the result is that the medical profession have practically had no benefit from the agitation which they were led to regard as favourable to their interests. There was just a shuffle of the cards and nothing more. They have found themselves with new duties cast upon them, and the remuneration which they expected is by no means proportionate. They want these points improved, and the public are interested in helping them to effect this object, for it is not to be reasonably expected that eminently qualified gentlemen will be found for the service if they be not adequately remunerated. Another ground of complaint is the mode of estimating their superannuation. This was done in a narrow cheeseparing spirit, the scale being struck upon only the fixed salary which the officer has received for his primary duties, while the supplemental duties which have been assigned to him since his appointment are kept out of consideration, and the fees or other payments connected with them, which form elements in making up his whole income, are not computed. As a medical officer when retiring must give them all up it is not only illiberal, but unfair, to omit them from a calculation of the amount to which he is entitled. We hope the present Government will endeavour to efface the memory of its parsimony and earn a character for generosity, or, at least, perfectly fair play, by removing all well-grounded causes of complaint in their dealings with the medical profession.

ENNISCORTHY UNION.

PROSECUTIONS UNDER THE VACCINATION ACT.

DR. CARMODY said he was summoned to give evidence in cases brought under the Compulsory Vaccination Act. This was very necessary, as it stimulated the parties to get their children vaccinated; the guardians were, however, slow to give him his expenses.

Capt. Hamilton—Were you directed by the board to attend?

Dr. Carmody—I attended the Enniscorthy Petty Sessions Court on a summons.

The Clerk—The question is simply this, the magistrates made an order that the guardians should pay the doctor £1 7s., the guardians consented to pay the fee, £1 1s., but refused to pay 6s. car hire, and Dr. Carmody refused to accept this.

Mr. O'Farrell asked if they had any power to pay even the fee, as the doctor was not ordered to attend by the board.

Capt. Hamilton read the section of the Public Health Act, and also the Vaccination Amendment Act, bearing on the point, and asked if the guardians ordered the prosecution.

The Clerk—They ordered the prosecution, but the doctor were not summoned by the board. He was summoned by Relieving Officer Keating to attend.

The Chairman—And it was directly in opposition to the board to do so.

Capt. Hamilton—Why did the relieving officer act in opposition to the board?

The Relieving Officer—The order is on the book for me to summon all parties wanting in court; of course,

Dr. Carmody being the registrar, it was necessary for him to attend.

The Chairman— Before the summonses were issued were you not distinctly told you would not get any order from the board; that if the doctor did not think it worth while to attend to let the prosecution fall.

Capt. Hamilton—I am afraid the doctor would recover the amount against you; so far as my opinion goes I think the doctor is entitled to his fee and expenses, because you are responsible for the act of your officer. He did this without your authority, you may make him pay; if you like leave the matter to the auditor to settle.

The Chairman—The only objection is that any person should outstep his duty in the face of a distinct arrangement of the board not to order any of the medical officers to be summoned.

Mr. Sinnott moved that the amount be paid. He said he had a clear understanding that what the Chairman had stated was perfectly correct.

Mr. Jordan was of the same opinion.

The Clerk said the prosecution cost the board £7, and there was 5s. fine only got against one of the parties; the three cases in which Dr. Carmody produced certificates of vaccination.

BALLINASLOE UNION.

ILLEGAL OUT-DOOR RELIEF.

Mr. O'Shaughnessy mentioned the case of a man named Shea, who had been in receipt of out-door relief. It appeared that his wife had been ill with fever, and he had been sent a nurse at 12s. 6d. a week, and besides, the doctor had prescribed wine for the woman, which was provided by the relieving officer. The man was well able to pay. He had a large farm and eight or nine heifers.

His Lordship—That is not a case for out-door relief.

Mr. O'Shaughnessy said they could only give this relief by way of loan. The relief was given in order to prevent the woman dying from neglect, as the husband might not look after her, and to prevent the fever spreading.

His Lordship—the fellow could be prosecuted for neglecting his wife. They do that in the London unions.

Mr. O'Shaughnessy said that the doctor knowing the man's circumstances applied for his professional fee for his visits, but the dispensary committee decided that he was not rich enough to pay the fee. He thought they should direct the clerk to send Shea the bill of the expense the union had been put to in attending his wife.

Kenehan (relieving officer), in reply to Mr. O'Shaughnessy, said he took an inventory of what was in Shea's premises. He saw six milk cows, four heifers and forty sheep.

His Lorship—He has plenty of land. If he does not pay the bill let him be processed.

Kenehan—Two bottles of wine were ordered, but I only gave her one. The man said he would send the nurse tender away, for fear he would have to pay for her.

Mr. Burke—Then he was under the impression he would have to pay.

It was ordered that the clerk should make out the bill, which Kenehan was to deliver to Shea.

CAVAN ASSIZES.

GIVAN *v.* DR. ARNOLD CLARKE.

This was an action for £23 17s. 11d., the amount of a bill of costs incurred in the preparation of the defendant's marriage settlement.

Dr. Clarke defended the action on the ground that the settlement was drawn out for the satisfaction of the brothers of his deceased wife.

Mr. Givan swore, That marriage settlement was prepared by me in pursuance of instructions received from Dr. Clarke. He got £150 a year by it, and brought nothing into it. The costs were furnished four years ago, and the defendant never denied his liability.

Mr. M'William—From whom did you receive your nstructions for the drawing out of this document? From Dr. Clarke. Then what does this first item mean —"For attending on Robert Cochrane when he told me of your contemplated marriage with his sister, and receiving his instructions to have a settlement drawn out? It was Dr. Clarke who gave the instructions. Did Dr. Clarke tell you that it was not for him that the settlement was being made, and that he did not want one? I believe he did say something of the sort.

His Worship—But surely it is not the wife who is to pay for the marriage settlement?

Mr. M'William—No sir; but her brothers for whom the settlement was made, and who gave instructions for it.

His Worship—I never heard in my life of a husband denying his liability to pay the cost of his marriage settlement. It is most preposterous that he should repudiate this account.

Mr. M'William—But he declared at the time that he did not want it, and would not pay it. Surely when he made that statement at the time he cannot be made liable now?

His Worship—I say again that I never heard of such a thing in my life—in my long experience of these things—as a man repudiating the cost of his marriage settlement. I have had the experience of four marriage settlements in my case as well as my own, and I never heard of such a thing.

Mr. Givan, before leaving the table, handed in a letter. It proved to be an acknowledgment of Mr. Givan's account for the marriage settlement, with a request that the account be allowed to stand over for a few days when the writer would send a cheque for the amount.

His Worship said—I will not take up any more time with it. I will give a decree for the amount if there is no objection to the items.

Mr. M'William—When such a letter as that which he wrote to Mr. Givan, and which actually acknowledges his liability, is produced, there is no use in fighting any longer.

DEATH OF DR. ROBINSON, OF FINTONA, TYRONE.

It is our duty to record the death of another widely known and deeply respected local member of the medical profession—Dr. Robinson, J.P., of Woodview, Fintona, whose demise took p'ace at his residence last week. The deceased gentleman had been ailing for a considerable time, but about a fortnight ago his health appeared to return to him, and it was thought he might be spared for many a long day to come. The result of a drive at this time, and just when the weather had undergone a change, was a severe cold, which, unfortunately, further developed itself into inflammation of the lungs. In the death of Dr. Robinson, Fintona has lost a gentleman who for many many years was its principal townsman, and whom the people there one and all, looked up to for advice and assistance on all occasions when these were required. For a very long time he was Medical Officer of Fintona Dispensary District, but about three years ago the onerous duties of this position which he had faithfully performed, were resigned by him, advancing years and failing strength giving their usual note of warning. He still continued to act as agent and manager of the large Ecclesville estate, and in this connection his uprightness of conduct was acknowledged both by landlord and tenantry. As a magistrate, his sound common sense was his special characteristic, and in dispensing justice, his decisions were at all times carefully arrived at and invariably approved of.

IRISH POOR-LAW INTELLIGENCE.

PUBLIC HEALTH SALARIES.

THE Council of the Irish Medical Association has followed up its representations on this subject recenly made by deputation to the Chief Secretary by a memorial to the Treasury. They adopted this course on the advice of the Chief Secretary himself, in the hope that that gross breach of faith might be remedied which was perpetrated by the Irish Local Goverment Board in imposing a limit to public health salaries after that limit had been removed by Parliament under pledges given by Government to the Association. The Council had it also in view to put on official record a statement on behalf of the medical officers of health, in order that such statement should be within reach when moved for in Parliament.

The following is the memorial in question :—

TO THE LORDS COMMISSIONERS OF HER MAJESTY'S TREASURY.

The Memorial of the President and Council of the Irish Medical Association

SHEWETH—

That your lordship's memorialists are the executive of an association of medical practitioners, including the great majority of the medical practitioners charged with the execution of sanitary law in Ireland.

That by the Public Health (Ireland) Act of 1874, section 10, the dispensary medical officers of Ireland were, without any option on their part, constituted medical sanitary officers at such salaries—additional to their previous emoluments—as their sanitary authorities might fix subject to the sanction of the Local Government Board for Ireland, "provided, with regard to salaries or additional salaries whereof any portion is to be recouped to any local fund from moneys voted by Parliament, the amount of any new salary and the proportion between any existing salary and the addition thereto *shall be regulated according to a scale* to be approved by the Commissioners of Her Majesty's Treasury."

That despite the protest of the medical sanitary officers against the limitation of their remuneration by any fixed maximal scale, the Local Government Board for Ireland did by letter, dated 14th day of October, 1874, propose to your lordships the adoption of a scale restricting the additional salary for the sanitary duties of the medical officers to one-fourth the salary paid to them for medical duties, to which proportion your lordships by letter, dated 11th November, 1874, while expressing the opinion that the proposed remuneration "did not strike my lords as exorbitant," ultimately assented, but "with the understanding that the scale will be applied with due regard to the circumstances of each case."

That following upon such assent the Local Government Board for Ireland issued to the sanitary authorities throughout Ireland, a circular order that no salary for sanitary duties should exceed such proportion of the salary for medical duties, the effect of which order your lordship's memorialists submit was that merely nominal salaries were allotted in the great majority of instances ; in but a few instances salaries exceeding two-thirds of the maximal limit were voted ; whilst the maximum was awarded in only a very few isolated instances—the average salary being only about half of the maximum—although the sanitary districts extended are many thousands of acres and contained populations of several thousands.

Such remuneration your lordships' memorialists respectfully submit was far from being equitable payment for performance of the onerous and invidious duties compulsorily imposed.

That by reason of the refusal of adequate remuneration for the arduous duties of the medical officers of health and in consequence of the discouragements under which those duties were discharged, the efficiency of administration of the sanitary law in Ireland declined until its execution came to be and still continues altogether unsatisfactory, in proof of which your lordships' memorialists beg to refer your lordships to the Return of Public Health Salaries and Work in Ireland, No. 351, presented to Parliament on the 12th day of August, 1878, and to the successive appendices to the Quarterly Reports of the Registrar-General for Ireland, for 1875 and following years.

That on the introduction of the Public Health (Ireland) Amendment Bill in 1877 your lordships' memorialists took immediate steps on behalf of the medical officers of health of Ireland to cause the limitation of salaries hereinbefore referred to to be repealed, and with that object waited by deputation upon the then Chief Secretary for Ireland, and in the following year attended the sittings of the Select Committee to which the Bill was referred.

That in consequence of the representations made by Mr. Meldon, M.P., at the instance of your lordships' memorialists it was eventually agreed by Government that the Bill should be amended so as to abolish the limitation of which your lordships' memorialists complain, and allow each case of remuneration to be decided on its merits ; and for this purpose the second paragraph of the 11th section of the Bill as it then stood was altered to read as follows :—"Provided that, with regard to salaries or additional salaries whereof any portion is to be recouped to any local fund from moneys voted by Parliament the *amount of any new salary and the proportion between any existing salary and the addition*

thereto shall be approved by the Commissioners of Her Majesty's Treasury." In this form the Act passed and now stands.

Your lordships' memorialists pray the attention of your lordships to the wording of this section as compared with the section of the Act of 1874, quoted in the second paragraph of this memorial.

That notwithstanding this alteration of the law deliberately made by the Government at the instance of your lordships' memorialists the Local Government Board for Ireland did on the 15th day of August, 1879, issue a circular to sanitary authorities in Ireland in which it is stated "That the Local Government Board are advised that medical officers of health are not included among the officers of sanitary authorities appointed under the Public Health Act, 1874, and who are referred to in the 280th section of the Public Health Act, 1878, as entitled to continue to hold their several offices and employments on the same terms and subject to the same conditions as they would have held them if the Act of 1878 had not been passed. It will, therefore, be necessary for the sanitary authority to take the subject of the salaries of the medical officers of health into consideration and to state the amount of additional salary which they think should be paid to each dispensary medical officer within the sanitary district for the duties imposed upon him as medical officer of health by the Public Health Act, 1878, and the order of the Local Government Board made thereunder."

That quickly following upon the issue of said circular the Local Government Board did on the 28th day of August, 1879, issue to every sanitary authority in Ireland another circular containing the following :—

"The Local Government Board for Ireland have reason to believe that some misapprehension exists as to the purport and effect of that part of their circular letter of the 15th inst., which relates to the salaries of the medical officers of health under the 11th section of the Public Health Act, 1878, and as to the information required to be given in the form of Returns which accompanied their letter of the 15th inst.

"It appears to be supposed in some cases that the additional salaries to be determined by the sanitary authorities and paid to the dispensary medical officers as 'medical officers of health,' under the 11th section of the Public Health Act, 1878, are to be in addition to the salaries hitherto paid to them under the 10th section of the Act of 1874 as 'sanitary officers.'

"This, however, is not the case. The dispensary medical officer held the office of sanitary officer not by appointment of the sanitary authorities, or of the Local Government Board, but they were so constituted directly by the Act of 1874 ; and the effect of the repeal of that Act and the simultaneous re-enactment in the Act of 1878 of the same provisions, with merely a change in the title of the officer from 'sanitary officer' to 'medical officer of health,' is that they now hold their offices under the Act of 1878, and it consequently becomes necessary to consider the question of the salary, which under the 11th section of that Act, is to be in place of, and not in addition to, the salary paid under the Act of 1874."

The effect of these circulars was that the great majority of the sanitary authorities not only did not grant any increase on the very inadequate salaries previously awarded to their medical officers of health, but, on the contrary, sought in many instances to reduce those salaries. In a few instances, however, the salaries were increased beyond the extent of the repealed scale, but the Local Government Board declined to sanction the excess ; such officers are, therefore, notwithstanding the alteration of the law in their favour, compelled to perform their sanitary duties for remuneration now more inadequate than ever.

Your lordships' memorialists most respectfully submit—

a. That the salary of each medical officer of health should be fixed upon the basis of the extent and population of his district and not upon that of his medical salary which represents the discharge of duties totally diverse and in no way comparable with his sanitary functions.

b. That the fixing of a very low maximum of salary which sanitary authorities may not exceed no matter what the amount of duty required, is calculated to render nugatory the sanitary law, by greatly discouraging the medical officers of health in the discharge of their duties.

c. That the change of law effected by Government upon the representation of a large class of public officers ought not to be set aside.

Your memorialists therefore pray that your lordships will be pleased to direct that the salary payable to each medical officer of health in Ireland shall be assessed with regard to the extent of the duty imposed upon him and free from any limitation whatsoever, in order that the case of each medical officer of health may be fairly dealt with on its merits in fulfilment of the distinct understanding arrived at previous to the passing of the Public Health (Ireland) Act of 1878 by Mr. Meldon, M.P., (acting at the instance and on behalf of your lordships' memorialists), and the official representatives of Her Majesty's Government, and in order that in the interests of the community full effect may be given to the provisions of the Public Health Act.

Your lordships' memorialists further pray that your lordships will be pleased to direct that the sanitary authorities of Ireland shall be exhorted to award equitable remuneration to the medical officers of health.

(*Signed*),

JOHN H. CHAPMAN, President,
JOHN WILLIAM MOORE, M.D., Chairman of Council,
ROBERT BROWNE, M.D., Hon. Sec. to Council.

Royal College of Surgeons in Ireland,
Dublin, 22nd November, 1880.

NORTH DUBLIN UNION.

DR. FAUSSETT'S RETIRING ALLOWANCE.

THE Chairman said the next business on the paper was Mr. Macnie's motion—"That a retiring allowance be granted to Dr. Wm. Faussett, late medical officer of Clontarf and Howth, No. 1 dispensary district, and based at the average of his emoluments of the last three years, amounting to £106 6s. 3d. from the date of his resignation."

Mr. Kennedy said as he had moved in this matter and got the resolution passed, limiting Dr. Faussett's superannuation to a small sum, he now wished to say that having since heard on the best authority that this gentleman, after his long service, was now in very bad health, and that the fact of their limiting the superannuation had had some effect in retarding his recovery. Under all the circumstances he withdrew all opposition, and now moved that Dr. Faussett should get the largest superannuation that could be awarded to him. (Hear, hear.)

Mr. M'Mahon said that if Dr. Faussett's friends had not come there that day the same course would have been adopted, because, on inquiry, it was found that Dr. Faussett nobly did his duty, and they thought the best way to recognise merit was to reward it. (Hear.)

Mr. Doherty said that he had on a previous occasion expressed himself opposed to all pensions whatsoever, he wished to endorse all that had been said by Mr. Kennedy and Mr. M'Mahon. (Hear, hear.) He now

understood that Dr. Faussett had been a very old and valued officer, and it would be bad taste for the board to treat such an old servant as was at first proposed.

Mr. Macnie said the action thus taken would be gratifying to Dr. Faussett and his friends. He had not intended to refer to Dr. Faussett's state of health, but he might now say that there were grave fears that he would not live many days.

The Chairman—We hope he will, and enjoy this well-earned pension for many years.

Mr. Kettle would give no opposition to the motion, but could not help thinking that even in Dr. Faussett's case they should have made some slight retrenchment just as a precedent for the future.

The resolution was then unanimously adopted.

LIMERICK UNION.

REMOVAL OF CORPSES FROM HOSPITAL WARDS.

MR. BARRY said that he heard that after six o'clock if a person happens to die in hospital the body is left there all night along with the patients who may be on the road to convalescence.

The Master replied that it was a fact that the dead bodies were permitted to remain in hospital.

Mr. Barry thought it was a great abuse and one which must eventually do injury if allowed to continue. He heard the complaint made outside by a patient.

Mr. Boyd said it was a rule in hospitals in other countries to draw a screen over the dead body.

Master—That is done here too.

On the suggestion of Mr. Nolan the master was directed to make a report on the matter.

MOUNTMELLICK UNION.

COOLRAIN DISPENSARY.

READ minutes of proceedings of the Coolrain dispensary committee for the purpose of taking into consideration the resignation of Dr. Cornelius, the medical officer of that district, and to make arrangements for the appointment of his successor.

The resignation was received and accepted by the committee. Also the following letter in reference to the same matter:—

"Mountrath, Nov. 17.

"DEAR SIR,—I received your letter of the 15th, informing me that I was appointed to do temporary duty at Coalrain dispensary at the remuneration of two guineas a week. I beg to say I have commenced the duties, but could not continue the work at this time of the year unless I am paid three guineas a week, what I received when I last did the temporary duty at Coolrain.

"Your obedient servant,

"M. W. FISHER."

That is the letter of the gentleman who has been appointed to do temporary duty.

The Chairman said of course the three guineas would be paid.

ARMAGH UNION.

DRUG CONTRACTS.

LETTER read from Dr. Huston, Tynan, complaining that he had not, after a lapse of some weeks, received the invoice of his medicines from the contractors.

The Chairman said that the invoice ought always to be sent with the medicines, and they should take some action in the matter.

The Clerk said that there was a letter on the same subject from their own doctor.

The Clerk was directed to write to the contractor to say that he must, for the future, send the invoices with the medicines to the medical officers.

DROMORE DISPENSARY.

AT a special meeting Joseph Marshall, Esq., M.B., was unanimously elected *locum tenens* until the appointment of a medical officer takes place. The following resolution was passed unanimously:—"That this committee desire to record their deep sorrow at the death of the late Dr. Joseph Marshall, for so many years the efficient and active medical officer of this district, and their appreciation of his many excellent qualities—public, social, and domestic."

ENNISKILLEN UNION.

ANALYSIS OF FOOD.

MR. BRANNAN brought forward a motion to have all the articles of food supplied to the house analysed once a quarter at the discretion of the medical officer or the master; and in doing so said that the necessity for such a course occurred to him when the guardians passed a motion to have the milk analysed, and when the guardians also had the food analysed they would know they had done their best to secure a good article for the poor, and an honest article for the money.

It was suggested that Dr. Bagot's name should be omitted, as the master was the responsible officer. All the goods should be equal to sample.

The Chairman said that the board could not have potatoes or beef analysed.

Mr. Brannan then altered his motion so as to exclude beef and potatoes, and the motion was passed, the Chairman only dissenting.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF OCTOBER, 1880.

OCTOBER 7th.—Stritch, George Andrew; Charlestown, co. Mayo; Lic. Fac. Phys. and Surg. Glas. 1880, Lic. Apoth. Hall Dub. 1880.

14th.—Deane, John Edward James; Broadwell Rectory, Monton-in-Marsh, Gloucestershire; Lic. K. Q. Coll. Phys. Irel. 1880.

14th.—Gilbert, Wm. Fredk.; Clonde House, Ederney, co. Fermanagh; Lic. R. Coll. Surg. Irel. 1880, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

14th.—Horan, Edward; Farranfore, Killarney, co. Kerry; M.D. Q. Univ. Irel. 1880.

14th.—Purdon, Chas. Saunderson; Lisnabin, Killucan, co. Westmeath; M.B. 1880 and B.Ch. 1880 Univ. Dub.

15th.—Pike, Wm. Watson; Clendarary, Achill, Westport, co. Mayo; Lic. R. Coll. Surg. Irel. 1880.

18th.—Levis, Samuel George; Lehenaghmore, Cork; M.D. Q. Univ. Irel. 1879, Lic. R. Coll. Surg. Edin. 1880.

18th.—Morris, John; Crossinglen, co. Armagh; Lic. Fac. Phys. and Surg. Glas. 1880.

30th.—West, John Russell; 11 Upper Pembroke Street, Dublin; M.D. 1875 and M.Ch. 1875 Univ. Dub.

MEMORANDUM.

The following names have been erased from the Register of the Branch Medical Council (Ireland) during the month of October, 1880, pursuant to the 14th Section of the Medical Act, no reply having been received to several letters of application, viz.:—

Laing, Thomas; Newry, co. Down.

Hamilton, James; Parish Infirmary, Brownlow Hill, Liverpool.

Gardiner, Arthur; Horley, Surrey.
O'Connor, Thomas James Haynes; 18 Heyworth Street, Liverpool.
Odlum, Drelincourt, Campbell; 10 Lower Gardiner St., Dublin.
Lucey, Samuel Francis; 3 Prospect View, Sunday's Well, Cork.

The following names were restored per order of Medical Council, viz.:—

April 8th, 1871.—Wilson, Steward Alexander; Church Street, Omagh, co. Tyrone; Lic. R. Coll. Surg. Irel. 1868.

Nov. 7, 1871.—Wallace, James Healey; Tandaragee, co. Armagh, Lic. R. Coll. Phys. Edin. 1871, Lic. Fac. Phys. and Surg. Glas. 1871.

WATERFORD GUARDIANS.

THE LATE INVESTIGATION.

THE Clerk read letter, of which the following is an abstract:—

SIR,—The Local Government Board forward you the minutes of evidence taken at the inquiry held by their Inspector, into the circumstances attending the death of a late inmate of the workhouse named Martin Power. He walked to the workhouse on the 7th ult., and his condition on admission was such that on seeing him the master sent him to the infirmary, but took no further steps respecting him. He did not bring the medical officer to see him, and when some hours after he had occasion to send for one of the medical officers, Dr. Connolly, who attended the female patients, but who, on such occasions, visits any special cases that may be brought under his notice, no intimation was given to that gentleman of Martin Power's case. It was, according to the master's evidence, betwen two or three o'clock, p.m., on the 7th ult., when he was admitted, but he was not seen by the medical officer until his ordinary visit on the following morning, when he treated him for "disease of the brain," and subsequently for dysentery. He afterwards saw him "almost daily." Having remained some days in the infirm ward, it appears that Power's condition from disease and his uncleanly habits became offensive to all about him, so much so that the other patients in the ward complained, and Sister Fachna represented the facts of the case to Dr. Burkitt, who at once ordered his removal to the idiot ward. Dr. Burkitt, it is to be observed, had not seen the man that morning, "nor did he see him that day," but he had seen him the previous day, and knew him to be under medical treatment. The effect of his order was to remove the man from a ward under the charge of the nuns to a department not under their charge, and from a ward visited "almost daily" by him to one not visited daily, and in which there are only unpaid attendants.

The board think it is much to be regretted that Dr. Burkitt directed the transfer of this man knowing him to be under medical treatment, to a department intended for healthy insane and idiotic paupers. Even if he were insane or an idiot, his case requiring hospital treatment, he should be treated in the infirmary, in a special ward, if necessary; and the board think it also to be deplored that, according to his own evidence, the medical officer did not visit the ward to which he directed Power's removal, and that he took no further interest in the case until he heard of the poor man's death. The unnatural and inhuman conduct of the pauper assistants shows the necessity of at once appointing paid and responsible attendants for the lunatic wards, and for making arrangements by which the attendance of the medical officers may be called at once to cases requiring prompt attention. It will be seen from the evidence that, from the 10th ult. to the period of deceased man's transfer to the idiot department, No. 11 ward was not visited by the master, nor by any officer on his behalf.

The master states that, "Owing to the amount of sickness in No. 11 ward, he did not visit it between the 10th September and the date of his (Power's) death." He deposed thus—"I was informed that this diarrhœa was contagious, and I did not like to visit the ward." The Board have to observe that this excuse, which no officer in his position should plead, only makes his dereliction of duty the more culpable; for a workhouse master should be prepared to go anywhere that those subordinate to him are prepared to go, and such an apprehension of danger as is here expressed is in itself a disqualification for office. His failure to visit the idiot ward daily is equally inexcusable, the result being that, in the present case, he was absolutely unaware of Power's removal to the ward until after his death; and the Local Government Board request that the guardians will be good enough to take into their consideration the manner in which this officer discharges his duty, and favour the Board with their views as to whether further confidence can be placed in him. You will be good enough to return the evidence to this office.—By order.

B. BANKS.

The Chairman—They criticise the doctor and censure the master. They do not request us to decide on the doctor's action. Is that what you said, Master, about being afraid the diarrhœa was contagious?

The Master—Yes.

The Chairman—Did you believe, when you were taking the office of master, that you were not to go into a place where there was diarrhœa?

The Master—No. That place was visited twice a day by the nuns.

The Chairman—He says he did not visit the ward through fear of infection, but I never heard of such a feeling in connection with diarrhœa. There is a very small Board here to-day, and it would be well to postpone the matter, as it is of great importance, till the next meeting, when it can be taken up the first thing after the admissions.

The suggestion was agreed to, and the subject dropped.

THE VISITATION OF EXAMINATIONS.

THE General Medical Council is about to resume immediately the visitation of examination, and at their last meeting the executive committee resolved:—

(*a*) That two visitors, one a physician and the other a surgeon, visit, if possible, each of the professional examinations of each College of Physicians and Surgeons in England, Scotland, and Ireland, at least once during the year 1881.

(*b*) That a Member of the Council be associated, in each visitation, with the visitors aforesaid.

We look to these visitations, if conducted in an honest, uncomprising spirit, as the last were, to produce good results, but we trust that the reports of the visitors will not, in this instance, degenerate to the level of the good-natured platitudes, and solemn interchange of compliments which once formed the staple of the pronouncements of visitors.

Syphilitic Laryngitis.

M. GOUGUENHEIM presented to a recent meeting of the Société Medical des Hopitaux a communication on this subject. According to his observations this is an early manifestation of the diathesis, and the larynx may be affected partially or entirely; there are produced ulcerations at various points, principally on the edges of the epiglottis. The prognosis is favourable if treatment be assiduously carried out. This, besides specific treatment internally, consists in touching the affected parts with a solution of nitrate of silver (1 in 100).